

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

August 31-September 2, 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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 (775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
 E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

Date Posted: August 13, 2021

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Tuesday, August 31, 2021. The meeting will continue, Wednesday, September 1, 2021 at 9:00 am if necessary and Thursday, September 2, 2021 at 9:00 am or until the Board concludes its business at the following location:

Pursuant to Governor Steve Sisolak's Emergency Directive 044 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

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 July 14-15, 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. 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

◆ REGULAR AGENDA ◆

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

A. David Potter, MD	(19-260-CS-N)
B. Kord T Strebel, MD	(19-053-CS-S)
C. Thomas E. Strebel, RPH	(19-053-RPH-S)
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)
G. Walgreen's Pharmacy #5814	(18-042-PHN-S)
H. Shanela Blas-Catacutan, RPH	(18-042-RPH-S)
I. Jocelyn Santiago, RPH	(19-064-RPH-S)
J. Walgreen's Pharmacy #4579	(19-064-PH-S)
K. Ravi Krishnan, MD	(17-090-CS-S)
L. Jill Oliver	(20-007-CS-S)
M. Sassan Kaveh, MD	(21-051-CS-N)
N. Gail Popelka Krivan, MD	(21-090-CS-N)
O. Walmart, Inc.	(20-226-PH-N)
P. Robert Thomas Hall, RPH	(20-023-RPH-N)
Q. Alyssa Cocjin	(20-109-TD-N)
R. Sowjanya Reganti, MD	(20-109-CS-A-N)
S. Vodur Suresh Reddy, MD	(20-109-CS-B-N)
T. Emily Guerard, MD	(20-109-CS-C-N)
U. Santhosh Ambika, MD	(20-109-CS-D-N)
V. Tejvir Singh, MD	(20-109-CS-E-N)
W. Aaron Bowman, MD	(20-109-CS-F-N)
X. Juan Cattoni, MD	(20-109-CS-G-N)
Y. Ghayda Alrass, RPH	(21-065-RPH-N)
Z. Bashir Rashid, MD	(18-060-CS-A-S)
AA. Minesh Amin, DO	(18-060-CS-B-S)

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

- A. Aircare SMRT, LLC (20-062-S)
- B. American Buffalo Xpress (20-226-N)

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

7. Petition to Modify Order of Reinstatement

Craig Weingrow, MD (17-006-CS-S)

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

- A. Sheyanne Moore
- B. Clinton Rickman

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

- A. Bayink-Raine Falter
- B. Ma. Celestina Aguilar

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

- A. Jason Bellak
- B. Victor Bruce
- C. Mark Vellek

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

Dianne Racosas

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

- A. Allivet – Las Vegas, NV
- B. Elemental Pharmacy – Las Vegas, NV
- C. Freedom Pharmacy – Las Vegas, NV
- D. ICare Pharmacy – Las Vegas, NV
- E. LV Pharmacy and Medical Supplies – Las Vegas, NV
- F. Talas Harbor at Lake Mead – Las Vegas, NV
- G. The Medicine Shoppe Retail Pharmacy – Las Vegas, NV

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

The Medicine Shoppe LTC Pharmacy – Las Vegas, NV

14. Applications for Out-of-State Pharmacy License (NRS 639.2328) – Appearance
 - A. Allivet – Fishers, IN
 - B. Summit Pharmacy Inc. – Phoenix, AZ
15. Applications for Out-of-State Compounding Pharmacy License (NRS 639.2328) – Appearance (**FOR POSSIBLE ACTION**)
 - A. Nutrishare, LLC – Elk Grove, CA
 - B. Westcliff Compounding Pharmacy – Newport Beach, CA
 - C. Women’s International Pharmacy, Inc. – Youngtown, AZ
16. Applications for Nevada Medical, Devices, Equipment and Gases License (NAC 639.6942) – Appearance (**FOR POSSIBLE ACTION**)
 - A. Ivie Services LLC – Las Vegas, NV
 - B. National Seating & Mobility, Inc. – Henderson, NV
 - C. Owens Healthcare – Medical Equipment, Inc. – Reno, NV
 - D. Pacific Pulmonary Services – Las Vegas, NV
 - E. Patients Choice LLC – North Las Vegas, NV
17. Applications for Out-of-State Medical, Devices, Equipment and Gases License (NAC 639.6944) – Non-appearance (**FOR POSSIBLE ACTION**)

Lincare, Inc. – Nashville, TN
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
19. Applications for Out-of-State Wholesaler License (NRS 639.233) – Appearance (**FOR POSSIBLE ACTION**)
 - A. AuroLogistics LLC – East Windsor, NJ – Background Check Not Required – VAWD-Accredited (VAWD-Accredited (NAC 639.593(7)(c)) – Disclosure
 - B. Avanos Medical Sales, LLC – Tucson, AZ – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
 - C. Avid Medical, Inc. – Tocino, VA – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – Disclosure
 - D. Bioventus, LLC – Cordova, TN – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure
 - E. Endo Aesthetics LLC – Malvern, PA – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – No Disclosure
 - F. Immunomedics, Inc. – Morris Plains, NJ – Background Check Not Required – Publicly Traded and Manufacturer (NAC 639.593(7)(a) and (d)) - Disclosure

- G. Laurus Generics Inc. – Berkeley Heights, NJ – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – Disclosure
 - H. LifeScience Logistics, LLC – Whitestown, IN – Background Check Not Required – Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d)) – Disclosure
 - I. MD Pharmaceutical Supply, LLC – Hanover, PA – Background Check completed in compliance with NRS 639.500 – Disqualifying Event - Disclosure
 - J. Medline Industries, Inc. – Greyslake, IL – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
 - K. Medline Industries, Inc. – Southaven, MS – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – Disclosure
 - L. Penn Veterinary Supply, Inc. – Lancaster, PA – Background Check Not Required – VAWD-Accredited (NAC 639.593(7)(c)) - Disclosure
 - M. Tris Pharma, Inc. – Cranbury, NJ – Background Check Not Required - Manufacturer (NAC 639.593(7)(d)) – Disclosure
 - N. VGYAAN Pharmaceuticals LLC – Skillman, NJ – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events – No Disclosure
 - O. ZO Skin Health, Inc. – Omaha, NE – Background Check Not Required – VAWD-Accredited - VAWD-Accredited (NAC 639.593(7)(c)) - Disclosure
20. Application for Out-of-State Outsourcing Facility (NRS 639.100) – Appearance **(FOR POSSIBLE ACTION)**
- A. The Ritedose Corporation – Columbia, SC
 - B. SCA Pharmaceuticals, LLC – Little Rock, AR
 - C. SCA Pharmaceuticals, LLC – Windsor, CT
21. Request for waiver from managing pharmacist pursuant to NRS 639.220 (3)
- Audrey Blackwood
22. Application for Pharmacist Registration by Reciprocity – Appearance **(FOR POSSIBLE ACTION)**
- Matt Weinberg
23. Request for Pharmacist Applicant to Retake the Nevada MPJE Exam – Appearance: **(FOR POSSIBLE ACTION)**
- Ahsun Cho
24. Approval of revised Pharmacy License Application **(FOR POSSIBLE ACTION)**
25. Approval of new Ambulatory Surgical Center and Recovery Center License Application **(FOR POSSIBLE ACTION)**
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)**

27. 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).
28. 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

◆ WORKSHOP ◆

Thursday September 2, 2021 – 9:00 am

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.
 - 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.
 - 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.
 - 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.
30. Date and Location of Next Scheduled Board Meeting:

October 13-14, 2021 – Las Vegas, NV

31. 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)
32. 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

July 14 -15, 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	Rosalie Bordelove
Courtney Lee	Darlene Nases	Christian Schonlau	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 July 14 2021, 9:00 AM

There was no public comment.

◆ CONSENT AGENDA ◆

3. Approval of the June 2-3, 2021 Meeting Minutes

President Park requested a correction to reflect Jade Jacobo recusing herself from item 4FFF.

Board Action:

Motion: Jade Jacobo moved to approve the June 2-3, 2021 Meeting Minutes with corrections as discussed.

Second: Wayne Mitchell

Action: Passed unanimously.

4. 4.1 Applications for Out-of-State Pharmacy License (NRS 639.2328) – Non-appearance (**FOR POSSIBLE ACTION**)

- A. A & M Pharmacy LLC – Orlando, FL
- B. Adelaide Apothecary – Lexington, KY
- C. Benecard Central Fill of FL, LLC – Bonita Springs, FL
- D. BILH Pharmacy Direct – Westwood, MA
- E. BILH Specialty Pharmacy – Westwood, MA
- F. Care Fusion Rx – Garden Grove, CA
- G. Colton Pharmacy – Colton, CA
- H. Lifeline Specialty Pharmacy – Ellicott City, MD
- I. Gretna Xpress Pharmacy – Terrytown, LA
- J. Medpack LLC – Brooklyn, NY
- K. Optum Pharmacy 701 – Flint, MI
- L. ReCept Pharmacy #75 – El Paso, TX
- M. Truax Patient Services, LLC – Bemidji, MN
- N. US MED, LLC – Miami, FL
- O. XeCare LLC – New Albany, OH

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

- P. Crimson Valley Pharmacy, LLC – Saint George, UT

- Q. Excel Pharmacy – Saint Peters, MO
- R. MedQuickRx – Los Angeles, CA

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

- S. AZ Diabetic Supply Inc. – Vienna, VA
- T. Care Airways Corp – Boca Raton, FL
- U. CRI – Towson, MD
- V. Curitec, LLC – New Smyrna Beach, FL
- W. Maximum DME Corporation – Placentia, CA
- X. Monitor Medical, Inc. – Sugar Land, TX
- Y. Preferred Medical – Camphill, PA
- Z. Preferred Medical – Conway, AR
- AA. Preferred Medical – Jacksonville, FL
- BB. Preferred Medical – Kansas City, KS
- CC. Preferred Medical – Waco, TX
- DD. Sleep Central – Murray, KY
- EE. United States Medical Supply, LLC – Doral, FL
- FF. US MED, LLC – Miami, FL
- GG. Visible Supply Chain Management – West Jordan, UT
- HH. Wolf Medical – Sunrise, FL

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

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

Background Check Not Required by Law.

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

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

- II. AMAG Pharmaceuticals, Inc. – Waltham, MA
- JJ. Avadel CNS Pharmaceuticals, LLC – Chesterfield, MO
- KK. Corium, Inc. – Grand Rapids, MI
- LL. Covis Pharma US, Inc. – King of Prussia, PA
- MM. Darmerica, LLC – Casselberry, FL
- NN. Glenmark Therapeutics Inc. USA – Mahwah, NJ
- OO. Horizon Therapeutics USA, Inc. – Deerfield, IL
- PP. Juno Therapeutics Inc. – Bothell, WA
- QQ. Landmark Supply, Inc. – Highland Park, NJ
- RR. Nostrum Laboratories, Inc. – Kansas City, MO
- SS. TechLab, Inc. – Radford, VA

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

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

TT. Owens & Minor Distribution, Inc. – Ontario, CA
 UU. SRCL Expert Solutions LLC – Indianapolis, IN

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

Cardinal Health 200, LLC – Riverside, CA

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

VV. Amicus Therapeutics US, LLC – Philadelphia, PA
 WW. APL Sales I LLC – Waltham, MA
 XX. Applied Therapeutics, Inc. – Englewood Cliffs, NJ
 YY. Celgene Corporation – Summit, NJ
 ZZ. Dexcom, Inc. – San Diego, CA
 AAA. G1 Therapeutics, Inc. – Research Triangle Park, NC
 BBB. Helius Medical, Inc – Newtown, PA
 CCC. Novavax, Inc. – Gaithersburg, MD
 DDD. Parcus Medical, LLC – Sarasota, FL
 EEE. Pharming Healthcare, Inc. – Warren, NJ
 FFF. Tetrphase Pharmaceuticals, Inc. – Waltham, MA

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

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

GGG. Organon LLC – Kenilworth, NJ

4.6 Application for Nevada Wholesaler License (NRS 639.233) – Non-appearance **(FOR POSSIBLE ACTION)**

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

HHH. Silver State Drug – Alamo – Alamo, NV

Jade Jacobo recused herself from participation from Item 4K as she works for the company.

President Park commented that Item 4S has been continued to a future Board Meeting and should be removed from the Consent Agenda.

Dave Wuest, Executive Secretary for the Nevada Board of Pharmacy, commented that Item 9C can be added to the Consent Agenda and can be addressed last.

Krystal Freitas recused herself from participation from Item 9C as she works for the company.

Board Action:

Motion: Wayne Mitchell moved to approve the Consent Agenda excluding items 4S and 4K.

Second: Rolf Zakariassen

Action: Passed unanimously.

Board Action:

Motion: Wayne Mitchell moved to approve Agenda Item 4K.

Second: Rolf Zakariassen

Action: Passed unanimously (Jacobo recused).

Board Action:

Motion: Wayne Mitchell moved to approve Agenda Item 9C.

Second: Richard Tomasso

Action: Passed unanimously (Freitas recused).

◆ REGULAR AGENDA ◆

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

- | | |
|---------------------------------|------------------|
| F. Richard Jensen, RPH | (21-036-RPH-A-N) |
| G. Jerry Potmesil, RPH | (21-036-RPH-B-N) |
| H. Flying Diamond Pharmacy, LLC | (21-036-PH-N) |

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

Lynn Beggs appeared as counsel representing Flying Diamond Pharmacy, Mr. Potmesil, and Mr. Jensen.

Mr. Jensen appeared and was sworn in by President Park prior to answering questions and offering testimony. Flying Diamond Pharmacy and Mr. Potmesil were not present.

Brett Kandt, Nevada Board of Pharmacy General Counsel, prosecuted the case regarding a misfilled prescription and presented a proposed Stipulation and Order for the Board's consideration.

Mr. Potmesil, Certificate of Registration No. 05137, stipulates to the following penalties:

- Respondent pays a fine of \$250 for the violations.
- Respondent pays a fine of \$250 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.
- Respondent completes two extra hours of continuing education on error prevention within 60 days of the effective date of this Order.

Mr. Jensen, Certificate of Registration No. 05963, stipulates to the following penalties:

- Respondent accepts this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a managing pharmacist when delegating tasks to personnel who are not registered pharmacists.
- Respondent pays a fine of \$2,500 for the violations.
- Respondent pays a fine of \$250 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

Flying Diamond Pharmacy, LLC License No. PH02114, stipulates to the following penalties:

- Respondent pays a fine of \$2,500 for the violations.
- Respondent pays \$250 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.

The Board questioned how the pharmacy will prevent these errors in the future.

Ms. Beggs responded that the company uses a new delivery company, and customers must confirm that they received the correct medication.

Board Action:

Motion: Richard Tomasso moved to approve the Stipulation and Order as presented by Mr. Kandt for the following cases: 21-036-RPH-A-N, 21-036-RPH-B-N, and 21-036-PH-N.

Second: Wayne Mitchell

Action: Passed unanimously.

Wayne Klomp appeared as counsel representing Dr. Klomp and disclosed that he is Dr. Klomp's son.

Dr. Klomp was not present.

Mr. Kandt prosecuted the case regarding Dr. Klomp prescribing controlled substances without an active Nevada license. Mr. Kandt presented a proposed a Stipulation and Order for the Board's consideration.

Dr. Klomp, Certificate of Registration No. CS01397, stipulates to the following penalties:

- Respondent accepts this Stipulation and Order as public reprimand regarding his duties and responsibilities as a prescribing practitioner.
- Respondent pays a fine of \$5,000 for the alleged violations.
- Respondent pays \$500 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter.
- Respondent complies with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

The Board questioned how Dr. Klomp was prescribing controlled substances without renewing his registration.

Mr. Klomp commented that it was an oversight.

Board Action:

Motion: Wayne Mitchell moved to approve the Stipulation and Order as presented by Mr. Kandt for Case No. 19-265-CS-N.

Second: Krystal Freitas

Action: Passed unanimously.

M. Jeff Chen, MD

(20-001-CS-N)

Edward Lemons appeared as counsel representing Dr. Chen.

Dr. Chen was not present.

Mr. Kandt prosecuted the case regarding Dr. Chen allowing his staff to counsel patients and allowing access and administering of dangerous drugs without his supervision. Mr. Kandt presented a proposed a Stipulation and Order for the Board's consideration.

Dr. Chen, Certificate of Registration No. CS18013, stipulates to the following penalties:

- Respondent shall accept this Stipulation and Order as a caution regarding his duties and responsibilities as a practitioner when authorizing registered nurses to possess and administer drugs to patients.
- Respondent pays a fine of \$1,500 for the alleged violations.
- Respondent pays a fine of \$1,000 to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter within 30 days of the effective date of this Order.

Board discussion ensued.

Board Action:

Motion: Krystal Freitas moved to approve the Stipulation and Order as presented by Mr. Kandt for Case No. 20-001-CS-N.

Second: Wayne Mitchell

Action: Passed unanimously.

B. Direct Compounding and Outsourcing, LLC	(19-070-PH-S)
C. Scot Silber, RPH	(19-070-RPH-S)
D. Michael Thomas, PT	(19-070-PT-A-S)
E. Krystal Hernandez, PT	(19-070-PT-B-S)

Courtney Lee, General Counsel for the Nevada Board of Pharmacy, commented that she would like to amend The Amended Notice of Intended Action and Accusation to include the correct Pharmacy License Number for Direct Compounding which is PHC04006, Mr. James Boyle, counsel for Direct Compounding and Silber, agreed to the correction.

James Boyle appeared as counsel representing Direct Compounding and Mr. Silber.

Scot Silber appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on the case regarding Mr. Silber allowing two pharmaceutical technicians to unlawfully access Direct Compounding without a pharmacist present.

Ms. Lee presented the Stipulation and Order regarding Mr. Silber for the Board's consideration.

Board questioned Mr. Silber regarding if the pharmaceutical technicians had access before his start date at Direct Compounding and if Mr. Silber checked the compounded drug at his discretion.

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

Board discussion ensued regarding if the Stipulation and Order is enough to protect the public based on the factual allegations and Mr. Silber's past discipline with the Board.

Rosalie Bordelove, Deputy Attorney General, provided the process if the Board decides to deny the Stipulation and Order.

Board Action:

Motion: Jade Jacobo moved to deny the proposed Stipulation and Order for Mr. Silber.

Second: President Park

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

Action: Motion carries.

Ellie Gerber (General Manager), Michael Thomas (Pharmaceutical Technician), and Krystal Hernandez (Pharmaceutical Technician) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on the case regarding two pharmacy technicians having access without a pharmacist present at Direct Compounding and Outsourcing.

Mr. Boyle commented that they are not disputing the factual allegations listed in the accusation. However, Direct Compounding has been very cooperative with the Board and requested to work with the Board on this issue.

Mr. Thomas commented that he did not intend to run the pharmacy, but he was contacting patients to inform them the pharmacy was closed.

Ms. Hernandez commented that she did not intend to run the pharmacy, but she was trying to bring more business into the pharmacy.

Mr. Silber commented that he resigned as the Managing Pharmacist on June 1, 2021.

Ms. Lee presented stipulated exhibits 1-7 which included a statement from Ellie Gerber, Michael Thomas, Krystal Hernandez, timesheets for Ms. Hernandez and Mr. Thomas, Direct Compounding's prescription log, and photos from the pharmacy.

President Park wanted confirmation from Ms. Hernandez and Mr. Thomas that they are okay with the evidence being presented. Both had no objections.

Mr. Wuest wanted confirmation that Ms. Hernandez did not provide an Answer and Notice of Defense to the Board regarding the Statement to the Respondent and Notice of Hearing.

Ms. Hernandez confirmed that she did not provide an Answer and Notice of Defense to the Board.

Mr. Boyle commented that misinformation was provided regarding the notification for the change in managing pharmacist. Ms. Gerber did send an email to the Board on April 4, 2019 to request the process to change the managing pharmacist.

In addition, Mr. Boyle would like to comment that the evidence provided is not severe enough to close the company down two years later.

Lastly, Mr. Boyle objected to Mr. Silber's prior discipline as evidence. He does not see the relevancy as it was in the past.

President Park overruled Mr. Boyle's objection. She clarified that past discipline can demonstrate qualifications of the managing pharmacist.

Board discussion ensued regarding the evidence presented and the events that occurred regarding the allegations.

Ms. Lee requested that the Board has jurisdiction over this matter as stated in paragraph 1. She requested that the Board make Findings of Fact consistent with paragraphs 2-8 of the Amended Notice of Intended Action and Accusation.

Board Action:

Motion: Richard Tomasso moved that Board has jurisdiction over this matter as stated in paragraph 1 and make Findings of Fact as proposed by Ms. Lee consistent with paragraphs 2-8 of the Amended Notice of Intended Action and Accusation.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Lee requested that the Board make Conclusions of Law consistent with paragraphs 9-21 of the Amended Notice of Intended Action and Accusation.

Board Action:

Motion: Richard Tomasso moved to make Conclusions of Law as presented by Ms. Lee.

Second: Jade Jacobo

Action: Passed unanimously.

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: Wayne Mitchell moved to approve the attorney's fees and costs on the basis that they were reasonable, necessary and actually incurred.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Lee requested that the Board revoke Direct Compounding and Outsourcing License No. PHC04006. Direct Compounding pay a fine of \$3,400 for failure to change the managing pharmacist in charge, a fine of \$5,000 for failure to maintain security of the pharmacy and inventory, and a fine of \$2,000 for owner's responsibilities. In addition, Direct Compounding shall pay a fine of \$2,000 to the Nevada Board of Pharmacy for attorney's fees and costs prosecuting this matter. The total fine was \$10,400.

Board Action:

Motion: Wayne Mitchell moved to approve the revocation of Direct Compounding and Outsourcing Certificate of License No. PHC04006 effective immediately for one year. Direct Compounding pay a fine of \$10,400 as proposed by Ms. Lee and shall pay a fine of \$2,000 for attorney's fees and costs prosecuting this matter.

Second: Richard Tomasso

Gener Tejero commented that the revocation of licensure is too severe. He requested that the Board, stay the revocation and Direct Compounding be placed on probation.

Board discussion ensued.

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

Action: Motion carries.

Ms. Lee stated that Scot Silber's Stipulation and Order for Certificate of Registration No. 08362 was denied by the Board, so she is referring to the Board to provide his discipline.

Board discussion ensued.

Board Action:

Motion: Wayne Mitchell moved to revoke Scot Silber's Certificate of Registration No. 08362. Mr. Silber pay a fine of \$1,500 to the state and \$500 for attorney's fees and costs.

Second: Gener Tejero

Gener Tejero suggested that the Board put Mr. Silber on a one-year probation period.

Board discussion ensued.

Action: Gener Tejero and Wayne Mitchell withdrew their motion.

Board Action:

Motion: Wayne Mitchell moved to revoke Scot Silber's Certificate of Registration No. 08362 effective immediately. The revocation is stayed. Mr. Silber is placed on probation for one year and cannot be a Managing Pharmacist at any Nevada pharmacy. In addition, Mr. Silber must take two additional hours of pharmacist continuing education courses within 90 days. Mr. Silber shall pay a fine of \$1,500 and attorney's fees and costs of \$500 to the Nevada Board of Pharmacy payable within 30 days.

Second: Gener Tejero

Action: Passed unanimously.

Richard Tomasso was excused from the meeting at 11:44am.

Ms. Lee recommended that Michael Thomas Certificate of Registration No. PT05905 be revoked effective immediately. The revocation stayed and Mr. Thomas be placed on probation for one year. Mr. Thomas shall pay a fine of \$900 and \$246.12 in attorney's fees and costs.

Board Action:

Motion: Wayne Mitchell moved to revoke Michael Thomas Certificate of Registration No. PT05905 effective immediately. The revocation stayed and Mr. Thomas be placed on probation for one year. Mr. Thomas shall pay a fine of \$900 and \$246.12 in attorney's fees and costs.

Second: Jade Jacobo

Action: Passed unanimously.

Ms. Lee recommended that Krystal Hernandez Certificate of Registration No. PT10671 be revoked effective immediately. The revocation stayed and Ms. Hernandez be placed on

probation for one year. Ms. Hernandez shall pay a fine of \$800 and \$246.12 in attorney's fees and costs.

Board Action:

Motion: Wayne Mitchell moved to revoke Krystal Hernandez Certificate of Registration No. PT10671 effective immediately. The revocation stayed and Ms. Hernandez be placed on probation for one year. Ms. Hernandez shall pay a fine of \$800 and \$246.12 in attorney's fees and costs.

Second: Rolf Zakariassen

Board discussion ensued regarding the severity of Ms. Hernandez's penalty.

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

Action: Motion carries.

L. Karen Arcotta, MD

(21-046-CS-S)

Richard Tomasso joined the meeting at 11:55am.

Karen Arcotta appeared and was sworn in by President Park prior to answering questions and offering testimony.

Dr. Arcotta stated that she is represented by Mace Yampolsky but he is not present for this meeting. Mr. Kandt requested clarification as whether Dr. Arcotta wished to proceed without her legal counsel and she confirmed that she wanted to proceed with the hearing.

Mr. Kandt prosecuted the case and dismissed the second, third and fourth causes of action and proceeded on the first cause of action regarding Dr. Arcotta surrendering her DEA Certificate of Registration No. FA2275673 for cause.

Dr. Arcotta and Mr. Kandt stipulated to enter the following exhibits into the record:

- The respondent's DEA 104 Surrender for Cause as Exhibit A
- The Board's Notice of Suspension as Exhibit B
- The respondent's documentation provided to the Board as Exhibit C

President Park admitted the documents as Exhibit A, B and C.

Mr. Kandt requested that the Board make Findings of Fact consistent with paragraphs 1-4 of the Accusation.

Board Action:

Motion: Krystal Freitas moved to make Findings of Fact as proposed by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt requested that the Board make Conclusions of Law consistent with paragraphs 6-7, 9, and 12-13 of the Accusation.

Board Action:

Motion: Krystal Freitas moved to make Conclusions of Law as proposed by Mr. Kandt.

Second: Jade Jacobo

Action: Passed unanimously.

Mr. Kandt requested that the Board revoke Dr. Arcotta's Certificate of Registration Nos. CS21374 and PD00421 effective immediately. Dr. Arcotta may petition for reinstatement after one year and would need to appear before the Board.

Board Action:

Motion: Jade Jacobo moved to revoke Dr. Arcotta's Certificate of Registration Nos. CS21374 and PD00421 effective immediately. Dr. Arcotta may petition for reinstatement after one year and would need to appear before the Board.

Second: Rolf Zakariassen

Action: Passed unanimously.

A. Aurora Bejto, RPH

(21-021-RPH-N)

Rolf Zakariassen recused himself from this matter since he works for the same company.

Hal Taylor appeared as counsel representing Ms. Bejto.

Aurora Bejto appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt prosecuted the case and provided an opening statement that Ms. Bejto committed diversion at two different employers – Raley's and Omnicare.

Mr. Taylor provided his opening statement to the Board regarding Ms. Bejto's case.

Mr. Kandt called Camille Hauck, Omnicare's Pharmacy Manager, as a witness.

Mr. Taylor objected to Ms. Hauck's testimony.

President Park overruled the objection.

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

Mr. Kandt questioned Ms. Hauck regarding the diversion at Omnicare and documents bate-stamped 002-009.

Mr. Kandt requested the documents bate-stamped 002-009 be entered into the record as Exhibit 1. These documents contained loss theft reports at Omnicare, a narrative of Ms. Bejto's investigation, and an email indicating that Ms. Bejto was resigning.

Mr. Taylor objected to Ms. Hauck's testimony and the admission of the documents.

President Park overruled the objection and admitted the documents bate-stamped 002-009 as Exhibit 1.

Mr. Kandt requested a video clip of the diversion at Omnicare be entered into the record as Exhibit 2 by stipulation of the parties. Mr. Taylor had no objection.

President Park admitted the video-clip as Exhibit 2.

Mr. Kandt presented the video clip and further questioned Ms. Hauck.

Mr. Taylor questioned Ms. Hauck regarding the loss theft reports and the investigation on Ms. Bejto.

Mr. Kandt called Jennifer Hall, Raley's Pharmacy Supervisor, as a witness.

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

Mr. Kandt questioned Ms. Hall regarding Ms. Bejto's employment and documents bate-stamped 0056-0067, the loss theft reports provided by Raley's Pharmacy #105, #109, #115 and #122.

Mr. Kandt requested documents bate-stamped 0056-0067 be entered into the record as Exhibit 3.

Mr. Taylor objected to the admission of the documents.

Mr. Kandt responded that the documents are not offered to prove that Ms. Bejto diverted the drugs, but to confirm that drugs were missing at the four Raley's Pharmacies during the time frames that she was work as a floater at those locations.

President Park overruled Mr. Taylor's objection and admitted and documents bate-stamped 0056-0067 as Exhibit 3.

Mr. Taylor questioned Ms. Hall regarding the loss theft reports and the investigation on Ms. Bejto.

President Park admitted into the record the document bate-stamped 0055 as Exhibit 3A by stipulation of the parties.

Mr. Kandt called Monica Segedy, Investigator for the Nevada Board of Pharmacy, as a witness.

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

Mr. Kandt requested the document bate-stamped 0038-0039, the admission by Ms. Bejto to diverting drugs, be entered into the record as Exhibit 4.

President Park admitted into the record the document bate-stamped 0038-0039 as Exhibit 4.

Mr. Kandt questioned Ms. Segedy regarding her two interviews with Ms. Bejto, the Exhibits, and her investigation.

Mr. Taylor questioned Ms. Segedy regarding the interviews with Ms. Bejto.

Mr. Taylor called Aurora Bejto as a witness.

Mr. Taylor questioned Ms. Bejto on her employment, the types of the drugs that she took due to her accident, the background of when she started her drug abuse, and the steps that she is taking to get help.

Mr. Kandt questioned Ms. Bejto regarding Exhibit 2.

Mr. Taylor made a closing argument.

Mr. Kandt requested that the Board has jurisdiction over this matter and make Findings of Fact consistent with paragraphs 2-5 of the Accusation.

Board Action:

Motion: Jade Jacobo moved that the Board has jurisdiction over this matter and make Findings of Fact as proposed by Mr. Kandt.

Second: Richard Tomasso

Action: Passed unanimously (Zakariassen recused).

Mr. Kandt requested that the Board make Conclusions of Law consistent with paragraphs 6-20 of the Accusation.

Board Action:

Motion: Jade Jacobo moved to make Conclusions of Law as proposed by Mr. Kandt.

Second: Richard Tomasso

Action: Passed unanimously (Zakariassen recused).

Mr. Kandt requested that documentation of attorney's fees and costs in the amount of \$3,487.07 be entered into the record as Exhibit 5.

President Park admitted into the record the documentation for the attorney's fees and costs as Exhibit 5.

Mr. Kandt moved that the Board make an additional finding of fact pursuant to NRS 622.400 that the attorney's fees and costs in the amount of \$3,487.07 were reasonable, necessary and actually incurred.

Board Action:

Motion: Jade Jacobo moved to make an additional finding of fact on the attorney's fees and costs in the amount of \$3,487.07 as proposed by Mr. Kandt.

Second: Richard Tomasso

Action: Passed unanimously (Zakariassen recused).

Mr. Kandt requested that the Board revoke Ms. Bejto's Certificate of Registration No. 18384 effective immediately. Ms. Bejto may petition for reinstatement after two years. Ms. Bejto shall pay a \$10,000 fine and \$3,487.07 in attorney's fees and costs, payable within 30 days of the effective date of the order.

Board Action:

Motion: Wayne Mitchell moved to revoke Ms. Bejto's Certificate of Registration No. 18384 effective immediately. Ms. Bejto may not petition for reinstatement for two years, and shall pay a fine of \$10,000 and \$3,487.07 in attorney's fees and costs for within 30 days of the effective date of the order.

Second: Jade Jacobo

Board discussion ensued regarding Ms. Bejto's actions.

Action: Passed unanimously (Zakariassen recused).

22. Report from Michael Hillerby, Kaempfer Crowell, on 81st Session (2021) of Nevada Legislature.

Michael Hillerby, Nevada Board of Pharmacy Lobbyist, was present.

Mr. Hillerby presented the legislative update to the Board's satisfaction.

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

A. Aaron Borecki

No representative on behalf of Mr. Borecki was present.

B. Lisa Fuentes

Lisa Fuentes appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Ms. Fuentes disclosure regarding possession of a controlled substance and possession of a counterfeit bill.

Board discussion ensued regarding why she wants to be a Pharmaceutical Technician and her disclosures.

Ms. Fuentes acknowledged mistakes and commented that she has changed. She assures the Board that she will not make the same mistakes in the future.

Board Action:

Motion: Jade Jacobo moved to approve Lisa Fuentes Pharmaceutical Technician in Training Registration.

Second: Wayne Mitchell

Action: Passed unanimously.

D. Barbara Piedra

Barbara Piedra appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background to the Board regarding Ms. Piedra's disclosure of a misdemeanor battery.

Ms. Piedra provided background on her disclosure and commented that she was falsely accused of hitting her boyfriend.

Board discussion ensued regarding the events that occurred with her disclosure and how they should proceed since her charge is still pending.

Board Action:

Motion: Jade Jacobo moved to approve Barbara Piedra's Pharmaceutical Technician in Training Registration pending the final disposition of her case to the Board.

Second: President Park

Action: Passed unanimously.

C. Odetta Kilgore

Odetta Kilgore appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on Ms. Kilgore's disclosures. He clarified that the appearance before the Board is mostly to address the revocation of her driver's license in Minnesota.

Ms. Kilgore went to Minnesota to get more information. She clarified to the Board that her license was revoked due to her not having insurance or a driver's license when she got pulled over.

Ms. Kilgore read an apology letter into the record.

Board discussion ensued. They appreciate Ms. Kilgore's efforts to find out what occurred with the revocation of her driver's license.

Board Action:

Motion: Jade Jacobo moved to approve Odetta Kilgore's Pharmaceutical Technician in Training Registration.

Second: Krystal Freitas

Action: Passed unanimously.

E. Clinton Rickman

No representative on behalf of Mr. Rickman was present.

F. Julie Sonekeo

Julie Sonekeo appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on her disclosure regarding stealing over \$200 worth of clothing.

Ms. Sonekeo provided clarification on her disclosure and the results of her discipline.

Ms. Sonekeo commented that she got a DUI, but it was not mentioned on the application.

Board discussion ensued regarding her disclosures and if she wants to be a Pharmaceutical Technician.

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

Mr. Wuest commented that he will have Board staff visit the location to confirm if she needs the Pharmaceutical Technician in Training registration.

President Park offered Ms. Sonekeo the opportunity to table her application in order to see if she wants to pursue this certificate of registration. Ms. Sonekeo agreed.

President Park tabled Ms. Sonekeo's application at her request.

G. David Tilsen

No representative on behalf of Mr. Tilsen was present.

7. Applications for Pharmaceutical Technician Registration
(NAC 639.240) – Appearance. **(FOR POSSIBLE ACTION)**

A. Lizbeth Lara

Lizbeth Lara appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on disclosure regarding a battery charge and possession of a controlled substance.

Board questioned Ms. Lara asking if she disclosed with her past employers and why she wants to be a Pharmaceutical Technician.

Ms. Lara commented that she did disclose to Iowa Board of Pharmacy because of expungement. Also, her Iowa license is expired.

Board discussion ensued regarding if they should license Ms. Lara.

Mr. Wuest commented that she does not qualify to be a Pharmaceutical Technician, but she would need to apply as a Technician in Training.

President Park offered Ms. Lara the opportunity to table their application in order to send in the correct application. She agreed.

President Park tabled Ms. Lara's application at her request.

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

A. Lindsay McComas

Lindsay McComas appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Lee provided background on Ms. McComas disclosure regarding a DUI and domestic violence.

Ms. McComas provided further clarification on her disclosures and stated that she has a Monitoring Agreement with the Nevada State Board of Nursing. Also, she commented that she is voluntarily seeing a therapist and is in psychiatric care to ensure her sobriety.

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

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

Ms. McComas read her therapist assessment into the record.

Board discussion ensued regarding potential conditions on her licensure.

Board Action:

Motion: Jade Jacobo moved to approve Lindsay McComas Advance Practice Registered Nurse – Prescribe Registration pending positive evaluation from PRN PRN or equivalent. If evaluation is favorable, Ms. McComas can continue with her current provider's treatment program. If evaluation is not positive, Ms.

McComas would need to change treatment programs and find a provider who meets the qualifications of the Nevada State Board of Pharmacy.

Second: Richard Tomasso

Action: Passed unanimously.

B. Aubree Teribury

Aubrey Teribury appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on Ms. Teribury's disclosure regarding public reprimand due to incorrect insulin dosage given.

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

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

Board Action:

Motion: Wayne Mitchell moved to approve Audree Teribury's Advance Practice Registered Nurse – Prescribe Registration.

Second: Jade Jacobo

Action: Passed unanimously.

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

A. Cure 4 The Kids Foundation Patient Pharmacy – Las Vegas, NV

President Park recused participation due to her employment at Roseman University.

Catherine Boutsikakis, Managing Pharmacist, and Annette Logan-Parker, Chief Executive Officer, appeared and were sworn in by President Jacobo prior to answering questions and offering testimony.

The Board questioned Ms. Boutsikakis and Ms. Logan-Parker about the business model and Ms. Boutsikaki's work history.

Ms. Boutsikakis and Ms. Logan-Parker answered questions to the Board's satisfaction.

Board Action:

Motion: Richard Tomasso moved to approve Cure 4 The Kids Foundation Patient Pharmacy license.

Second: Wayne Mitchell

Action: Passed unanimously.

7. Applications for Pharmaceutical Technician Registration
(NAC 639.240) – Appearance. **(FOR POSSIBLE ACTION)**

B. Antonio Madrid

Antonio Madrid appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Kandt provided background on disclosures on Mr. Madrid's application regarding a DUI and failure to disclose petty theft.

Board questioned Mr. Madrid regarding his disclosures and plans to work in Nevada.

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

Board Action:

Motion: Jade Jacobo moved to approve Antonio Madrid's Pharmaceutical Technician Registration.

Second: Krystal Freitas

Action: Passed unanimously.

Public Comment at July 14 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	
Courtney Lee	Darlene Nases	Christian Schonlau	

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 July 15 2021, 9:00 AM

There was no public comment.

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

- A. **Amendment of Nevada Administrative Code (NAC) Chapter 639.** The proposed amendment will implement the provisions of Senate Bill 408 requiring an applicant for registration as a pharmacist, pharmaceutical technician or pharmaceutical technician in training to undergo a criminal background check; increase the fees for the investigation or issuance or renewal of a license as a manufacturer or wholesaler; provide that an application for any certificate, license or permit issued by the Board is only valid for 1 year after the date it is received by the Board unless the Board extends its period of validity, and clarify the licensing requirements for an outsourcing facility or euthanasia technician.

Mr. Kandt provided background information and reviewed the proposed amendment.

Board discussion ensued.

Gener Tejero commented that section 6, item #3 should say "sodium pentobarbital".

President Park commented that section 4, item #2 is duplicated in the proposed language.

President Park opened public comment.

There was no public comment.

Board Action:

Motion: Jade Jacobo moved to approve the proposed amendment with modifications to include “sodium pentobarbital” in section 6, item #3 and to remove the duplicated language in section 4, item #2 and move forward to public hearing.

Second: Wayne Mitchell

Action: Passed unanimously.

- B. Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I.** The proposed amendment to NAC 453.510 will add Eutylone (bk-EBDB, 1-(1,3-Benzodioxol-5-yl)-2-(ethylamino)butan-1-one, b-keto-ethylbenzodioxolylbutanamine) and fentanyl related substances (Fentanyl Carbamate (Ethyl (1-phenethylpiperidin-4-yl)(phenyl)carbamate); Methyl methoxyacetyl fentanyl (some trade or other names: 2-methoxy-N-(2-methylphenyl)-N-(1-phenethylpiperidin-4-yl)acetamide; (ortho-methyl methoxyacetyl)fentanyl; 2-methyl methoxyacetyl fentanyl); N-(1-(2-fluorophenethyl)piperidin-4-yl)-N-(2-fluorophenyl)propionamide (2'-fluoro ortho-fluorofentanyl; 2'-fluoro 2-fluorofentanyl); Fluoroacryl fentanyl; Fluoro furanyl fentanyl; Methyl acetyl fentanyl); Phenylpropanoyl fentanyl; Fluorobutyryl fentanyl); Phenyl fentanyl (some trade or other names: benzoyl fentanyl); Thiofuranyl fentanyl (some trade or other names: thiophene fentanyl).
to the list of controlled substances listed in Schedule I.

Ms. Long provided background information on proposed amendment.

President Park opened public comment.

There was no public comment for the proposed amendment.

Board Action:

Motion: Jade Jacobo moved to approve the proposed language for Amendment of Nevada Administrative Code (NAC) 453.510: Schedule I, and move forward to public hearing.

Second: President Park

Action: Passed unanimously.

- 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.

Ms. Long provided background information on proposed amendment.

President Park opened public comment.

There was no public comment for the proposed amendment.

Board Action:

Motion: Krystal Freitas moved to approve the proposed language for Amendment of Nevada Administrative Code (NAC) 453.540: Schedule IV, and move forward to public hearing.

Second: Jade Jacobo

Action: Passed unanimously.

- D. Amendment of Nevada Administrative Code (NAC 639).** The proposed amendments will add a new section to implement the provisions of Senate Bill 190, requiring the Board to adopt regulations that establish a protocol to allow a pharmacist to dispense a self-administered hormonal contraceptive to any patient.

Mr. Wuest and Ms. Lee provided background information on proposed amendment.

Board discussion ensued.

President Park opened public comment.

Elizabeth MacMenamin, VP of Government Affairs for the Retail Association of Nevada, thanked the Board and Board Staff for their work on the proposed language. Ms. MacMenamin expressed concern that, as written, the procedure may be onerous and may result in a lack of participation.

Cindy Pitlock, Doctor of Nursing Practice, expressed support of the proposed amendment.

Lauren Paul on behalf of CVS Health recommended several changes to the proposed amendment and questionnaire. The suggested comments include the below –

- In section 1B, Ms. Paul is requesting the Board to change the language from “Pharmacy” to “Pharmacist”.
- In the questionnaire, Ms. Paul is requesting the order of the questions be rearranged as it will allow pharmacist to go through the USMEC easier.

Christina Madison, Associate Professor of Pharmacy at Roseman University, commented that she is in favor of the proposed amendment. She recommended that the continuing education (CE) requirement be fulfilled in an ASHP accredited school prior to students graduating.

Lorri Walmsley on behalf of Walgreens recommended several changes to the proposed amendment. The suggested comments include the below –

- Ms. Walmsley agreed that the 2-hour CE is an appropriate level of training for pharmacist.
- Ms. Walmsley agreed with incorporating the CE in the college of pharmacy curriculum.
- Ms. Walmsley is requesting the Board to make changes to the language to ensure that a customer is not denied a refill. In the event, a new pharmacist has started and has not taken the CE requirement.

Board discussion ensued.

Board Action:

Motion: Jade Jacobo moved to approve the proposed language for Amendment of Nevada Administrative Code (NAC 639) with changes to include 1) the required 2-hour CE can be satisfied at an ASHP accredited school 2) Item I will allow the non-initiating registered pharmacist to refill without the 2-hour CE 3) Assessment form can be modified or changed 4) The electronic forms can be satisfied as a written form, and move forward to public hearing.

Second: President Park

Action: Passed unanimously.

- E. **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 background and presented supplemental documents and the proposed amendment to the Board.

President Park opened public comment.

Ms. MacMenamin on behalf of the Retail Association of Nevada is in favor of the proposed amendment.

Ms. Madison recommended several changes to the proposed amendment. The suggested comments include the below –

- Ms. Madison would like to see if the CE requirement can be fulfilled in the college of pharmacy curriculum.
- Ms. Madison requested access to HIV testing in the pharmacy setting.

President Park requested Ms. Madison provide a written statement regarding changes.

Board discussion ensued.

Kyle Folk, Pharmacist at Optum Specialty, commented that he would like to leave his contact information if a resource is needed for this proposed amendment.

Mr. Wuest commented no motion is needed. Board staff will work on updating proposed amendment for a future Board Meeting.

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

A. Ed Snell's Pharmacy Shop & Oxygen – Pocatello, ID

Ben Snell (Pharmacy Manager), Sheyanne Nickerson (Managing Pharmacist), and Mark Miller (Compounding Technician) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on their application.

Mr. Dodge questioned Mr. Nickerson and Mr. Snell regarding the type of drugs being compounded and his experience with compounding.

Mr. Nickerson tried to answer questions to the Board's satisfaction, but he commented that he is still being trained on compounding.

Mr. Dodge expressed concern with the limited knowledge that Mr. Nickerson has on compounding.

President Park requested if Ed Snell's Pharmacy would like to table their application so that Mr. Nickerson can learn more about compounding. Mr. Snell agreed.

President Park tabled Ed Snell's Pharmacy application at their request.

B. Marley Drug, Inc. – Winston-Salem, NC

Neil Owens, President and Chief Operating Officer, and John Villanova, Staff Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on their application.

Mr. Dodge questioned Marley Drug regarding their business model, products being shipped into Nevada, any operational changes with the company, and how Dave Marley is associated with the company.

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

Board discussion ensued regarding what type of manufacturer the company is and the amount of fines paid for their disclosures.

LeeAnn Taylor, Compliance Officer, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Taylor provided the information regarding the amount of fines paid with their disclosures.

Board Action:

Motion: Jade Jacobo moved to approve the change of ownership for Marley Drug, Inc.

Second: President Park

Action: Passed unanimously.

C. MedWiseRx – Austin, TX

Ashley Coleman, Vice President of Pharmacy Operations, and Chad Stonecipher, Vice President for Pharmacy Operations in Texas, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on application.

Mr. Dodge questioned MedWiseRx on their business model, any operational changes within the company, the medication therapy management (MTM) services offered in Nevada, and more information regarding their disclosure.

Ms. Coleman and Mr. Stonecipher answered questions to the Board's satisfaction.

Board discussion ensued regarding if MedWiseRx has someone licensed in Nevada to provide services.

Ms. Coleman confirmed that they did not.

Mr. Wuest commented that they have been out of compliance since 2019.

President Park requested if they would like to table their application to ensure that they are in compliance with Nevada law. Ms. Coleman agreed.

President Park tabled MedWiseRx application at their request.

D. Pyramids Infusion Center – Webster, TX

Dalia Kasseb, Director, and Rawad Nasr, Managing Pharmacist, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge questioned if they were providing sterile compounding and if they have a pharmacist licensed in Nevada.

Ms. Kasseb confirmed that they will be doing sterile compounding, and she requested the application be tabled until they have a Nevada licensed pharmacist.

President Park tabled Pyramids Infusion Center's application at their request.

E. UCSD Home Infusion Pharmacy

Binh Ngo, Managing Pharmacist, and Jason Bailey, Pharmacy Manager, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on the applicant's disclosure regarding the company shipping into Nevada without a license.

Mr. Dodge questioned Ms. Ngo and Mr. Bailey regarding their business model, products being shipped into Nevada, how they would train customers on injectables, if they have a Nevada Pharmacist, and the results of their disclosures.

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

Board Action:

Motion: Jade Jacobo moved to approve Nevada Compounding Pharmacy License for UCSD Home Infusion Pharmacy.

Second: Richard Tomasso

Action: Passed unanimously.

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

A. Northmark Pharmacy – Cincinnati, OH

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

Mr. Dodge provided background on their application.

Mr. Dodge questioned Ms. Chachare on the partnership for the pharmacy.

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

Board discussion ensued regarding Nevada law where practitioners are not able to own more than 10 percent of the pharmacy shares.

President Park offered the option to table their application so that the attorneys can discuss the ownership of the pharmacy. Ms. Chachare agreed.

President Park tabled Northmark Pharmacy's application at Ms. Chachare's request.

B. Soleo Health Inc. – Dublin, OH

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

President Park requested a letter of authorization for Mr. Doenges to speak on behalf of the company.

Mr. Dodge provided background on application.

Board discussion ensued regarding if the company has a Nevada licensed pharmacist.

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

Mr. Doenges requested to table the application as they do not have a Nevada licensed pharmacist.

President Park tabled Soleo Health Inc. application at their request.

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

A. Cranial Technologies, Inc. – Las Vegas, NV

Gener Tejero was excused from the meeting at 1:39pm.

Kelly Johnson, Administrator, and Caren Molsbury, Compliance Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest requested a letter of authorization for Ms. Johnson and Ms. Molsbury to speak on behalf of the company.

Ms. Johnson commented to the Board that she is the current MDEG Administrator until they hire someone full-time to take over her current role.

Board questioned Ms. Johnson regarding the products and services that they will provide.

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

Board Action:

Motion: Jade Jacobo moved to approve the Medical, Devices, Equipment and Gases application for Cranial Technologies, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

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

Kodilichi Izuora

Gener Tejero joined the meeting at 1:48pm.

Kodilichi Izuora appeared and was sworn in by President Park prior to answering questions and offering testimony.

Ms. Izuora is requesting a waiver to become a managing pharmacist for two locations per NRS 639.220 3. (a).

President Park questioned Ms. Izuora on how she would handle being the Managing Pharmacist at two locations.

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

Board Action:

Motion: Jade Jacobo moved to approve the waiver from managing pharmacist pursuant to NRS 639.220 (3).

Second: Krystal Freitas

Action: Passed unanimously.

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

Pharmerica Reno

Daniel Franke appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on appearance regarding Mr. Franke's previous DUI.

Board questioned Mr. Franke on if he has any other issues with the law, how long has he been a pharmacist, and if his license in good standing.

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

Mr. Wuest commented that he finds Mr. Franke competent.

President Park requested that Mr. Franke receive a positive PRN PRN evaluation or equivalent.

Board Action:

Motion: Jade Jacobo moved to approve request for approval of Managing Pharmacist pursuant to NRS. 639.220 pending a positive PRN PRN evaluation or equivalent.

Second: Rolf Zakariassen

Action: Passed unanimously.

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

Danielle Plummer

Krystal Freitas recused from participation in this matter since Danielle Plummer is an employee.

Danielle Plummer appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on Ms. Plummer's request to engage in the Practice of Pharmacy at a site other than a licensed pharmacy.

Mr. Wuest questioned Ms. Plummer about the services that she would be providing.

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

Board Action:

Motion: Jade Jacobo moved to approve request to engage in the Practice of Pharmacy at a site other than a licensed pharmacy.

Second: President Park

Action: Passed unanimously.

21. Application for Pharmacy Registration by Reciprocity – Appearance (**FOR POSSIBLE ACTION**)

Armin Aryan

Armin Aryan appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on Mr. Aryan's appearance regarding a past arrest for the possession of marijuana and a DUI.

Board questioned Mr. Aryan regarding his disclosures and requested further clarification on his charges and the events that occurred.

Board discussion ensued regarding concerns with licensing Mr. Aryan in Nevada.

Board Action:

Motion: Jade Jacobo moved to approve application for Pharmacy Registration by Reciprocity for Armin Aryan.

Second: Richard Tomasso

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

Action: Motion carries.

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

B. Patients Choice, LLC – North Las Vegas, NV

Daniel Graves Jr., MDEG Administrator, and Todd Davis, Compliance Officer, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application.

The Board questioned Mr. Graves regarding his work history.

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

Ms. Long commented that the company has no license to work out of their current location in Nevada.

Mr. Davis commented that they have an out-of-state license.

Board discussion ensued regarding Patient's Choice doing unlicensed activity in their current Nevada location.

Delbert Rinqest, Owner, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Rinqest requested clarification as to where they went wrong with the application.

Mr. Wuest provided clarification to Mr. Rinqest and stated that the company needs to cease operations in their current Nevada location.

Mr. Rinqest requested to table application to work with Board staff to confirm the unlicensed activity at this location.

President Park tabled application at Patient Choice's request.

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

B. Dia-foot – Las Vegas, NV - Background Check completed in compliance with NRS 639.500 –No Disqualifying Events

Robert Gaynor (President and Chief Executive Officer), Dawn Gaynor (Vice President), and Sara Michelle Simonson (Facility Manager) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest provided background on application.

Mr. Wuest questioned Dia-foot regarding their business model, the products the company is shipping into Nevada, and employee training.

Mr. and Mrs. Gaynor answered questions to the Board's satisfaction.

Board Action:

Motion: Jade Jacobo moved to approve the Wholesaler application for Dia-foot pending positive inspection.

Second: Wayne Mitchell

Action: Passed unanimously.

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

A. Amsino Medical, Inc. – Aurora, IL – Background Check Not Required – Manufacturer (NAC 639.593(7)(d)) – Disclosure

Gavin Zhang, Quality Assurance 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. Zhang to speak on behalf of the company.

Mr. Wuest provided background on application and stated that a disclosure was noted for the owner, Richard Lee, regarding two previous DUI's.

President Park commented that she would have liked the owner present for this appearance, but she is comfortable with licensing the company.

Board Action:

Motion: Jade Jacobo moved to approve the Out of State Wholesaler application for Amsino Medical, Inc.

Second: Wayne Mitchell

Action: Passed unanimously.

C. Solaris Pharma Corporation – Bridgewater, NJ – Background Check completed in compliance with NRS 639.500 – No Disqualifying Events

Shalin Jani, Executive Vice President, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on the company and the FDA Inspection findings.

Mr. Dodge questioned about FDA 400A and reviewed observations.

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

Board Action:

Motion: Wayne Mitchell moved to approve the Out of State Wholesaler application for Solaris Pharma Corporation.

Second: Jade Jacobo

Action: Passed unanimously.

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

E. The Desert Hope Center – Las Vegas, NV

Jade Jacobo was excused from meeting at 3:04pm.

Krystal Freitas disclosed that the Managing Pharmacist was a classmate but stated that she could participate in this matter fairly and without bias.

Liz Sorokac appeared as counsel representing The Desert Hope Center.

Board Staff wanted clarification on the location name.

Ms. Sorokac confirmed that it was an oversight by the attorney who drafted the application. The correct name for the application is “The Desert Hope Treatment Center”.

Ms. Sorokac commented that the change in ownership is with the parent company. The parent company has changed, but the operations will remain the same.

Board discussion ensued.

Ms. Sorokac answered questions to the Board’s satisfaction.

Board Action:

Motion: Wayne Mitchell moved to approve the change of ownership for The Desert Hope Treatment Center.

Second: Krystal Freitas

Action: Passed unanimously.

27. Executive Secretary Report:

A. Financial Report

Christian Schonlau, Chief Financial Officer of the Nevada Board of Pharmacy, presented the financial report to the Board’s satisfaction.

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

B. Crown Laboratories – Johnson City, TN – Background Check Not Required -
Manufacturer and VAWD-Accredited (NAC 639.593(7)(c) and (d) – Disclosure

Morgan Monroe, Compliance Specialist, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Wuest requested a letter of authorization for Ms. Monroe to speak on behalf of the company.

Mr. Wuest provided background on application and provided background on disclosures.

Ms. Monroe provided clarification to the Board regarding administrative action taken by other Boards.

Jade Jacobo joined the meeting at 3:26pm.

Board commented that they are comfortable with licensing company.

Board Action:

Motion: Wayne Mitchell moved to approve the Out of State Wholesaler application for Crowne Laboratories.

Second: Rolf Zakariassen

Action: Passed unanimously.

23. Discussion and possible action on proposal to conduct future Board meetings at a physical location with public access, while 1) permitting members of the general public the option of attending via remote technology; 2) permitting applicants for licensure or renewal the option of appearing on their application via remote technology; and 3) requiring parties and witnesses in contested cases to appear in-person. **(FOR POSSIBLE ACTION)**

Board discussion ensued regarding a hybrid model or in-person model.

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

A. Empower Pharmacy – Houston, TX

Jade Jacobo was excused from the meeting at 3:47pm.

Shaun Noorian, Chief Executive Officer, appeared and was sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge questioned Mr. Noonian regarding if they have a licensed pharmacist in Nevada, the type of products that they compound, and the results of their FDA 483 observations.

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

The Board commented that the FDA observations for Empower Pharmacy are confusing to understand.

Mr. Noorian commented that outsourcing facilities are fairly new, so the FDA tends to combine the pharmacy and outsourcing facility in their inspections that are located in the same location. This is the reason that the company is looking to separate it.

Gener Tejero agreed with Mr. Noorian's comments.

Board discussion ensued as they are not comfortable with the information provided. They would need more clarification to proceed and discussed having an inspection done at their location.

Mr. Noorian commented that he would welcome an inspection by the Board.

President Park requested if they would like to table the application to get further clarification on FDA Inspection's findings. Mr. Noorian agreed.

President Park tabled Empower Pharmacy's application at their request.

B. Exela Pharma Sciences, LLC – Lenoir, NC

Emily Dumas (Quality Assurance Compliance Specialist), Bridget Archer (Managing Pharmacist), and Rita Boucher (Vice President for Quality Assurance) appeared and were sworn in by President Park prior to answering questions and offering testimony.

Mr. Dodge provided background on application and their FDA Inspection findings.

Mr. Dodge commented that Exela Pharma Sciences is in good standing with the FDA.

Board Action:

Motion: Rolf Zakariassen moved to approve Out-of-State Outsourcing Facility for Exela Pharma Sciences, LLC.

Second: Wayne Mitchell

Action: Passed unanimously.

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

D. Genoa Healthcare, LLC – Las Vegas

Krystal Freitas disclosed that she is personal friends with the Managing Pharmacist but stated that she could participate in this matter fairly and without bias.

Kyle Folk, Managing Pharmacist, and Jason Kan, Regional Vice President, appeared and were sworn in by President Park prior to answering questions and offering testimony.

Board commented that the personal history form was filled out incorrectly which caused confusion.

Mr. Kan provided background information on the disciplinary disclosures to the Board.

Yenh Long, Deputy Secretary of the Nevada Board of Pharmacy, questioned Mr. Kan about what changes the company has made to ensure compliance.

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

Board Action:

Motion: Richard Tomasso moved to approve Genoa Healthcare's Pharmacy license pending a corrected personal history form for Joseph Douglas and Tom Mullin.

Second: Wayne Mitchell

Action: Passed unanimously.

20. Application for Pharmacist Registration by Examination – Appearance (FOR POSSIBLE ACTION**)**

Adam Katschke

Adam Katschke appeared and was sworn in by President Park prior to answering questions and offering testimony.

Franklin Katschke appeared as counsel representing Mr. Katschke.

Mr. Kandt provided background on application and his disclosure regarding insurance fraud.

Board questioned Mr. Katschke regarding results of his final restitution and what occurred with his disclosure.

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

President Park commented that Board should not go forward with application.

Mr. Franklin Katschke commented that Mr. Katschke is working to rebuild his life and ask the Board to reconsider his licensure.

Mr. Katschke commented to the Board that he is sorry for everything that he's done.

Board discussion ensued on how to proceed with application.

Board Action:

Motion: Richard Tomasso moved to deny application for Pharmacist Registration by Examination for Adam Katschke.

Second: Wayne Mitchell

Action: Passed unanimously.

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

- A. Biologic, LLC – Las Vegas, NV – Background Check completed in compliance with NRS 639.500 – Disqualifying Events – Disclosure

No representative on behalf of Biologic was present.

29. Date and Location of Next Scheduled Board Meeting:

September 1-2, 2021 – Las Vegas, NV

30. Public Comment at July 14 2021, 5:00pm

There was no public comment.

Public comment July 15 2021, 5:00pm

Randy Case, Chief Executive Officer of Elemental Pharmacy, commented that he wanted his agenda item to be addressed.

Mr. Wuest commented that Board staff will add him to the next Board Meeting.

31. 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: Darlan Medical Incorporated

Physical Address: 7830 Backlick Rd, Ste 100B Springfield, VA
(This must be a business address, we cannot issue a license to a home address) 22150

Mailing Address: 2821 N. Main St

City: Stafford State: TX Zip Code: 77477

Telephone: 832-592-9661 Fax: 888-922-5990

E-mail: tjh@bomconsulting.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm Fri: _____
to Sat: _____ to Sun: _____ to Holidays: _____ to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Tom Hutchinson

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

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

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

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

<u>7768820001</u>	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name.

■ Practitioner	Name: _____
■ 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.

Thomas J. Hutchinson

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

Thomas J. Hutchinson
Print Name of Authorized Person

4/20/2021
Date

Board Use Only

Received: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia

Parent Company if any: _____

Corporation Name: Darlan Medical, Inc

Mailing Address: 7830 Backlick Rd, Ste 100B

City: Springfield State: VA Zip: 22150

Telephone: 832-592-9661 Fax: 888-922-5990

Contact Person: Tom Hutchinson

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	Address
------	---------

b) _____

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

c) _____

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

d) _____

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

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

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

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

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

Include with the application for a non-publicly traded corporation

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

List of officers and directors.

THOMAS J HUTCHINSON President

2821 N MAIN ST

STAFFORD, TX 77477



tjh@bbmconsulting.com

NACHMON WICHMON Managing Director

2821 N MAIN ST

STAFFORD, TX 77477

832-592-9661

nwihnin@gmail.com

PO BOX 100142 | COLUMBIA, SC 29202-3142 | PALMETTOGBA.COM | ISO 9001
NATIONAL SUPPLIER CLEARINGHOUSE MEDICARE ADMINISTRATIVE CONTRACTOR



PALMETTO GBA.
A CELERIAN GROUP COMPANY

October 20, 2020

DARLAN MEDICAL INCORPORATED
7830 BACKLICK RD
STE 100B
SPRINGFIELD, VIRGINIA 22150

NPI: 1700358827
PTAN: 7768820001
RE: 20289025100054

Reference # 1700358827

Dear DARLAN MEDICAL INCORPORATED:

National Supplier Clearinghouse approved your Change of Information (COI) application.

Medicare Enrollment Information

Supplier Legal Business Name (LBN)	DARLAN MEDICAL INCORPORATED
Doing Business As (DBA)	DARLAN MEDICAL INCORPORATED
Physical Address Location	7830 BACKLICK RD STE #100B
Supplier Type	MEDICAL SUPPLY COMPANY
National Provider Identifier (NPI)	1700358827
Provider Transaction Access Number (PTAN)	7768820001
PTAN Effective Date	October 31, 2019

CHANGED INFORMATION

* Liability Insurance

Your PTAN is the authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system.

Filing claims electronically? Contact the Common Electronic Data Exchange (CED) Contractor at www.ngscedi.com or (866) 311-9184.

Subscribe to receive timely listserv messages regarding Medicare billing policies at:

- Jurisdiction A – Noridian Healthcare Solutions, med.noridianmedicare.com/web/jadme
- Jurisdiction B – CGS, www.cgsmedicare.com
- Jurisdiction C – CGS, www.cgsmedicare.com
- Jurisdiction D – Noridian Healthcare Solutions, med.noridianmedicare.com/web/jddme

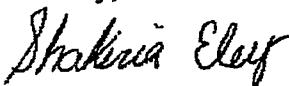
Enroll, make changes or view your existing enrollment information by logging into PECOS at <https://pecos.cms.hhs.gov>.

Submit updates and changes to your enrollment information within the timeframes specified at 42 CFR §424.516. For more information on the reporting requirements, go to Medicare Learning Network Article SE1617.

Find additional Medicare program information, including billing, fee schedules, and Medicare policies and regulations at www.PalmettoGBA.com/nsc or <https://www.cms.gov>.

For questions concerning this letter, contact National Supplier Clearinghouse at (866) 238-9652 between the hours of 9:00 A.M – 5:00 P.M. Eastern time or visit our website at PalmettoGBA.com/NSC.

Sincerely,



Shakeria Eley
National Supplier Clearinghouse

PO BOX 100142 | COLUMBIA, SC 29202-3142 | PALMETTOGBA.COM | ISO 9001
NATIONAL SUPPLIER CLEARINGHOUSE MEDICARE ADMINISTRATIVE CONTRACTOR



PALMETTO GBA.

A CELERIAN GROUP COMPANY

November 1, 2019

Darlan Medical Incorporated
7830 Backlick Rd
Ste 100B
Springfield, VA 22150-2205

NPI: 1700358827
PTAN: 7768820001
RE: 19287C26100001

Reference # 1700358827

Dear Darlan Medical Incorporated:

We are pleased to inform you that your Medicare enrollment application is approved. Please note each location where a DMEPOS supplier provides Medicare-covered items to beneficiaries must obtain billing privileges. Listed below are your National Provider Identifier (NPI) and Provider Transaction Access Number (PTAN).

To start billing, you must use your NPI on all Medicare claim submissions to bill the Durable Medical Equipment Medicare Administrative Contractor (DME MACs). The DME MACs have been notified of your approval. Information regarding the billing process may be found on their respective websites. You may also subscribe to receive timely listserv messages regarding Medicare billing policies.

- Jurisdiction A - Noridian Administrative Services, med.noridianmedicare.com/web/jadme
- Jurisdiction B - CGS, www.cgsmedicare.com
- Jurisdiction C - CGS, www.cgsmedicare.com
- Jurisdiction D - Noridian Administrative Services, med.noridianmedicare.com/web/jddme

Your PTAN has been activated and may be the required authentication element for all inquiries to customer service representatives (CSRs), written inquiry units, and the interactive voice response (IVR) system. The IVR allows you to inquire about claims status, beneficiary eligibility and transaction information.

To file claims electronically, please contact the Common Electronic Data Exchange (CEDI) Contractor at www.ngscedi.com or (866) 311-9184.

Provider/Supplier name:

Darlan Medical Incorporated



Physical Address location: 7830 Backlick Rd Ste 100B
Springfield, VA 22150-2205

National Provider Identifier (NPI): 1700358827

Provider Transaction Access Number (PTAN): 7768820001

You are: Non Participating

Effective date: October 31, 2019

You are required to submit updates and changes to your enrollment information within 30 days in accordance with DMEPOS Supplier Standard Two, pursuant to 42 CFR § 424.57(c). Reportable changes include, but are not limited to, changes in: (1) legal business name (LBN)/tax identification number (TIN), (2) practice location, (3) ownership, (4) authorized/delegated officials, (5) changes in special payment address and (6) final adverse legal actions, including felony convictions, license suspensions or revocations, an exclusion or debarment from participation in Federal or State health care program, or a Medicare revocation by a different Medicare contractor. Note any changes to electronic funds transfer information must be submitted to the appropriate DME MAC(s) for claim processing.

Providers and suppliers may enroll or make changes to their existing enrollment in the Medicare program using the Internet-based Provider Enrollment, Chain and Organization System (PECOS) at www.cms.hhs.gov/MedicareProviderSupEnroll.

Providers and suppliers enrolled in Medicare are required to ensure strict compliance with Medicare regulations, including payment policy and coverage guidelines. CMS conducts numerous types of compliance reviews to ensure providers and suppliers are meeting this obligation. Please visit the Medicare Learning Network at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/index.html> for further information about regulations and compliance reviews, as well as Continuing Medical Education (CME) courses for qualified providers.

Additional information about the Medicare program, including billing, fee schedules, and Medicare policies and regulations can be found at your DME MAC(s) Web site or the Centers for Medicare & Medicaid Services (CMS) Web site at <http://www.cms.hhs.gov/home/medicare.asp>.

If you have any questions regarding the DMEPOS enrollment process, please visit our web site at Palmettogba.com/NSC or contact our office at (866) 238-9652 between the hours of 9:00 AM and 5:00 PM Eastern time. To receive the most updated information directly to your email, register to receive NSC ListServ messages and news articles by visiting WWW.PalmettoGBA.com/NSC.

Sincerely,

Michael Jones



CERTIFICATE OF LIABILITY INSURANCE

CUSTOMER NUMBER: 010003991

DATE (MM/DD/YYYY)
06/27/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER PHARMACISTS MUTUAL INSURANCE COMPANY 808 HIGHWAY 18 W PO BOX 370 ALGONA IA 50511-0370	CONTACT NAME:	
	PHONE (A/C, No. Ext): 800-247-5930	FAX (A/C, No):
INSURED GLOBAL MANAGEMENT SERVICES LLC GLOBAL MANAGEMENT SERVICES 2821 N MAIN ST STAFFORD TX 77477-5511	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC # 13714
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PROJECT ☐ LOC ☐ OTHER			BOP 0165941 00	06/17/2020	06/17/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ Included GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 WATER LEGAL LIABILITY \$ 50,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ☐ Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTIONS OF OPERATIONS below	N/A					PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

See Remarks for Additional Named Insureds

See Remarks for Location Schedule

CERTIFICATE HOLDER

CANCELLATION

FOR EVIDENCE ONLY

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

AUTHORIZED REPRESENTATIVE

GAIL T. WOLFE, CISR, API

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AGENCY CUSTOMER ID: 0100033491

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 2 of 2

AGENCY		NAMED INSURED GLOBAL MANAGEMENT SERVICES LLC GLOBAL MANAGEMENT SERVICES 2821 N MAIN ST STAFFORD TX 77477-5511
POLICY NUMBER BOP 0165941 00		
CARRIER PHARMACISTS MUTUAL INSURANCE COMPANY	NAIC CODE 13714	EFFECTIVE DATE: 06/17/20

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: EVIDENCE OF COMMERCIAL LIABILITY INSURANCE

ADDITIONAL NAMED INSURED:

RIVERWOOD MEDICAL
DARLAN MEDICAL EQUIPMENT INC

LOCATION SCHEDULE:**Loc. 001 Bldg. 001**

GLOBAL MANAGEMENT SERVICES
2821 N MAIN ST
STAFFORD, TX 77477-5511

Loc. 002 Bldg. 001

RIVERWOOD MEDICAL
7830 BACKLICK RD STE 100A
SPRINGFIELD, VA 22150-2205

Loc. 003 Bldg. 001

DARLIN MEDICAL
7830 BACKLICK RD STE 100B
SPRINGFIELD, VA 22150-2205

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Darlan Medical Incorporated is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 20, 2018;

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

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

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 13, 2021

Bernard J. Logan, Clerk of the Commission

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date May 13, 2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment (Orthotics / Diabetic Supplies)
Nature of MDEG

Darlan Medical Incorporated 7830 Backlick Rd Ste 100B Springfield, VA 22150
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Soto Last Name Thelma First Name J Middle Name

Bustamante (Maiden Name)
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

[REDACTED] Doliver Circle Missouri City TX 77489
Present Residence Address-Street or RFD City State/Zip

2821 N. Main St 7/1/2019 - Present Stafford TX 77477
Present Business Address Dates City State/Zip

Administrator 7/1/2019 - Present
Present Position with the MDEG Dates

Phone: 832-592-9661 Fax: 888-922-5990

Email address: tsoto@lifestyletexasmed.com

[REDACTED] Corpus Christi, Texas Nueces County
Date of Birth Place of Birth (City, County, State)

59 [REDACTED] F
Age Social Security Number or ITIN Sex

Brown Gray 175 5'0"
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.)

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.

1/2020-Current	WMH Medical 2821 N. Main St Stafford, TX 77477	2800 hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Administrator	- Responsible for the day-to-Day operations of the facility - Maintain compliance with all laws and regulations. - Employee Schedule / Process Payroll and Maintain employee info. - All patient documents are rec'd/verified before product distribution.	Tom Hutchinson
Title		Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☒ I have not ☐ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
3. I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG?

☒ Yes ☐ No

5 .Will you be employed fulltime with the MDEG?

☒ Yes ☐ No

6 .Will you be present at the site of the MDEG during its normal operating hours?

☒ Yes ☐ No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

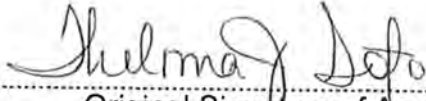
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Date of photograph _____

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

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


Original Signature of Applicant

4B

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.
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FACILITY INFORMATION

Facility Name: EyeTech Digital Systems Inc.

Physical Address: 1128 E Greenway St Suite 1 Mesa AZ 85203-4361
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 1128 E Greenway St Suite 1

City: Mesa State: AZ Zip Code: 85203-4361

Telephone: 888-539-3832 x336 Fax: 855-437-1570

E-mail: llantz@eyetechds.com Website: https://eyetechds.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5 Fri: 8 to 5
 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Keith Jackson

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

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

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

Name: Melinda Trego Telephone: 888-539-3832 X336

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:

7813590001 (Medicare)

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☒ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name. NO

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

Name: n/a

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.



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

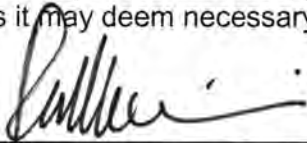
This page must be submitted for all types of ownership.

- 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

Rachid Sefrioui
Print Name of Authorized Person

6-1-21
Date

Board Use Only

Received: _____

Amount: 500

Check # 634311

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: N/A
Corporation Name: EyeTech Digital Systems, Inc.
Mailing Address: 1128 E Greenway Street
City: Mesa State: AZ Zip: 85203
Telephone: 888-539-3832 x 328 Fax: _____
Contact Person: Deborah Mack

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

- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) Rachid Sefrioui [REDACTED] Ewing Shadow Rd, Scottsdale, AZ 85055
Name Address
- b) Melinda Trego [REDACTED] E McLellan Rd, Mesa AZ 85203
Name Address
- c) Robert Chappell [REDACTED] E Denberry Ave, Mesa AZ 85206
Name Address
- d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. 20,000,000
- 3) What was the price paid per share? \$0.0001
- 4) What date did the corporation actually receive the cash assets? 12/22/2017
- 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.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "EYETECH DIGITAL SYSTEMS, 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 THIRTEENTH DAY OF MAY, A.D. 2021.



6494758 8300

SR# 20211767805

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

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

Authentication: 203202615

Date: 05-13-21



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/19/2021

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 The Arizona Group 1125 East Southern Avenue, Suite 101 Mesa AZ 85204	CONTACT NAME: Krystle Hodge PHONE (A/C, No, Ext): 480-584-4519 E-MAIL ADDRESS: krystle.hodge@arizonagroup.com FAX (A/C, No): 480-892-7625
INSURED Eyeteck Digital Systems 1128 E. Greenway St, Suite 1 Mesa AZ 85203	INSURER(S) AFFORDING COVERAGE INSURER A: Atlantic Specialty Ins Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
NAIC # 27154	

COVERAGES

CERTIFICATE NUMBER: 227455096

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		7110093690014	2/28/2021	2/28/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		7110093690014	2/28/2021	2/28/2022	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$		7110093690014	2/28/2021	2/28/2022	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐ N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Errors & Omissions Liability		7600099470004	2/28/2021	2/28/2022	Limit Per Claim \$1,000,000 General Aggregate \$1,000,000 Deductible \$10,000

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

CERTIFICATE HOLDER

CANCELLATION

BlueCross BlueShield of AZ
2444 W Las Palmaritas Dr
Phoenix AZ 85021

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

AUTHORIZED REPRESENTATIVE

NEVADA STATE BOARD OF PHARMACY

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 EyeTech Digital Systems, Inc. MDEG License # (if applicable) _____
 Physical Address 1128 E. Greenway Street Suite 1
 City Mesa State AZ Zip 85203
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 888-539-3832 Website www.EyeTechDS.com
 Licensing Company Email info@eyetechds.com

Section 2: Personal Information

First Keith Middle Alan Last Jackson
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address 1128 E. Greenway Street Suite 1
 City Mesa State AZ Zip 85203
 Telephone 888-539-3832 Email kjackson@eyetechds.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 Mesa High School			From - To (MM/YY - MM/YY) 08/95 - 05/98	
Address 1630 E. Southern Ave.		City Mesa	State AZ	Zip 85204
Diploma/Degree obtained, if any High School				
School Name Mesa Community College			From - To (MM/YY - MM/YY) 09/98 - 05/02	
Address 1833 W. Southern Ave.		City Mesa	State AZ	Zip 85202
Diploma/Degree obtained, if any Associates Degree				
School Name Arizona State University			From - To (MM/YY - MM/YY) 09/02 - 05/04	
Address 7001 E. Williams Field		City Mesa	State AZ	Zip 85212
Diploma/Degree obtained, if any Bachelor's Degree in Agribusiness				
School Name Arizona State University			From - To (MM/YY - MM/YY) 08/10 - 05/11	
Address W.P. Carey School of Business		City Tempe	State AZ	Zip 85281
Diploma/Degree obtained, if any MBA				
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) 12/12 - 07/21	Address ██████ E. Drake Court	City Gilbert	State AZ	Zip 85234
From - To (MM/YY - MM/YY) 09/06 - 12/12	Address 1360 E. Brown Road Unit 12	City Mesa	State AZ	Zip 85203
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 EyeTech Digital Systems, Inc.		From - To (MM/YY - MM/YY) 01/04 - 07/21	
Business Address 1128 E. Greenway Street Suite 1		City Mesa	State AZ
Phone 888-539-3832	Title AAC Regional Consultant		Zip 85203
Description of Duties I help demonstrate our EyeOn Elite AAC device to patients in the southwest (AZ, NV, CO, UT, NM, and Northern CA). I also do the national tradeshow training the therapists (SLP, OT, SPED, etc.) who refer our product.		Number of Employed Hours 7,960	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Description of Duties		Number of Employed Hours	

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. 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:

Keith Jackson
Original Signature (electronic, copies or stamps not accepted)

7/7/2021
Date

I, Keith Jackson, certify that as the MDEG Administrator for

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

1. KAJ Have a high school diploma or its equivalent;
2. KAJ 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. KAJ 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. KAJ 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.

Keith Jackson

Print Name (First, Last)

Keith Jackson

Original Signature (electronic, copies or stamps not accepted)

7/17/2021

Date

Board Use Only

Date Received: _____

Officers and Directors

- Rachid Sefrioui
 - Executive Chairman of the Board
 - 59.3%
 - Last 4 of SSN: [REDACTED]
- Robert C. Chappell
 - CSO
 - 23.7%
 - Last 4 of SSN: [REDACTED]
- Melinda Trego
 - COO
 - 13.9%
 - Last 4 of SSN: [REDACTED]

4C

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(Check only) Application must be printed legibly or typed

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

☒ New MDEG ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
--	---

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Henry Schein Inc.

Physical Address: 6055 Commerce Drive, Whitestown, IN 46075
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: 135 Duryea Rd E-355

City: Melville State: NY Zip Code: 11747

Telephone: 631-843-5500 Fax: N/A

E-mail: licensure@henryschein.com Website: https://www.henryschein.com/

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00am-5:00pm Tue: 8:00am-5:00pm Wed: 8:00am-5:00pm Thu: 8:00am-5:00pm Fri: 8:00am-5:00pm

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Michael Angelo Amphill

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

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

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

Name: _____ Telephone: _____

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

Not Applicable

_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Henry Schein Inc. Distribution Centers

Yes ☒ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Henry Schein Inc. Distribution Centers

Yes ☒ No ☐

Are any of the owners health professionals? If yes, please list name. N/A

☒ Practitioner	Name: _____
☒ Advanced Practitioner of Nursing	Name: _____
☒ Physician's Assistant	Name: _____
☒ Physical Therapist	Name: _____
☒ Occupational Therapist	Name: _____
☒ Registered Nurse	Name: _____
☒ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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



SIGN HERE

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

Michael Ettinger

Print Name of Authorized Person

4/29/21

Date

Board Use Only

Received: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: Henry Schein Inc.

Mailing Address: 135 Duryea Road

City: Melville State: NY Zip: 11747

Telephone: 631-843-5500 Fax: N/A

License Contact Person: Gary Tiamsic

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. <u>The Vangaurd Group</u>	%: <u>12.23%</u>
2. <u>Longview Partners, LLP</u>	%: <u>10.40%</u>
3. <u>Generation Investment Management, LLP</u>	%: <u>7.19%</u>
4. <u>BlackRock Institutional Trust Company, N.A.</u>	%: <u>5.49%</u>

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____ See Attached Document for URL to 10-K

Registration number issued: _____

Stock Exchange: _____

Include with the application for a publicly traded corporation

List of officers and directors.

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



CERTIFICATE OF LIABILITY INSURANCE

 DATE(MM/DD/YYYY)
03/09/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aon Risk Services Northeast, Inc. New York NY Office One Liberty Plaza 165 Broadway, Suite 3201 New York NY 10006 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:														
INSURED Henry Schein, Inc., Subsidiaries & Affiliates 135 Duryea Road Melville NY 11747 USA	<table border="1"> <thead> <tr> <th data-bbox="792 500 1356 542">INSURER(S) AFFORDING COVERAGE</th> <th data-bbox="1356 500 1484 542">NAIC #</th> </tr> </thead> <tbody> <tr> <td data-bbox="792 542 1356 574">INSURER A: Noetic Specialty Insurance Co</td> <td data-bbox="1356 542 1484 574">17400</td> </tr> <tr> <td data-bbox="792 574 1356 606">INSURER B: Liberty Mutual Fire Ins Co</td> <td data-bbox="1356 574 1484 606">23035</td> </tr> <tr> <td data-bbox="792 606 1356 638">INSURER C: National Union Fire Ins Co of Pittsburgh</td> <td data-bbox="1356 606 1484 638">19445</td> </tr> <tr> <td data-bbox="792 638 1356 670">INSURER D: Berkshire Hathaway Specialty Ins Company</td> <td data-bbox="1356 638 1484 670">22276</td> </tr> <tr> <td data-bbox="792 670 1356 702">INSURER E:</td> <td data-bbox="1356 670 1484 702"></td> </tr> <tr> <td data-bbox="792 702 1356 710">INSURER F:</td> <td data-bbox="1356 702 1484 710"></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Noetic Specialty Insurance Co	17400	INSURER B: Liberty Mutual Fire Ins Co	23035	INSURER C: National Union Fire Ins Co of Pittsburgh	19445	INSURER D: Berkshire Hathaway Specialty Ins Company	22276	INSURER E:		INSURER F:	
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INSURER C: National Union Fire Ins Co of Pittsburgh	19445														
INSURER D: Berkshire Hathaway Specialty Ins Company	22276														
INSURER E:															
INSURER F:															

Holder Identifier:

COVERAGES **CERTIFICATE NUMBER:** 570086310653 **REVISION NUMBER:**

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

Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GENL AGGREGATE LIMIT APPLIES PER ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:			TB2621093363030	06/01/2020	06/01/2021	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$1,000,000 PRODUCTS - COMP/OP AGG Excluded
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB DED RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT
A	Products Liab			N19NY380025 Claims Made	06/01/2019	06/01/2021	Each Occurrence \$10,000,000 Aggregate \$10,000,000

Certificate No : 570086310653

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

CERTIFICATE HOLDER	CANCELLATION
Nevada Board of Pharmacy 431 W. Plumb Lane Reno NV 89509 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aon Risk Services Northeast, Inc.</i>

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AGENCY CUSTOMER ID: 570000025511

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page _ of _

AGENCY Aon Risk Services Northeast, Inc.		NAMED INSURED Henry Schein, Inc.,	
POLICY NUMBER See Certificate Number: 570086310653			
CARRIER See Certificate Number: 570086310653	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Named Insureds

Henry Schein, Inc.
 Ace Surgical Supply Company, Inc.
 All Star Orthodontics
 BIOHORIZONS IMPLANT SYSTEMS, INC.
 Camlog
 Dental Instrument Sales & Service, LLC
 Dentrrix Dental Systems
 Exan Enterprises
 G.I.V. Inc.
 General Injectibles & Vaccines, Inc.
 HF Acquisition Co. LLC
 Hand Piece Parts & Repair, Inc.
 Henry Schein and Schvavent
 Henry Schein Dental, Inc.
 Henry Schein Global Sourcing, Inc.
 Henry Schein Medical
 Henry Schein Practice Solutions
 Henry Schein, Supply
 HealthFirst
 Impromed, LLC.
 Insource, Inc.
 Ortho Organizers, Inc.
 Ortho Technology, Inc.
 RXWORKS, INC.
 Southern Anesthesia & Surgical
 The Custom Milling Center, Inc.
 Zahn Dental Company, Inc.
 Zahn/Darby Lab
 Edge Endo
 Henry Schein Professional Practice Transitions
 North American Rescue LLC and NAR Medical Depot, LLC
 NAR Training
 Lighthouse 360, Inc.
 Hayes Handpiece Franchises, Inc.
 Henry Schein One, LLC
 US Endodontics
 TDSC, Inc.



GENERAL BUSINESS: 1-631-843-5500
FAX: 1-631-843-5680
www.henryschein.com

Henry Schein, Inc. most recent Annual Report and 10-K Filing for fiscal year 2020 can be located on the Investor Relations section of the company website at <https://investor.henryschein.com/financial-information/sec-filings> or by visiting the direct link at <https://investor.henryschein.com/node/22616/html>



GENERAL BUSINESS: 1-631-843-5500
 FAX: 1-631-843-5680
 www.henryschein.com

HENRY SCHEIN, INC

F.E.I.N 11-3136595

Officers:

Stanley M. Bergman

Chief Executive Officer

■ UN Plaza, Apartment ■
 New York, NY 10017

Date of Birth: ■
 Drivers License # ■
 Home Phone # ■

James P. Breslawski

Vice Chairman and President
 Henry Schein Inc.

■ Pheasant Run
 St. James, NY 11780

Date of Birth: ■
 Drivers License # ■
 Home Phone # ■

Steven Paladino

Executive Vice President
 Chief Financial Officer

■ Tammi Court
 Kings Park, NY 11754

Date of Birth: ■
 Drivers License # ■
 Home Phone # ■

Mark E. Mlotek

Executive Vice President
 Chief Strategic Officer

■ First Ave, Apt ■
 New York, NY 10016

Date of Birth: ■
 Drivers License # ■
 Home Phone # ■

Michael S. Ettinger

Senior Vice President
 Corporate and Legal Affairs
 Secretary

■ Elm Street
 Woodbury, NY 11797

Date of Birth: ■
 Drivers License # ■
 Home Phone # ■

Incorporated Delaware 12/23/1992



GENERAL BUSINESS: 1-831-843-5500
FAX: 1-831-843-5680
www.henryschein.com

HENRY SCHEIN, INC
F.E.I.N 11-3136595

Board of Directors:

Stanley M. Bergman
Mohamad Ali
Barry J. Alperin
Gerald A. Benjamin
James P. Breslawski
Deborah Derby
Joseph L. Herring
Kurt P. Kuehn
Philip A. Laskawy
Anne H. Margulies
Mark E. Mlotek
Steven Paladino
Carol Raphael
E. Dianne Rekow, DDS, Ph.D.
Bradley T. Sheares, Ph.D.
Reed V. Tuckson, M.D., FACP

Incorporated Delaware 12/23/1992

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENRY SCHEIN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF DECEMBER, A.D. 2020.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENRY SCHEIN, INC." WAS INCORPORATED ON THE TWENTY-THIRD DAY OF DECEMBER, A.D. 1992.

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



2320192 8300

SR# 20208622642

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

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

Authentication: 204302686

Date: 12-11-20

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 7/14/2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for New MDEG applicant, distributing PPE (masks, gloves, gowns, swabs, etc.)

Nature of MDEG

Henry Schein Inc., 6055 Commerce Drive, Whitestown, IN 46075

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:

Ampil Michael Angelo
 Last Name First Name Middle Name

Mike
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

██████████ Flicker Court, Indianapolis, IN 46237
 Present Residence Address-Street or RFD City State/Zip

6055 Commerce Drive Dates 5/10/21-Present Whitestown, IN 46075
 Present Business Address City State/Zip

Manager Dates 5/10/21-Present
 Present Position with the MDEG

Phone: TBD Fax: N/A

Email address: mike.ampil@henryschein.com

██████████ Manila, Philippines
 Date of Birth Place of Birth (City, County, State)

49 ██████████ M
 Age Social Security Number or ITIN Sex

Brown Black 200 lbs 5'9"
 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 _____

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.

3/2003-5/2021	Henry Schein, Inc., 5315 W 74th St, Indianapolis, IN	37,000+ hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Inventory Control Supervisor	inventory management, quality control	Mike Murdock
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor



I have ☒ I have not ☐ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☐ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
3. I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents. N/A

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

☒ Yes ☐ No

5. Will you be employed fulltime with the MDEG?

☒ Yes ☐ No

6. Will you be present at the site of the MDEG during its normal operating hours?

☒ Yes ☐ No

If you answer No to questions 4, 5 or 6 please provide a written explanation and/or documents.

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Date of photograph 7/14/21

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

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

Michael Ampil
Original Signature of Applicant

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Henry Schein, Inc.
6055 Commerce Drive
Whitestown IN 46075

Date: 07/27/2021
Amount: \$ 500.00
License #: MP03061

(ID Card)

Trim ID Card to fit your wallet

 NEVADA STATE BOARD OF PHARMACY	Medical Devices, Equipment, Gas Expires: 10/31/2022 Henry Schein, Inc. 6055 Commerce Drive Whitestown IN 46075
License # MP03061 Temporary	
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

License Type: Medical Devices, Equipment,
Gas

License #: MP03061

Managing Pharmacist :

NEVADA
STATE BOARD OF PHARMACY
Medical Devices, Equipment, Gas

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

Expires: 10/31/2022
STATUS: Temporary

Henry Schein, Inc.
6055 Commerce Drive
Whitestown IN 46075

NONTRANSFERABLE
POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 07/27/2021.

4D

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 WH02660**)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: BeiGene USA, Inc.

Physical Address: 2955 Campus Drive, Suite 200

City: San Mateo State: CA Zip Code: 94403

Telephone Number: (877) 828-5568 Fax Number: N/A

Toll Free Number: _____

E-mail: statelicensing@beigene.com Website: www.beigene.com

Facility Manager: Wyatt Luenenborg

Professional qualifications and experience of facility manager: _____
See Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: Specialty Distributors, Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attached

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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



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

Scott Samuels

Print Name of Authorized Person

MAY 5, 2021
Date

Board Use Only	Date Processed: 6/17/2021	Amount: \$500 Inca # 3884113 ✓
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APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: BeiGene US Holdings, LLCMailing Address: c/o Corporation Services Co. 251 Little Falls Dr.City: Wilmington State: DE Zip: 19808Telephone: (857) 327-8286 Fax: N/AContact Person: Scott Samuels

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 Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. See Attached3) What was the price paid per share? See AttachedA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation****List of officers and directors**

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



CALIFORNIA STATE BOARD OF PHARMACY
2720 GATEWAY OAKS DRIVE, SUITE 100
SACRAMENTO, CA 95833
916/ 516-3100

Wholesale Drug Permit

LICENSE NO. WLS 7563
RECEIPT NO. 00167599

VALID UNTIL SEPTEMBER 01, 2021

REIGENE USA INC
2955 CAMPUS DR STE 200
SAN MATEO CA 94403

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.

4/22/20

4/22/20 The official status of this license can be verified at www.pharmacy.ca.gov

This permit is valid only at the address shown.

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

TOTAL INITIALS 108 52 18 468

BOARD OF PHARMACY

LICENSING DETAILS FOR: WLS 7563

NAME: BEIGENE USA INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ISSUANCE DATE

SEPTEMBER 25, 2019

EXPIRATION DATE

SEPTEMBER 1, 2021

CURRENT DATE / TIME

MAY 26, 2021
8:21:09 AM

CLEAR - A "CLEAR" LICENSE ENTITLES THE INDIVIDUAL OR FIRM TO PERFORM ALL DUTIES AUTHORIZED TO THE SPECIFIC TYPE OF LICENSE, UNLESS (1) A PHARMACIST HAS RENEWED HIS OR HER LICENSE ON INACTIVE STATUS, OR (2) UNLESS THE LICENSE HAS BEEN RESTRICTED BY A DISCIPLINARY ORDER OF THE BOARD. WHEN THE WORD "PROBATION" APPEARS UNDER "CLEAR" BOARD DISCIPLINARY RESTRICTIONS ARE LISTED AT THE BOTTOM OF THE SCREEN.

ADDRESS

2955 CAMPUS DR STE 200
SAN MATEO CA 94403
SAN MATEO COUNTY

LICENSE RELATIONSHIPS

NAME: LUENENBORG, WYATT

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: DESIGNATED
REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 25363 **PRIMARY STATUS:** CLEAR

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BEIGENE 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 NINTH 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 "BEIGENE USA, INC." WAS INCORPORATED ON THE EIGHTH DAY OF JULY, A.D. 2015.

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



5781340 8300

SR# 20210844467

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

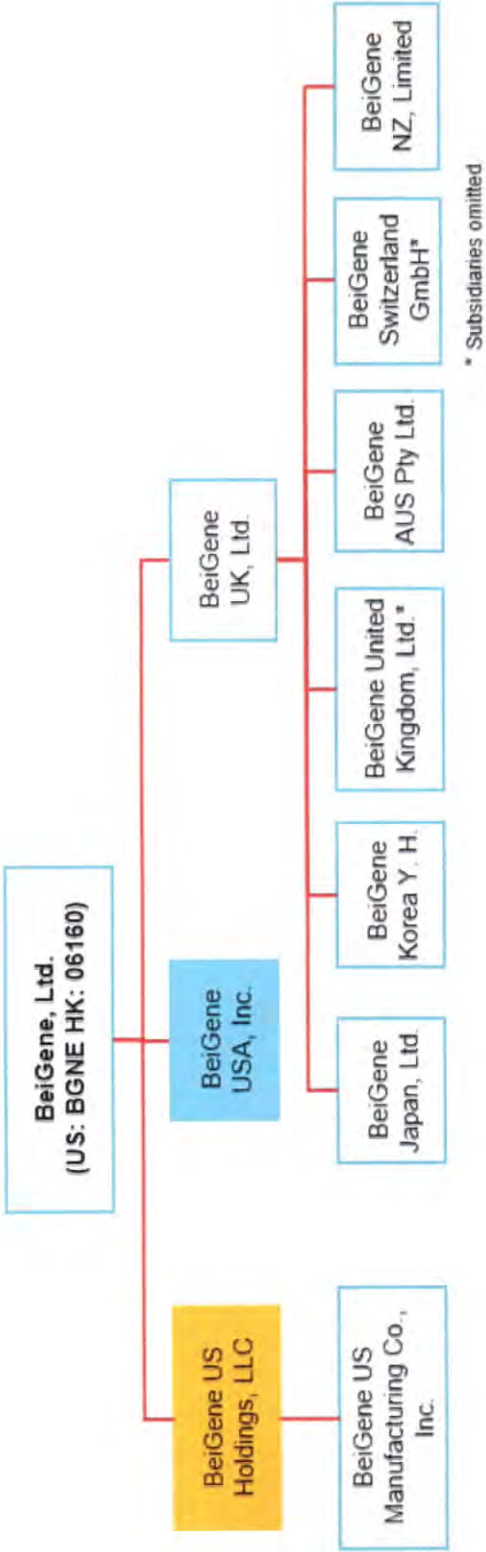
A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202686312

Date: 03-09-21

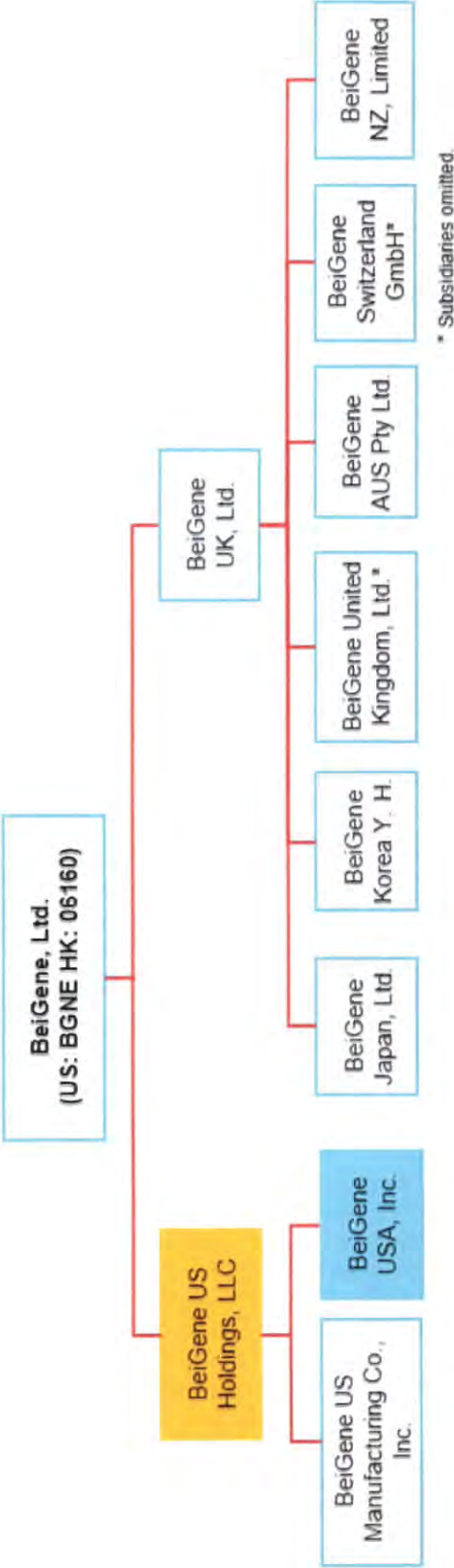
SCHEDULE A
SHAREHOLDING STRUCTURE BEFORE AND AFTER THE FIRST RESTRUCTURING

Before the First Restructuring:



Schedule A to Sole Stockholder Resolutions of BeiGene USA, Inc.
Sole Member Resolutions of BeiGene US Holdings, LLC
Sole Stockholder Resolutions of BeiGene UK, Ltd.

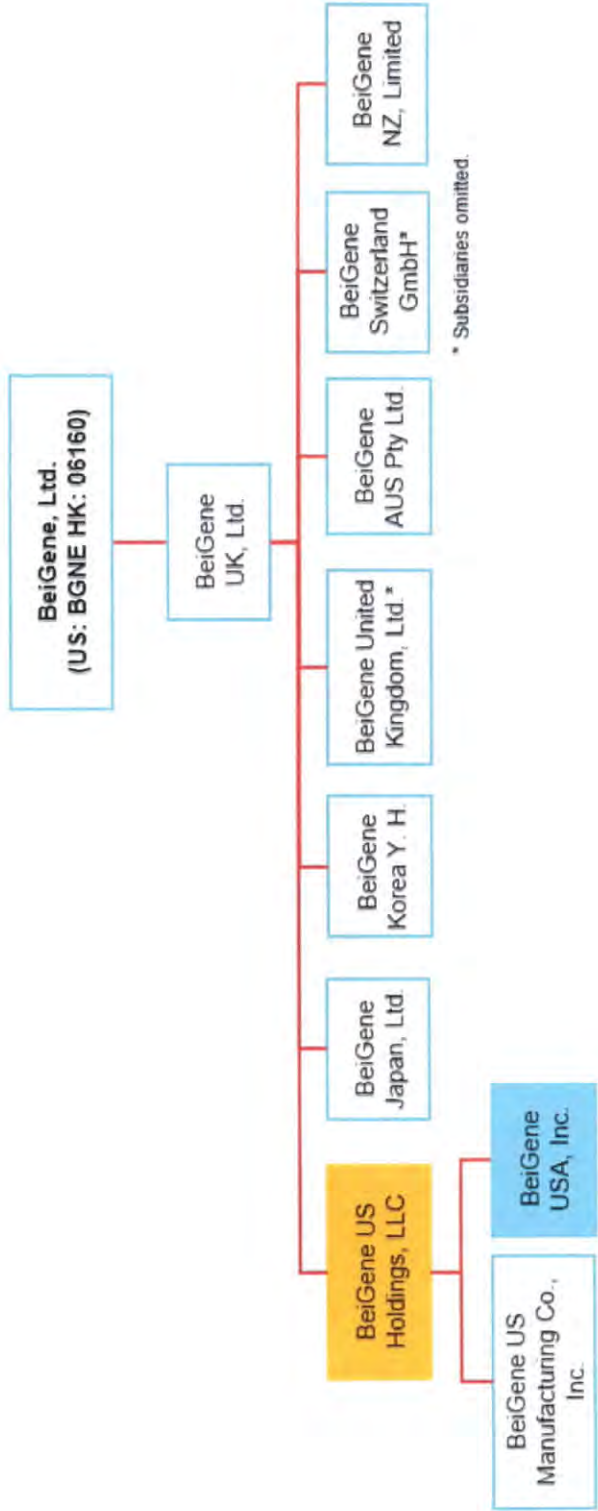
After the First Restructuring:



Schedule A to Sole Stockholder Resolutions of BeiGene USA, Inc.
Sole Member Resolutions of BeiGene US Holdings, LLC
Sole Stockholder Resolutions of BeiGene UK, Ltd.

SCHEDULE B
SHAREHOLDING STRUCTURE AFTER THE SECOND RESTRUCTURING

After the Second Restructuring:



Schedule B to Sole Stockholder Resolutions of BeiGene USA, Inc.
Sole Member Resolutions of BeiGene US Holdings, LLC
Sole Stockholder Resolutions of BeiGene UK, Ltd.



BeiGene

Ownership Information

BeiGene USA, Inc.'s Parent Company:
BeiGene US Holdings, LLC
c/o Corporation Services Co. 251 Little Falls Dr.
Wilmington, DE 19808
P: 857-327-8286

Company Information

Company Name: BeiGene USA, Inc.
Address: 2955 Campus Drive, Suite 200
City, State, Zip: San Mateo, CA 94403
Phone: 1 (877) 828-5568
Website: www.beigene.com
E-mail: statelicensing@beigene.com

FEIN: 36-4815718
State of Formation: DE
Date Incorporated: 7/8/2015

Officers

Scott Samuels, President, Secretary and General Counsel

Business Address: 55 Cambridge Parkway, 7th Floor, Cambridge, MA 02142
Business Phone: 857-327-8286
Email: statelicensing@beigene.com
Ownership: 0%

Jane Huang, Chief Medical Officer, Hematology

Business Address: 2929 Campus Drive, Suite 300, San Mateo, CA 94403
Business Phone: 831-232-8585
Email: statelicensing@beigene.com
Ownership: 0%

Yong Ben, Chief Medical Officer, Immuno-Oncology

Business Address: 1900 Powell St, 12th Floor, Emeryville, CA 94608
Business Phone: 831-232-8282
Email: statelicensing@beigene.com
Ownership: 0%

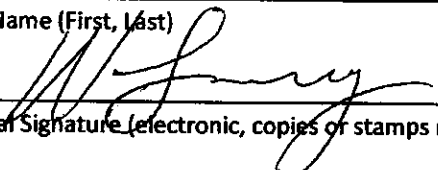
Julia Wang, Chief Financial Officer

Business Address: 55 Cambridge Parkway, Suite 700W, Cambridge, MA 02142
Business Phone: 781-801-1888
Email: statelicensing@beigene.com
Ownership: 0%

I, Wyatt Luenenborg, certify that as the designated representative for
BeiGene USA, 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

Wyatt Luenenborg
 Print Name (First, Last)

 Original Signature (electronic, copies or stamps not accepted)

June 24, 2021
 Date

Applicant's initials WL 8

Energizing, results-oriented leader with extensive US commercial oncology launch experience. 20+ years of Marketing and Sales experience; leading teams across multiple therapeutic areas including Hematology, Breast, Lung, CRC, and Skin cancers. Demonstrated strategist with significant experience and success in new molecule launches, line-extensions, companion diagnostics, and competitive markets. Proven catalyst for change and innovation while maintaining high team engagement and strong team culture. Inspires results through others.

BEIGENE USA

SAN MATEO, CA

Jan 2019 – Present

Vice President, US Marketing

- Serve as an active member of the US BeiGene Oncology Commercial Leadership Team
- Build BeiGene's oncology marketing capabilities within the US, including the establishment of individual roles and teams to support in-line, pipeline, market access and digital marketing.
- Lead the development of marketing strategies and the execution of tactical plans to support the US commercialization of BeiGene's oncology portfolio, including the US launch of BGB-3111
- Oversee all marketing strategies and plans in collaboration with BeiGene global teams and commercialization partners to realize maximal product value in the U.S.
- Partner with the VP, Sales and VP, Market Access to ensure alignment of BeiGene's US commercialization strategy.
- Partner with Business Analytics on the development and delivery of market insights that inform commercial strategies, tactics and product forecasts
- Provide commercial input on BeiGene's clinical development strategy.
- Partner with Med Affairs on the execution and development of an integrated scientific and thought leadership strategy.
- Participate in portfolio prioritization activities for clinical and pre-clinical programs.
- Build strong partnerships with external partners and influence commercial strategy for partnered assets.
- Demonstrate marketing thought leadership and represent BeiGene at key meetings, functions, and conferences, etc., when appropriate.

GENENTECH BIOONCOLOGY

SOUTH SAN FRANCISCO, CA

Oct 2007 – Jan 2019

Director – National Sales, SKiN Cancer Franchise, Erivedge, Cotellic, Zelboraf Aug 2016 – Present

- Lead US field-based team of ~120 with 3 products and multiple indications in highly competitive and dynamic melanoma and basal cell carcinoma disease states
- Responsible for Skin annual revenue target of ~\$300M
 - Achieved revenue YoY growth – +35% in 2016, and +20% in 2017, on track to exceed in 2018
 - Attained 25% 1L BRAF+ mMel Cotellic + Zelboraf exit market share in 2017
- Drove behavioral change and increased accountability through multiple levels of sales organization by leading investment in "Challenger" selling and developing vision for "Competitive Excellence"
- Led restructuring of field team in Q3 & Q4 2017 to maximize profitability and sales force effectiveness
 - Including decision to cease personal promotion of Cotellic + Zelboraf in melanoma
- Drove high engagement and retention during a period of significant change; SKiN engagement = 91%
- Launched Zelboraf in EDC, balancing multiple priorities across the sales organization and ensuring appropriate focus on launch and core business indications

Director – Marketing, SKiN Cancer Franchise, Erivedge, Cotellic, Zelboraf June 2014 – Aug 2016

- Led a team of 15 marketers in manager of managers role with four direct reports
- Managed P&Ls for 3 products; ~\$85M; grew SKiN revenues 27% in 2014 and 33% in 2015
- Successfully launched new molecule Cotellic in combination with Zelboraf in BRAF+ mMel
 - Achieved 18% 2016 exit Cotellic share; exceeding target by 5%
- Led Cotellic label negotiations, launch strategy / execution in competitive market with two co-promote partners
- Managed three (3) external partnerships, two (2) co-promotion partners for Cotellic + Zelboraf and 30-person contract sales organization for Erivedge

WYATT LUENENBORG

- Led development and implementation of SKiN profitability plan to achieve +80% franchise margin by 2018; including sales and marketing team reorganization
- Represented US on Cotellic, Zelboraf & Erivedge global lifecycle teams; advocated and drove key US commercial strategies for brand lifecycle investment options

Associate Director – BioOncology Commercial Pipeline

April 2013 – June 2014

- Led US early commercial core team and US launch strategy for Alecensa/alectinib
 - Including FDA ALK+ NSCLC breakthrough designation
- Led global working team and advocacy for Ph3 ALEX study [H2H 1L ALK+ vs. Xalkori]
- Led Alecensa US commercial launch readiness; including transition to in-line lung cancer franchise
- Led US strategic commercial input for development assessments for GA-201, aEGFL-7, DAF and alectinib
- Established novel YoY investment planning for 16 pre-launch molecules in BioOncology Commercial Pipeline; including all agency expenses and internal HC negotiations with key stakeholders and partners
- Served as US workstream lead on BioOncology Companion Diagnostic Working Group

Associate Director/Group Product Manager – Perjeta/Herceptin Strategy & Promo Dec 2010 – Apr 2013

- Developed and led Perjeta pre/post-launch strategy and measurement plan include novel post-launch after action review to inform and refine Kadcyla launch execution
- Led strategic assessment and implementation of Perjeta specialty distribution launch and rollout
- Co-lead for Perjeta supply FDA PMC and created novel program [PSFP] to ensure patient access
- Led quarterly business reviews, 3-Yr strategic brand Plan, 1-Yr tactical planning
- Represented US for Perjeta global lifecycle, international business team and global launch team
- Led development of Perjeta positioning and HDI disease education campaign

EXPERIENCE (CONT'D)

Group / Sr / Product Manager – HER2 – Herceptin, Kadcyla, Perjeta Marketing Oct 2007 – Dec 2010

- Developed and led key customer vision/brand strategy for Herceptin, Kadcyla and Perjeta including, TL engagement, P2P programming, advisory boards, conference planning, grants, and publications
- Led, managed and developed 4 product manager direct reports
- Served as US representative on global HER2 testing taskforce providing input and recommendations on HER2 testing and diagnostic strategies and tactics
- Led and developed HCP peer-to-peer content and internal/external training for HERA, BCIRG 006 and Avastin breast launches
- Expanded HER2 testing State Pathology Society opportunity and developed updated/novel HER2 testing curriculum to drive and support quality HER2 testing brand objectives

SYNAPSE MEDICAL COMMUNICATIONS, NEW YORK, NY

VP/ Group Account Director

June 2004 – Oct 2007

- Developed and delivered strategic pre/post launch medical communication/education, marketing initiatives supporting brand strategy for healthcare providers and patients in the areas of oncology and immunology; Oncology brand experience: Rituxan, Herceptin, Avastin, Perjeta, Nexavar, Velcade, Vectibix
- Grew oncology business sales from \$0 to \$12MM from 2004 to 2007

THE SCIENOMICS GROUP (TSG), GREENWICH, CT

Sr. Account Director

Feb 2004 – June 2004

- Oncology brand experience: Rituxan, Herceptin, Avastin, Perjeta, Tarceva

CARDINAL HEALTHCARE MARKETING SERVICES, SARATOGA, CA

Consultant - Account Manager

Jan 2003 – Feb 2004

HEALTH SCIENCE COMMUNICATIONS (HSC), NEW YORK, NY

WYATT LUENENBORG

Program Director	Feb 2001 – Sep 2002
MILLENNIUM MEDICAL COMMUNICATIONS, INC. (MMC), Hampton, NH Associate Product Marketing Manager	Jan 2000 – Jan 2001
CELSIS LABORATORY GROUP, PRINCETON, NJ Sr. Account Executive	Jan 1999 – Jan 2000
ABBOTT LABORATORIES, NORTH CHICAGO, IL Sales Representative (Dipel and Biaxin)	May 1996 – Oct 1998

EDUCATION

UNIVERSITY OF NEBRASKA – LINCOLN, Lincoln, Nebraska
Bachelor of Science in Agronomy, emphasis in Business, 1997



BeiGene

Description of Operations

BeiGene USA, Inc. is a Virtual Manufacturer located 2955 Campus Drive, Suite 200, San Mateo, CA 94403. BeiGene USA, Inc. products are manufactured by a Contract Manufacturer and will be distributed to Hospitals, Specialty Distributors and Specialty Pharmacies by their Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

BeiGene USA, Inc. is using the following contract manufacturer to produce their product:

Catalent, CTS
10245 Hickman Mills Dr.
Kansas City, MO 64137
Contact Person: Kristina Henry
Contact Number: (816) 767-4797
FDA Establishment No: 3002929455

Product Description

Catalent, CTS manufactures BeiGene USA, Inc. product and packages finished product. At no time does Catalent, CTS own the product, contract with BeiGene USA, Inc. customers, invoice, nor sell a BeiGene USA, Inc. product. BeiGene USA, Inc.'s products are not Controlled Substances.

Labeler Code:

72579

Third Party Logistic information:

BeiGene's products are manufactured by a contract manufacturer and distributed to customers by their third-party logistics provider ("3PL"), Integrated Commercialization Solutions, LLC ("ICS"). BeiGene utilizes the following ICS location for distribution and of product:

Integrated Commercialization Solutions, LLC (ICS)
420 International Blvd., Suite 500
Brooks, KY 40109

Search FDA

- Home
- Food
- Drugs
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- Radiation-Emitting Products
- Vaccines, Blood & Biologics
- Animal & Veterinary
- Cosmetics
- Tobacco Products

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National Drug Code Directory

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description	Pharm Class	DEA
BRUKINSA	72579-011-01	80 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA213217	BeiGene USA, Inc.	72579-011	zanubrutinib	ZANUBRUTINIB	HUMAN PRESCRIPTION DRUG	11/18/2019	N/A	NDA	60 CAPSULE, GELATIN COATED in 1 BOTTLE, PLASTIC (72579-011-01)	N/A	N/A
BRUKINSA	72579-011-02	80 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA213217	BeiGene USA, Inc.	72579-011	zanubrutinib	ZANUBRUTINIB	HUMAN PRESCRIPTION DRUG	11/18/2019	N/A	NDA	120 CAPSULE, GELATIN COATED in 1 BOTTLE, PLASTIC (72579-011-02)	N/A	N/A

Showing 1 to 2 of 2 entries

Previous 1 Next

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6/10/21

5/21/2021

National Drug Code Directory

National Drug Code Directory

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[TWEET \(https://twitter.com/comment/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://twitter.com/comment/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through May 21, 2021

You have searched Finished drug products

Search Results: 72579

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Mark Date
BRUKINSA	72579-011-01	80 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA213217	BeiGene USA, Inc.	72579-011	zanubrutinib	ZANUBRUTINIB	HUMAN PRESCRIPTION DRUG	11/18/2019	N/A
BRUKINSA	72579-011-02	80 mg/1	CAPSULE, GELATIN COATED	ORAL	NDA213217	BeiGene USA, Inc.	72579-011	zanubrutinib	ZANUBRUTINIB	HUMAN PRESCRIPTION DRUG	11/18/2019	N/A

Showing 1 to 2 of 2 entries

Previous Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: [Drug Registration and Listing Instructions \(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm073301.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm073301.htm)

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

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. PB03205900031

Application/License No. _____

BeiGene USA, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
2955 Campus Drive, Suite 200, San Mateo, CA 94403, as
Address of Applicant/Principal
PRINCIPAL, and Philadelphia Indemnity Insurance Company, a
Surety Company
 corporation organized under the laws of the state of PA
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Bala Plaza, Suite 100, Bala Cynwyd, PA 19004-1403, as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 15, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
15th day of June, 2021.

APPLICANT/PRINCIPAL

BeiGene USA, Inc.

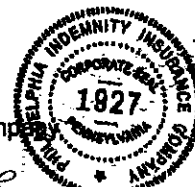
By: CBeyl
Authorized Representative

SURETY COMPANY

Philadelphia Indemnity Insurance Company

By: Donna M. Chiancone
Surety Company's Representative

Donna M. Chiancone, Attorney-in-fact
print name



SIGNED and SEALED in the presence of:

Frederick Klein
Witness

Witness

SIGNED and SEALED in the presence of:

Karen A. Read
Witness Karen A. Read, Witness

Witness

Countersigned by:

Donna M. Chiancone
Nevada Resident Agent

Donna M. Chiancone, Non-Resident Agent
Nevada License #545412

Posted February 20, 2020

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

Surety Bond Number: PB03205900031
Principal: BeiGene USA, Inc.
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 **Donna M. Chiancone** its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$25,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of **PHILADELPHIA INDEMNITY INSURANCE COMPANY** on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, **PHILADELPHIA INDEMNITY INSURANCE COMPANY** HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.

(Seal)



Robert D. O'Leary Jr.

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the **PHILADELPHIA INDEMNITY INSURANCE COMPANY**; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public: Morgan Knapp

residing at: Bala Cynwyd, PA

(Notary Seal)

My commission expires: September 25, 2021

I, Edward Sayago, Corporate Secretary of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of **PHILADELPHIA INDEMNITY INSURANCE COMPANY**,

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 15th day of June, 2021.



Edward Sayago

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY

PHILADELPHIA INDEMNITY INSURANCE COMPANY

Statutory Statements of Admitted Assets, Liabilities and Capital and Surplus (in thousands, except par value and share amounts)

Admitted Assets

	As of December 31,	
	2019	2018
Bonds (fair value \$7,329,360 and \$7,036,118)	\$ 7,059,903	\$ 7,018,246
Preferred stocks (fair value \$23,575 and \$46,324)	22,761	46,213
Common stocks (cost \$65,563 and \$14,897)	64,634	14,853
Mortgage loans	803,679	473,067
Real estate	10,305	1,514
Other invested assets (cost \$231,120 and \$211,099)	243,127	219,251
Derivatives	-	157
Receivables for securities sold	684	1,109
Cash, cash equivalents and short-term investments	59,534	65,668
Cash and invested assets	8,264,627	7,840,078
Premiums receivable, agents' balances and other receivables	874,835	968,504
Reinsurance recoverable on paid losses	54,706	34,694
Accrued investment income	76,312	82,576
Receivable from affiliates	657	5,480
Federal income taxes receivable	28,027	-
Net deferred tax asset	134,628	121,266
Other assets	3,541	5,586
Total admitted assets	\$ 9,437,333	\$ 9,058,184

Liabilities and Capital and Surplus

Liabilities:

Net unpaid losses and loss adjustment expenses	\$ 5,007,616	\$ 4,581,608
Net unearned premiums	1,597,243	1,616,043
Reinsurance payable on paid loss and loss adjustment expenses	45,391	30,374
Ceded reinsurance premiums payable	100,299	89,591
Commissions payable, contingent commissions and other similar charges	216,136	234,551
Federal income taxes payable	-	3,141
Funds held	66,937	61,944
Payable to affiliates	16,383	13,148
Provision for reinsurance	78	-
Payable for purchased securities	58,784	20,741
Accrued expenses and other liabilities	27,116	37,562
Total liabilities	7,135,983	\$ 6,688,703

Capital:

Common stock, par value of \$10 per share; 1,000,000 shares authorized, 450,000 shares issued and outstanding	4,500	4,500
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Surplus:

Gross paid-in and contributed surplus	386,071	386,071
Unassigned surplus	1,910,779	1,978,910
Total surplus	2,296,850	2,364,981
Total capital and surplus	2,301,350	2,369,481
Total liabilities and capital and surplus	\$ 9,437,333	\$ 9,058,184

The undersigned, being duly sworn, says: That she is the Executive Vice President and Chief Financial Officer of Philadelphia Indemnity Insurance Company; that said Company is a corporation duly organized in the state of Pennsylvania, and licensed and engaged in the State of Pennsylvania and has duly complied with all the requirements of the laws of the said State applicable of the 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 the Act of Congress. And that to the best of her knowledge and belief the above statement is a full, true and correct statement of

COMMONWEALTH OF PENNSYLVANIA

NOTARIAL SEAL

Attest:

Kimberly A. Kessleski, Notary Public
Lower Merion Twp., Montgomery County
My Commission Expires Dec. 18, 2020

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Karen Gilmer-Pauciello, EVP & CFO

Kimberly Kessleski, Notary

Sworn to before me this 27th day of May 2020.

**SOLE STOCKHOLDER RESOLUTIONS OF BEIGENE USA, INC.
SOLE MEMBER RESOLUTIONS OF BEIGENE US HOLDINGS, LLC
SOLE STOCKHOLDER RESOLUTIONS OF BEIGENE UK, LTD.**

May 27, 2021

BeiGene, Ltd., a Cayman Islands exempted company with registered number 247127 and registered office located at c/o Mourant Governance Services (Cayman) Limited, 94 Solaris Avenue, Camana Bay, Grand Cayman KY1-1108, Cayman Islands (the "Company"), being the sole stockholder of BeiGene USA, Inc., the sole member of BeiGene US Holdings, LLC and the sole stockholder of BeiGene UK, Ltd., hereby adopts the following resolutions as of the date set forth above.

WHEREAS, BeiGene USA, Inc. is a Delaware corporation with registered number 5781340 and registered office located at c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808 ("BeiGene USA"). BeiGene US Holdings, LLC is a Delaware limited liability corporation with company number 5216482 and registered address located at c/o Corporation Service Company, 251 Little Falls Drive, Wilmington, DE 19808 ("US Holdings"). BeiGene UK, Ltd. is a limited liability company with company number 11726698 and registered office located at c/o Vistra Corporate Services, Floor 11, Whitefriars, Lewins Mead, Bristol, United Kingdom, BS1 2NT ("BeiGene UK"); and

WHEREAS, the Company has carefully reviewed and considered it to be for the commercial benefit and in the best interests of BeiGene USA, US Holdings and BeiGene UK to conduct a two-step restructuring.

RESOLVED, effective as of July 1, 2021, to transfer the entire issued share capital of BeiGene USA, being one hundred (100) shares of common stock, par value \$0.01 per share, to US Holdings. In exchange, US Holdings intends to allot and issue to the Company one hundred (100) shares of common stock, par value \$0.01 per share of US Holdings in consideration of one dollar and zero cents (\$1.00) (the "First Restructuring"). After the First Restructuring, BeiGene USA's sole stockholder will be US Holdings and US Holdings' sole member will be the Company, as indicated on Schedule A herein; and

FURTHER RESOLVED, effective July 1, 2021 and immediately after the First Restructuring, to transfer the entire capital contribution of US Holdings, being one hundred (100) common units, par value \$1.00 per common unit, to BeiGene UK. In exchange, BeiGene UK intends to allot and issue to the Company one hundred (100) common units, par value \$1.00 per common unit of BeiGene UK in consideration of one hundred dollars and zero cents (\$100.00) (the "Second Restructuring"). After the Second Restructuring, BeiGene USA's sole stockholder is still US Holdings and US Holdings' sole member will be BeiGene UK, as indicated on Schedule B herein.

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EXECUTED as of the date first set forth above.

BEIGENE, LTD.

By: Scott Samuels
Name: Scott A. Samuels
Title: Senior Vice President and General Counsel

4E

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)	☐ 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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Circassia Inc.</u>	
Physical Address: <u>1100 Perimeter Park Drive, Suite 114</u>	
City: <u>Morrisville</u>	State: <u>NC</u> Zip: <u>27560</u>
Mailing Address (if different from physical address): <u>1100 Perimeter Park Drive, Suite 114</u>	
City: <u>Morrisville</u>	State: <u>NC</u> Zip: <u>27560</u>
Telephone: <u>1-866-275-6469</u>	Website: <u>www.circassia.com</u>
Name of Designated Representative (DR): <u>Susanne Parks</u>	
Licensing Company Email: <u>state.licensing@circassia.com</u>	DR Email: <u>sue.parks@circassia.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers ☒ Others: Military and Specialty Distributors	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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: <u>N/A</u>	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
Address: _____	City: _____	State: _____	Zip: _____
Name: _____	City: _____	State: _____	Zip: _____
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): Circassia Group PLC

Corporation Name: Circassia Inc.

Mailing Address: 1100 Perimeter Park Drive, Suite 114

City: Morrisville State: NC Zip: 27560

Telephone: +44 (0)1865 405560 Email: state.licensing@circassia.com

Contact Person Name: Michael Roller

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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> 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.

Jeffrey Hill

Print Name of Authorized Person Submitting Application

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

Date

5-26-21

Board Use Only

Date Received: _____

Amount: \$500 Check # 13610

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIRCASSIA 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 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 SAID "CIRCASSIA INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF OCTOBER, A.D. 2000.

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



3308390 8300

SR# 20211625401

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203142222

Date: 05-06-21



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

[New Search](#)

[Back To Search Results](#)

Establishment:

Circassia Inc

1100 Perimeter Park Drive STE 114

Morrisville, NC 27560

Registration Number: 3006173825

FEI Number*: 3006173825

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:

[Circassia Group Plc](#)⁶

Northbrook House, Robert Robinson Ave

Oxford Science Park

Oxford, Oxfordshire GB OX4 4GA

Owner/Operator Number: [9057041](#)⁷

Official Correspondent:

Susanne M Parks

Circassia Pharmaceuticals Inc

5151 McCrimmon Parkway

Suite 260

Morrisville, NC 27560

Phone: 1-919-6662279

*Verified
7/14/21
MS*

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Links on this page:

1. <http://www.addthis.com/bookmark.php?u508=true&v=152&username=fdamain>
2. <http://www.addthis.com/bookmark.php>
3. <https://www.fda.gov/>
4. <https://www.fda.gov/Medical-Devices>
5. <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases>
6. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9057041&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9057041&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)
7. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9057041&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9057041&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)

Page Last Updated: 06/14/2021



Steven W. Troxler
Commissioner

**North Carolina Department of Agriculture
and Consumer Services**
Food and Drug Protection Division

Joseph W. Reardon
Assistant Commissioner
for Consumer Protection

Anita MacMullan
Director

December 16, 2020

Circassia Pharmaceuticals Inc.
5151 McCrimmon Parkway, Suite 260
Morrisville, NC 27560

Re: In-State North Carolina Registration Requirements

To Whom It May Concern:

The North Carolina Department of Agriculture, Food and Drug Protections Division is responsible for the registration and licensing of all firms engaged in the manufacturing or wholesale distribution of prescription drugs within the state of North Carolina. **Our present interpretation of our General Statutes does not require a license for the distribution of medical devices, unless that device contains a prescription drug and does not have the 510K FDA clearance.** Circassia Pharmaceuticals Inc. is a wholesale distributor for products defined by the FDA as medical devices and maintains establishment registration **FEI# 3006173825** with the FDA. It is my understanding that Circassia Pharmaceuticals Inc. handles devices that would not be considered human prescription drugs, and by the classification as a medical device, **Circassia Pharmaceuticals Inc. is not required to maintain a license as a Wholesale Prescription Drug Manufacturer as required by NCGS Article 12 (Food, Drugs, and Cosmetics) §106-140.1(a) or as a Wholesale Prescription Drug Distributor as required by NCGS Article 12A (Wholesale Prescription Drug Distributors) §106-145.3 (a).**

Should you have any further questions or require assistance with information please don't hesitate to contact us.

Sincerely,

Jeremy Evans, PharmD
Drug Administrator
Food and Drug Protection Division



Ownership Information

Circassia Group PLC (publicly traded on AIM, a section of the London Stock Exchange - CIR)

Northbrook House, Robert Robinson Avenue, The Oxford Science Park
Oxford, UK OX4 4GA

Company Information

Company Name: Circassia Inc.

Address: 1100 Perimeter Park Drive, Suite 114

City, State, Zip: Morrisville, NC 27560

Phone: 866-275-6469

Website: www.circassia.com

E-mail: state.licensing@circassia.com

FEIN: 41-2032037

State of Formation: DE

Date Incorporated: 10/27/2020

Officers

Jeffrey Hill, Regional Vice President, Americas

Business Address: 5151 McCrimmon Parkway, Suite 260, Morrisville, NC 27560

Business Phone: 866-275-6469

James M. Wysocki, U.S. Director of Finance

Business Address: 5151 McCrimmon Parkway, Suite 260, Morrisville, NC 27560

Business Phone: 866-275-6469



Description of Operations

Circassia Pharmaceuticals Inc. is a Self- Distributor of a 510K Drug Device, Niox Vero. Circassia is a Privately owned company located in Morrisville, NC. Niox Vero is manufactured by a Contract Manufacturer and will be self-distributed to other wholesalers from their North Carolina facility.

We are using the following contract manufacturer to produce our product:

Device: PHC Corporation

2 Chome-38-番5号 Nishishinbashi, Minato, Tokyo 105-8433, Japan

Phone: +81 3-5408-7290

FDA No: 3004167884

Device Sensors: IT Dr. Gambert GMBH

Hinter dem Chor, 21, 23966 Wismar Germany

Phone: +49 3841 220050

FDA No: 9613449

Product Description

PHC Corporation manufactures Circassia's device product and IT Dr. Gambert GMBH manufactures the sensors that go into the device. At no time does PHC or IT Dr Gambert GMBH own the product, contract with Circassia's customers, invoice, nor sell Circassia's product.

FEI Number (Establishment and Device Listing): 3006173825

Circassia's hours of operation are 8:00 am – 6:00pm Monday through Friday.



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Circassia's hours of operation are 8:00 am – 6:00pm Monday through Friday.

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 Circassia Inc.
 Physical Address 1100 Perimeter Park Drive, Suite 114
 City Morrisville State NC Zip 27560
 Mailing Address (if different from physical address) 1100 Perimeter Park Drive, Suite 114
 City Morrisville State NC Zip 27560
 Telephone 1-866-275-6469 Website www.circassia.com
 Licensing Company Email state.licensing@circassia.com

Section 2: Personal Information

First Susanne Middle Meyer Last Parks
 Alias(es, nicknames, name changes, etc.) Susanne Meyer
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] Perimeter Park Drive, Suite [REDACTED]
 City Morrisville State NC Zip 27560
 Telephone [REDACTED] Email sue.parks@circassia.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 SWP

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 George Mason University		From - To (MM/YY - MM/YY) Sept 77 - May 79	
Address 440 University Dr.	City Fairfax	State VA	Zip 22030
Diploma/Degree obtained, if any Bachelor of Science, Major Biology			
School Name James Madison High School		From - To (MM/YY - MM/YY) Sept 72 - June 75	
Address 2500 James Madison DR.	City Vienna	State Va	Zip VA 22181
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			
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) Dec 1995 - current	Address [REDACTED] Ellington Road	City Graham	State NC	Zip 27253
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 SM

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 Circassia, Inc.		From - To (MM/YY - MM/YY) January 2013 - Present	
Business Address 1100 Perimeter Park Drive, Suite 114	City Morrisville	State NC	Zip 27560
Phone 866-275-6469	Title Director of Regulatory Affairs	Number of Employed Hours 17,000	
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			

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.			
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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			

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.			
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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:

Suzanne Pugh

Original Signature (electronic, copies or stamps not accepted)

May 26 2021

Date

Applicant's initials SP

I, Susanne Parks, certify that as the designated representative for
Circassia 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

Susanne Parks

Print Name (First, Last)

Susanne Parks

Original Signature (electronic, copies or stamps not accepted)

May 26 2021

Date

Applicant's initials SW

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.

Susanne Parks

Print Name (First, Last)

Susanne Parks

Original Signature (electronic, copies or stamps not accepted)

May 26 2021

Date

Please have this section completed in the presence of a Notary Public.

State of North Carolina, ss. County of Wake

I, Susanne Parks, 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.

Susanne Parks

Original Signature

May 26 2021

Date

Subscribed and Sworn to before me this 26th day of May, 2021

Nancy B Seefridge

Notary Public Signature



(Seal)

Applicant's initials SP

Susanne Meyer Parks

████ Ellington Road
Graham, N.C. 27253

**PROFESSIONAL EXPERIENCE****Aerocrine/Circassia, Morrisville North Carolina****Jan. 2013 to present**Director of Global Regulatory Affairs & Quality Assurance

Jan 2013 to Oct 2017

Director of Global Regulatory Affairs

Oct 2017 to current

Manufacturer of in vitro diagnostic electro-mechanical device and software for measuring nitric oxide in human breath. Responsibilities in RA include review/approval of promotional material, interface with regulatory agencies and registration partners for worldwide medical device registration and vigilance. Review product changes for potential submission to regulatory agencies and manage company sponsored clinical studies. Responsibilities in QA include oversight of internal/external audits, participation in design control teams, complaint review, management review, CAPA, non-conforming material disposition, document and change control. Designated ISO Management Representative. Achievements include:

- Managed registrations including China, Japan, US, Mexico, Canada, Russia, Taiwan
- Managed implementation and validation of MasterControl electronic document management system
- Key role in Quality Systems integration activities with Circassia after acquisition
- Managed two FDA audits, four ISO audits, and one Health Canada audit

TearScience, Morrisville, North Carolina**Oct. 2010 to Jan. 2013**Quality Manager

Medical device manufacturer of electro-mechanical devices for diagnosis and treatment of dry eye. Responsibilities included complaint management, internal auditing, CAPA, non-conforming product, incoming inspection, vigilance reporting, technical file maintenance, and document/ change control. .

Achievements included:

- Implemented electronic QMS for complaints and nonconforming material
- Working with supply chain, updated inspection and order fulfillment processes to meet department needs

WomanCare Global/Ipas, Chapel Hill, North Carolina**Sept. 2003 to August 2010**

A non-profit organization focused on women's reproductive health specializing in plastic devices to perform uterine procedures. Devices are distributed to over 100 countries. WomanCare Global is a subsidiary of Ipas created in 2009 adding regulatory responsibility for pharmaceutical products to job scope.

Director Regulatory and Logistics, WomanCare Global (Oct. 2009 to August 2010)

Responsible for class I and II medical device registrations, pharmaceutical dossier preparation, label design /approval, and post-market surveillance. Responsible for inventory control, production planning, customer service and shipping/receiving. Accomplishments included:

- Implemented new MRP software
- Prepared/submitted 510(k) for a class II medical device obtaining approval in 4 months
- Prepared/submitted implantable contraceptive combination drug/device to Nepal and received approval in 5 months.

Director Regulatory Affairs and Product Quality Assurance, Ipas (March 2007 to Sept. 2009)Manager Quality Control and Regulatory Affairs, Ipas (Sept. 2003 to March 2007)

Responsible for all aspects of quality control/incoming inspection, quality assurance, quality engineering, regulatory submissions/compliance, design control, inventory control, production planning, purchasing, customer service and facility management. Designated ISO Management Representative. Accomplishments included:

- Validated reprocessing methods
- Established stability studies to extend expiration date of sterile products from 3 to 5 years
- Managed validation activities for sterilization of product with ethylene oxide and gamma radiation
- Class I and II medical device registration in 40+ countries (South America, Asia, Africa)
- Obtained initial ISO 13485 certification and CE mark for all products
- Project leader for development of new cannula product line, 3mm sterile endometrial biopsy cannula and development of new production tooling and technology transfer for dilator set
- Class I and II medical device registration in 40+ countries (South America, Asia, Africa, EU, Canada)
- Implemented MS Access database for customer complaints featuring automated trending

MEDTOX Diagnostics Inc., Burlington, North Carolina

April 1997 to June 2003

Quality Systems Manager

Manufacturer of drugs of abuse in vitro diagnostic test kits, agricultural diagnostic test kits and contract manufacturer for novel QC material manufacturing services including lyophilization. Responsibilities included management of all aspects of quality control/incoming inspection, quality assurance, quality engineering, regulatory compliance, and safety. Prepared 510(k)'s and maintained FDA registrations and listings.

Management of controlled substance inventory and responsible facility official for handling of biological agents
Accomplishments included:

- Updated document control system for ISO 13485 compliance
- Implemented MS Access database for customer complaints featuring automated trending
- Quality Assurance team member on 10 design control projects
- Implemented personal protective equipment program
- Automated data acquisition for incoming inspection

Nypro Carolina, Burlington, North Carolina

Sept. 1995 to April 1997

Quality Assurance Manager

Manufacturer of injection molded plastic parts in a clean room environment for the medical and electronics industries. Responsibilities included management of all aspects of quality control, quality assurance, quality engineering, and packing product: Maintain Drug Master File. Accomplishments included:

- Obtained initial ISO 9002 certification of facility in nine months including creation of a Quality Manual and updating of all quality documents
- Directed gage R&R studies resulting in improved measuring methods

Gelman Sciences, Ann Arbor, Michigan

Nov 1992 to Sept 1995

Associate Director Quality Assurance

Manufacturer of microporous membranes (filtration and diagnostic), cartridges, capsules, and diagnostic products. Responsibilities included management of incoming inspection, final release, internal/external quality audits, customer complaint analysis, and quality engineering. Accomplishments included:

- Implemented ship to stock program resulting in a 75% reduction in inspection
- Reduced batch record paperwork volume by 90%

Baxter Diagnostics Inc., Miami, Florida

May 1991 to Nov. 1992

Section Manager, Stratus Operations

Manufacturer of in vitro diagnostic test kits including infectious disease, oncology, and cardiac markers. Responsibilities included manufacturing of bulk reagents and controls, in-process quality control testing, and customer complaint analysis. Accomplishments included:

- Developed a cohesive team blending manufacturing and quality personnel

Organon Teknika Corporation, Durham, North Carolina**Feb. 1988 to May 1991****Quality Control Supervisor**

Manufacturer of infectious disease in vitro diagnostic kits, food contaminate and murine viral diagnostic products. Responsibilities included in-process and final release of immunodiagnostic assays, microorganism maintenance, sterility testing, customer complaint analysis, and product stability studies. Accomplishments included:

- Transferred QC operations to a new facility
- Established QC procedures for all product
- Automated statistical calculation of QC data resulting in a 10 fold reduction of evaluation time

Becton Dickinson and Co., Research Triangle Park, North Carolina Oct. 1984 to Feb. 1988**Laboratory Supervisor** (Sept. 1986 to Feb. 1988)**Research Assistant** (Oct 1984 to Sept. 1986)

Research and Development center for a medical device manufacturer. Position focused on developing immunoassays for a variety of viruses and disease states. Responsibilities included development and performance of immunoassays related to the characterization of monoclonal and polyclonal antibodies (RIA, ELISA, RIP) chromatography, electrophoresis, and western blot analysis. Accomplishments included:

- Optimized screening assays using design of experiments
- Doubled throughput of screening assays
- Promoted to supervisor

EDUCATION

James Madison High School, Vienna, Virginia
Diploma

George Mason University; Fairfax, Virginia
Bachelor of Science, Major Biology

ASQ Certified Quality Engineer, December 1990
NCSU Six Sigma Green Belt Certified, January 2012
RAPS Regulatory Affairs Certificate: Medical Devices, Nov. 2014

PROFESSIONAL MEMBERSHIPS

American Society for Quality (ASQ)
Regulatory Affairs Professional Society (RAPS)

SURETY RIDER

To be attached to and form a part of

Bond No. 810006798

dated October 30, 2020
effective _____
(MONTH-DAY-YEAR)

executed by Circassia Inc., as Principal,
(PRINCIPAL)

and by Atlantic Specialty Insurance Company, as Surety,

in favor of Nevada State Board of Pharmacy
(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

The Principal address to:

From: 5151 McCrimmon Pkwy, Suite 260 Morrisville, NC 27560. TO: 1100 Perimeter Park Drive Ste 114 Morrisville, NC 27560-9119

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider
is effective July 1, 2021
(MONTH-DAY-YEAR)

Signed and Sealed July 16, 2021
(MONTH-DAY-YEAR)

Circassia Inc.
(PRINCIPAL)

By: _____
(PRINCIPAL)

Atlantic Specialty Insurance Company
(SURETY)

By: Julie Karnes
Julie Karnes, Attorney-in-Fact



KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Andrea Allman, Krystal Karnes, Linda M. Howard, Michelle Lute-Heatherly, Thelma M. Lett**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

Resolved: That the President, any Senior Vice President or Vice-President (each an "Authorized Officer") may execute for and in behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and affix the seal of the Company thereto; and that the Authorized Officer may appoint and authorize an Attorney-in-Fact to execute on behalf of the Company any and all such instruments and to affix the Company seal thereto; and that the Authorized Officer may at any time remove any such Attorney-in-Fact and revoke all power and authority given to any such Attorney-in-Fact.

Resolved: That the Attorney-in-Fact may be given full power and authority to execute for and in the name and on behalf of the Company any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof, and any such instrument executed by any such Attorney-in-Fact shall be as binding upon the Company as if signed and sealed by an Authorized Officer and, further, the Attorney-in-Fact is hereby authorized to verify any affidavit required to be attached to bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof.

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IN WITNESS WHEREOF, ATLANTIC SPECIALTY INSURANCE COMPANY has caused these presents to be signed by an Authorized Officer and the seal of the Company to be affixed this twenty-seventh day of April, 2020.

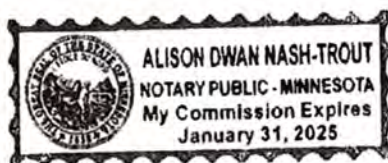
STATE OF MINNESOTA
HENNEPIN COUNTY



By

Paul J. Brehm
Paul J. Brehm, Senior Vice President

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Alison Nash-Trout

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 16th day of July, 2021.



This Power of Attorney expires
January 31, 2025

Kara Barrow

Kara Barrow, Secretary

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 810006798

Application/License No. _____

Circassia Pharmaceuticals Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
5151 McCrimmon Pkwy, Suite #260, Morrisville, North Carolina 27560-0177, as
Address of Applicant/Principal
PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of New York,
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

One State Street Plaza, 31st Floor, New York, NY 10004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on October 30, 2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statue (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.



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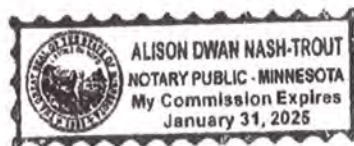


STATE OF MINNESOTA
HENNEPIN COUNTY

By

Paul J. Brehm
Paul J. Brehm, Senior Vice President

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Alison Nash-Trout
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 6th day of May, 2021



This Power of Attorney expires
January 31, 2025

Kara Barrow
Kara Barrow, Secretary

THIS BOND is subject to the following conditions:

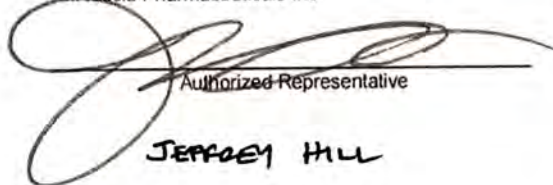
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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 October, 2020.

APPLICANT/PRINCIPAL

Circassia Pharmaceuticals Inc


 Authorized Representative
JEFFREY HILL

SURETY COMPANY

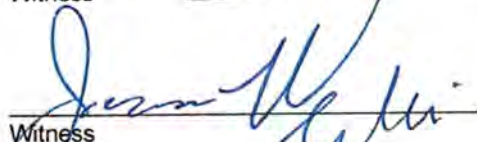
Atlantic Specialty Insurance Company


 Surety Company's Representative

Julie Karnes, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

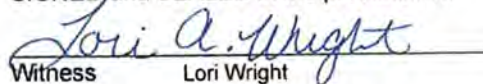

 Witness


 Witness


 Nancy B. Selfridge



SIGNED and SEALED in the presence of:


 Witness Lori Wright


 Witness Krystal Karnes

Countersigned by:

N/A
 Nevada Resident Agent

Posted February 20, 2020



KNOW ALL MEN BY THESE PRESENTS, that ATLANTIC SPECIALTY INSURANCE COMPANY, a New York corporation with its principal office in Plymouth, Minnesota, does hereby constitute and appoint: **Carolyn E. Wheeler, Vicki Nobinger, Mary Y. Volmar, Loretta M. Jones, Sandra King, Joy M. Williams, Bonnie L. Rice, Rachel A. Chaveriat, Julie Karnes, Sandy McElhaney, Jessica Frederick, Andrea Allman, Krystal Karnes, Linda M. Howard, Michelle Lute-Heatherly, Thelma M. Lett**, each individually if there be more than one named, its true and lawful Attorney-in-Fact, to make, execute, seal and deliver, for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof; provided that no bond or undertaking executed under this authority shall exceed in amount the sum of: **unlimited** and the execution of such bonds, recognizances, contracts of indemnity, and all other writings obligatory in the nature thereof in pursuance of these presents, shall be as binding upon said Company as if they had been fully signed by an authorized officer of the Company and sealed with the Company seal. This Power of Attorney is made and executed by authority of the following resolutions adopted by the Board of Directors of ATLANTIC SPECIALTY INSURANCE COMPANY on the twenty-fifth day of September, 2012:

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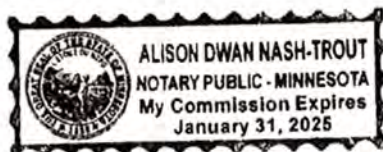


By

Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

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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 13th day of October, 2020.



Kara Barrow, Secretary

This Power of Attorney expires
January 31, 2025

4F

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Dermavant Sciences, Inc.

Physical Address: 3780 Kilroy Airport Way Suite 250

City: Long Beach State: CA Zip Code: 90806

Telephone Number: (602) 344-9583

Fax Number: _____

Toll Free Number: N/A

E-mail: statelicensing@dermavant.com

Website: www.dermavant.com

Facility Manager: Jarett L'Abbe

Professional qualifications and experience of facility manager: _____

See Resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: Wholesalers, Specialty Pharmacies, Retail Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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


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

Christopher Van Tuyl

Print Name of Authorized Person

6/23/21
Date

Board Use Only

Date Processed: _____

Amount:

\$500 Check # 13718

Processed
7/23/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Dermavant Sciences Ltd.Mailing Address: Suite 1, 3rd Floor, 11-12 St. James's SquareCity: London State: UK Zip: SW1Y 4LBTelephone: +44 203 318 9709 Fax: N/AContact Person: Jarett L'Abbe

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 Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) 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 directorsCertificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



Dermavant Sciences, Inc.

Description of Operations

Dermavant Sciences, Inc. is a virtual manufacturer of pharmaceutical products. Dermavant Sciences, Inc. is an indirectly wholly owned subsidiary of Dermavant Sciences Ltd. Dermavant's product is manufactured by a Contract Manufacturer and will be distributed to wholesalers by a Third-Party Logistics Provider, who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

GLAXO OPERATIONS UK LTD ("GSK")

Harmire Road, Barnard Castle, County Durham

Barnard Castle, United Kingdom DL12 8DT

FDA Establishment #: 3002807078

Contact Person: Veronika De Bono +44 (0)1833 690 600

GSK manufactures Dermavant's product and packages finished product. At no time does GSK own the product, contract with Dermavant's customers, invoice, nor sell Dermavant's product. Dermavant's product is not a Controlled Substances.

Labeler Code: 81672

Third Party Logistics Provider:

For distribution into the commercial supply channels, Dermavant utilizes the following Third Party Logistics (3PL) provider to manage the storage and distribution of Dermavant's product to customers throughout the United States:

Integrated Commercialization Solutions, LLC

6450 LaSalle Drive

Lockbourne, OH 43137

Contact Person: Jerry Schiller (502) 955-3604

Dermavant's Hours of operation are Monday-Friday 8:00am-5:00pm Pacific Standard Time.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
NDC/NHR	Firm															
IC	Name															
1	Labeler															
49	52410	Shield Line LLC														
50	55560	Andalou Naturals														
51	66861	LIGHT PAPER PRODUCT (ZHUCHENG) CO.LTD														
52	77225	Mid Oak Distillery														
53	49441	Reactimex, SA DE CV														
54	69804	Ridge properties														
55	75046	COSEN Technology & Development														
56	75572	UP IN THE LAB														
57	63549	Vedco dba Valdar														
58	69845	VERMONT'S ORIGINAL, LLC														
59	73794	Jet Stream Fuels, Inc.														
60	70965	Breakthrough M2 Inc														
61	54870	Schwarz Partners Packaging DBA Maxpak														
62	81011	DESIGN ELEMENT GROUP INC														
63	58316	GlaxoSmithKline Dungarvan Ltd														
64	71987	Hale Cosmeceuticals, Inc.														
65	74656	Three Stacks Distilling Co., LLC														
66	73150	TG Therapeutics, Inc.														
67	69142	yeojaya														
68	47426	Heron Therapeutics														
69	152	Sage Therapeutics														
70	81672	Dermavant Sciences, Inc.														
71	53118	PREMIER CARE INDUSTRIES, INC														
72	79291	Cytonix, LLC														
73	80163	Sir Limited Liability Company														
74	69532	Easy Distributors, Llc														
75	42787	AJES PHARMACEUTICALS, LLC														

Verified
 NPH 7/23/21



Corporate Information

Dermavant Sciences Inc.
 3780 Kilroy Airport Way Suite 250
 Durham, NC 27701
 Phone: (602) 344-9583
 Website: www.dermavant.com
 E-mail: statelicensing@dermavant.com

FEIN: 36-4835813
 State of Formation: DE
 Date Incorporated: 03/10/2016

Ownership Information

Dermavant Sciences, Inc. is a privately held company and is 100% owned indirectly by Dermavant Sciences, LTD.

Officers

Todd E Zavodnick, Chief Executive Officer

Business Address: 3780 Kilroy Airport Way, Suite 250, Long Beach, CA 90806
 Business Phone: 919-767-3277
 Email: todd.zavodnick@dermavant.com
 Ownership %: 0

Christopher A Van Tuyl, General Counsel, Corporate Secretary

Business Address: 3780 Kilroy Airport Way, Suite 250, Long Beach, CA 90806
 Business Phone: 919-767-3277
 Email: chris.vantuyl@dermavant.com
 Ownership %: 0

Michael C Swartzburg, Chief Financial Officer

Business Address: 3780 Kilroy Airport Way, Suite 250, Long Beach, CA 90806
 Business Phone: 919-767-3277
 Email: michael.swartzburg@dermavant.com
 Ownership %: 0



Board of Pharmacy

ORIGINAL CERTIFICATE



Wholesale Drug Permit

LICENSE NO. WLS 7937

ISSUE DATE MAY 07, 2021

DERMAVANT SCIENCES, INC.

3780 KILROY AIRPORT WY STE 250
LONG BEACH CA 90806

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

CORPORATION
QINZHE DENG

EXEMPTEE IN CHARGE

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL SEPTEMBER 15, 2021

RECEIPT NUMBER 00000000

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

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

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

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

BOARD OF PHARMACY**LICENSING DETAILS FOR: WLS 7937****NAME:** DERMAVANT SCIENCES, INC.**LICENSE TYPE:** WHOLESALER**LICENSE STATUS:** CLEAR**ADDRESS**

3780 KILROY AIRPORT WY STE 250

LONG BEACH CA 90806

LOS ANGELES COUNTY

ISSUANCE DATE

MAY 7, 2021

EXPIRATION DATE

SEPTEMBER 15, 2021

CURRENT DATE / TIME

MAY 10, 2021

6:08:19 AM

LICENSE RELATIONSHIPS**NAME:** DENG, QINZHE**ADDRESS NOT DISCLOSED****LICENSE/REGISTRATION TYPE:** REGISTERED
PHARMACIST**LICENSE NUMBER:** 68583 **PRIMARY STATUS:** CLEAR



Secretary of State Certificate of Status

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

Entity Name: DERMAVANT SCIENCES, INC.
File Number: C4252519
Registration Date: 03/14/2019
Entity Type: FOREIGN STOCK CORPORATION
Jurisdiction: DELAWARE
Status: ACTIVE (GOOD STANDING)

As of June 8, 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 9, 2021.

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

Certificate Verification Number: R49PPKY

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.

Email: [REDACTED]

JARETT D. L'ABBE, M.B.A.

QUALIFICATIONS SUMMARY

Supply chain leader with a solid track record of managing global commercial supply and strategic partnerships in highly regulated Pharmaceutical and Medical Device industries. Strong leadership and project management skills with the ability to drive improvement across functional boundaries to positively contribute to business results.

EMPLOYMENT HISTORY

Director – Outsourced Manufacturing: *Gilead Sciences*, Foster City, CA. September 2014 – present

- Serve as the primary business relationship lead between Gilead and CMO partners
- Establish and oversee a governance structure with key cross functional stakeholders to manage CMO performance
- Manage external manufacturing activities and relationships in routine end to end supply fulfillment and successful product launches
- Serve as the internal expert about CMO sites, including strategies, capacities, capabilities, financials, etc.
- Execute strategies that drive effective operational performance and service levels at CMOs
- Partner with Logistics team in management of 3PL and associated distribution agreements
- Manage timely receipt, storage, warehousing and distribution of finished drug product
- Lead initiatives that drive a collaborative and robust relationship and drive alignment between CMOs and Gilead; Business reviews, Performance Metrics, Continuous Improvement, Projects, Risk Management
- Support and effectively execute Supplier Management and Risk Mitigation plans/activities and cross functional efforts, processes and strategies to ensure supply performance at the CMO and within Gilead is achieved
- Monitor adherence to project plans, contractual requirements, and key milestones with contract partners
- Lead and develop team of supply chain specialists and outsourced manufacturing senior managers
- Report metrics and lead supplier specific performance improvement initiative and metrics
- Develop and maintain sourcing strategies including volume allocation for all commercial solid dose drug product
- Implement and maintain a network capacity program and report out to executive leadership
- Lead cross functional management teams to address key supply risk mitigation strategies
- Coordinate and drive cross functional site selection activities for selection of new CMO partners
- Partner with Global Serialization team to implement serialization programs at CMO sites

Sr. Manager – Third Party OTC Procurement: *Teva Pharmaceuticals*, Phoenix, AZ. March 2013 – September 2014

- Management of Third Party Contract Manufacturing Partners supplying the global OTC network
- Supervise and manage performance of onsite Buyers within North American OTC plants
- Lead contract negotiations with Contract Partners through execution of multi-year contracts (Supply and Quality)
- Source and select new or existing Third Party Partners for new product development
- Manage and enhance the relationship with Third Party Manufacturing sites (Solids and Liquids)
- Implement a Global Strategy for sourcing Third Party Suppliers across various manufacturing formats
- Provide leadership and oversight to cross functional teams to ensure appropriate sourcing processes are utilized in new product development activities
- Establish a portfolio of suppliers meeting cGMP standards to support new product developments and alternate sourcing projects
- Collaborate with Third Party partners to identify programs to drive continuous improvement
- Work in partnership with Global API & Excipient and Global packaging teams to leverage global volumes with Contract Manufacturing spend
- Overall responsibility for North American Supply Assurance into North American OTC plants
- Manage joint venture alliance with North American P&G OTC relationship

Sourcing & Supply Chain Manager: *Medicis a division of Valeant Pharmaceuticals, Scottsdale, AZ. July 2011 – March 2013*

- Sourcing & Selection of global CMOs, API, and Packaging suppliers meeting cGMPs in highly regulated Pharmaceutical industry
- Lead contract negotiations with Contract Partners through execution of multi-year contracts
- Supervise and develop Purchasing team members
- Sourcing of various contract lab and product development organizations to support New Drug Applications with the FDA
- Project Manager: ePedigree and Serialization cross functional implementation team
- Ensure suppliers maintain reliable supply without interruption
- Development of documented sourcing process and tools to support new product development
- Issue RFQ/RFP/RFI packages for CMO, API, and Packaging material sourcing
- Provide functional leadership and tactical execution of activities in support of acquisition integrations
- Realized \$825,000 in cost reduction through contract negotiations and process improvements
- Development of strategies for mitigating supply risk and maintaining continuity of supply
- Development of detailed cost models across all Contract Manufacturers
- Lead Supplier Relationship Teams with Contract Clinical Labs, CMOs, and API vendors

Sr. Commodity Manager, Global Procurement (Contract Mfg): *Kimberly-Clark Corporation, Roswell, GA. August 2010 – July 2011*

- Sourcing & Selection of global contract manufacturers meeting cGMPs in highly regulated Health Care industry
- Establish supplier objectives and manage ongoing performance
- Support innovation project teams to meet new glove and apparel product line launches
- Ensure contract manufacturers maintain reliable supply without interruption
- Collaborate with Suppliers to identify programs to drive out cost
- Provide internal customers with regular Market Data analysis for all input costs
- Global Category strategy development and execution for Apparel and Gloves
- Execution of Global RFQ realizing \$1.4 million in YOY cost savings
- Drive \$2.9 million in annual cost savings through contract negotiations and supplier consolidation
- Perform Due Diligence, Qualification, Social Compliance, and annual Quality audits
- Develop capability of key External Manufacturing partner in order to support major outsourcing project
- Development of detailed cost models across all Contract Manufacturers
- Lead Global Category Strategy teams for Apparel and Gloves
- Lead regional sourcing team and manage performance to KPIs
- Facilitate “The Highly Skilled Buyer” training course to K-C sales force

Sr. Commodity Manager (Medical Devices): *Kimberly-Clark Corporation, Roswell, GA. November 2008 – August 2010*

- Implementation of LEAN initiatives reducing inventory by \$25 million
- Project lead for Minimum Order Quantity reduction project with results of \$800,000 Working Capital savings
- Realized \$563,000 Working Capital savings through re-negotiation of payment terms with suppliers
- Implementation of VMI programs resulting in lead time reductions and working capital savings
- Subject Matter Expert assigned to project teams to provide expertise related to the procurement function
- Ensure components and devices are sourced using optimal supply chain
- Development and execution of a supplier risk mitigation process
- Present recommendations for cost savings programs to sector Leadership Teams
- Sourcing lead on three major innovation projects for new medical device launches
- Manage suppliers to stringent timelines to meet corporate launch strategies
- Team mentor responsible for on-boarding new Commodity Managers joining the team
- Provide analytic support in the development of Global Procurement Organization
- FDA and ISO audit representative for procurement function
- Perform Supplier Qualification and Maintenance Audits
- Recipient of a “Distinguished Performance Award”

Commodity Manager (Surgical Supplies): *Kimberly-Clark Corporation*, Tucson, AZ. September 2005 – November 2008

- Create and maintain strong relationships with critical suppliers
- Solicit, evaluate, negotiate, and award complex contracts
- Establish supplier objectives and manage ongoing performance relating to conformance of specification
- Effectively negotiate best possible pricing
- Requisition-to-Check (RTC) process leader for the SAP implementation project
- Development of transition plan to move procurement activities to a third party outsourced partner
- Lead cost savings projects to realize a total YOY savings of \$2.7 million
- Supervision of project team members
- Change Control Board member representing Sourcing & Supply Management function
- Facilitate RTC process leader education to Sourcing & Supply Management Team
- Act as liaison between project team and functional groups
- Development and execution of internal and external communication plans
- Provide compliance training to internal customers to ensure corporate procurement policies are followed
- Perform industry and market analysis to ensure suppliers maintain fair pricing
- Internal Audit functional lead providing regulatory requirement training and expertise related to the procurement function.

Senior Agent/Logistics Recruiter: *Randstad North America*, Tucson, AZ. February 2003 – September 2005

- Budget planning and Profit & Loss review
- Process payroll for Business Unit
- Manage internal and external job postings, job descriptions and advertising
- Recruit, interview, retain, coach and develop employees
- Supervise and coordinate duties for 130+ contract logistics employees
- Coordination of job fairs and various other community events
- Provide HR training to client Managers
- Facilitate HIPAA and Sexual Harassment workshops
- Maintain a pool of qualified personnel to fill available positions

Purchasing Manager: *Partel, Inc.*, Tucson, AZ. April 1997 – November 2002

- Responsible for all planning and forecasting
- Maintenance of MRP data to ensure accuracy of purchasing records
- Creation of documented Purchasing procedures
- Negotiate contracts with key Technology Suppliers
- Support Sales and Engineering teams across three locations
- Oversee all matters of inventory including preparation of annual inventory reports
- Create and maintain strong relationships with suppliers
- Establish supplier objectives and identify cost take-out opportunities
- Creation of a vendor rating system
- Supervise, coach, and develop A/P and Purchasing employees

EDUCATION AND TRAINING

Advantex <i>Business Acumen for Site Leads</i> <i>April, 2018</i>	Foster City, CA
AT Kearney <i>Category Mgmt & Strategic Sourcing</i> <i>April, 2014</i>	Virtual
Franklin Covey <i>5-Choices – Time Management</i> <i>August, 2012</i>	Scottsdale, AZ
Partners in Leadership <i>Building a Culture of Accountability</i> <i>July, 2012</i>	Scottsdale, AZ
Advanced Negotiations <i>The Negotiation Experts</i> <i>October, 2010</i>	Roswell, GA
Kimberly-Clark Health Care <i>Six Sigma – Blue Belt Certification</i> <i>March, 2010</i>	Roswell, GA
University of Phoenix <i>Master in Business Administration</i> <i>March, 2007</i>	Tucson, AZ
BSI <i>ISO 13485 Vendor Audit certification</i> <i>January, 2007</i>	Tucson, AZ
Kimberly-Clark Corporation <i>CTPAT training</i> <i>September, 2006</i>	Tucson, AZ
University of Phoenix <i>Bachelor of Science in Business Management</i> <i>October, 2004</i>	Tucson, AZ

SKILLS

- ❖ Strong strategic analysis
- ❖ Strong project management and product launch experience
- ❖ Strong negotiation skills
- ❖ Professional written and verbal communication skills
- ❖ Contract development and execution
- ❖ Broad understanding of drug development and commercialization process
- ❖ Execution of FMEA risk assessments
- ❖ Knowledge of Lean Six Sigma principles
- ❖ ISO 9001, ISO 13485, and cGMPs
- ❖ Procurement of various commodity categories within Medical Device & Pharmaceutical industries
- ❖ Management of \$250+ million in annual spend
- ❖ Strong relationship building skills
- ❖ Excellent coaching, leadership, and mentoring skills
- ❖ Skilled in MS Office Suite: Excel, Word, PowerPoint, Access, and Project
- ❖ Skilled in Oracle, PeopleSoft, and SAP ERP systems
- ❖ Superior organizational skills
- ❖ Facilitator of training & other professional workshops

REFERENCES AVAILABLE UPON REQUEST

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Thursday, March 4, 2021 8:50 AM
To: Jason Maze <jason.maze@dermavant.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 04-MAR-2021
Labeler DUNS: 080294355
Labeler Name: Dermavant Sciences, Inc.
Labeler Code Assigned: 81672

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).



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

March 9, 2021

Pat Barth
Dermavant Sciences, Inc.
3780 Kilroy Airport Way, Suite 250
Long Beach, CA 90806

Subject: New Bond

Principal: Dermavant Sciences, Inc.
Obligee: Nevada State Board of Pharmacy
Bond Description: Pharmaceutical Wholesaler
Bond Amount: \$100,000.00
Bond Number: 016231106
Surety Name: Liberty Mutual Insurance Company
Bond Effective Date: March 9, 2021

Dear Pat:

Enclosed is the above-referenced bond in response to your request dated 03/09/2021. 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. 016231106

Application/License No. _____

Dermavant Sciences, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
3780 Kilroy Airport Way, Suite 250, Long Beach, CA 90806, as
Address of Applicant/Principal
PRINCIPAL, and Liberty Mutual Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Massachusetts
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 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.

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

9 day of March, 2021.

APPLICANT/PRINCIPAL

Dermavant Sciences, Inc.

Authorized Representative

SURETY COMPANY

Liberty Mutual Insurance Company

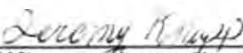

Surety Company's Representative

Mary Y. Volmar, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

SIGNED and SEALED in the presence of:


Witness Jeremy Knapp

Witness


Witness Julie Karnes

Countersigned by:

N/A
Nevada Resident Agent



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 6204668

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Mary Y. Volmar

all of the city of Knoxville, state of Tennessee each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 15th day of February, 2021.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

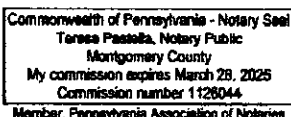


By: David M. Carey
David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 15th day of February, 2021, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of Liberty Mutual Insurance Company, The Ohio Casualty Insurance Company, and West American Insurance Company do hereby certify that this power of attorney executed by said Companies is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 9th day of March, 2021



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2019

Assets		Liabilities	
Cash and Bank Deposits	\$778,754,989	Unearned Premiums	\$8,007,146,482
*Bonds — U.S Government	2,780,808,610	Reserve for Claims and Claims Expense	21,532,853,787
*Other Bonds	12,645,608,792	Funds Held Under Reinsurance Treaties	507,868,920
*Stocks	16,385,435,431	Reserve for Dividends to Policyholders	1,143,826
Real Estate	235,608,378	Additional Statutory Reserve	125,722,000
Agents' Balances or Uncollected Premiums	6,217,983,641	Reserve for Commissions, Taxes and	
Accrued Interest and Rents	102,273,390	Other Liabilities	4,117,460,075
Other Admitted Assets	11,957,106,292	Total	\$34,292,195,090
Total Admitted Assets	<u>\$51,103,579,523</u>	Special Surplus Funds	\$32,768,443
		Capital Stock	10,000,075
		Paid in Surplus	10,044,978,933
		Unassigned Surplus	6,723,636,983
		Surplus to Policyholders	16,811,384,434
		Total Liabilities and Surplus	<u>\$51,103,579,524</u>



* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2019, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 27th day of March, 2020.

TAMIKOLAJEWSKI

Assistant Secretary

4G

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 WH02436**)

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership – Pages 1,2,3,7,8

☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6

☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Greenwich Biosciences, Inc.

Physical Address: 5750 Fleet Street, Suite 200

City: Carlsbad State: CA Zip Code: 92008

Telephone Number: (760)795-2200

Fax Number: _____

Toll Free Number: _____

E-mail: licensing@greenwichbiosciences.com

Website: https://www.greenwichbiosciences.com/

Facility Manager: Jeffrey Krol

Professional qualifications and experience of facility manager: _____

See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☐ Practitioners

☐ Hospitals

☐ Wholesalers

☒ Other: Specialty Pharmacies and Distributors, and Long-term care facilities

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ 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: NV20191581514

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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


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

Joshua Eizen

Print Name of Authorized Person

4/27/21
Date

Board Use Only

Check
Date Processed: 6/11/2021

Amount: \$500 check # 13328

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: GW Pharmaceuticals Ltd.Mailing Address: 5750 Fleet Street, Suite 200City: Carlsbad State: CA Zip: 92008Telephone: (760)795-2200 Fax: _____Contact Person: Jeffrey Krol

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 Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. See attached3) 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 corporationList of officers and directors

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

Maria Herrera

From: Theresa Carey <theresa.carey@twolabs.com>
Sent: Friday, June 11, 2021 7:33 AM
To: Maria Herrera
Subject: FW: Nevada Wholesaler Application- Greenwich Biosciences, Inc.
Attachments: DEA_DIST_ICS_500_11.30.2021.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good morning!

Greenwich is a virtual manufacturer and does not handle pharmaceuticals at any time, either by physically manufacturing or distributing drugs. Accordingly, Greenwich Biosciences, Inc. is not required to obtain a DEA registration. Attached is Greenwich's Third-Party Logistics Provider's DEA License.

If you have any additional concerns, I would be happy to help. Thank you, and have a great weekend!

Theresa Carey
 Licensing Analyst
 PharmaLicense



110 Riverbend Avenue | Suite 100 | Powell, OH | 43065
 mobile 614.406.3129 | fax 866.259.4324
[website](#) | [email](#) | [LinkedIn](#)

From: Steven Garland <sgarland@gwpharm.com>
Sent: Thursday, June 10, 2021 6:07 PM
To: Lisa York <Lisa.York@twolabs.com>
Subject: FW: Nevada Wholesaler Application- Greenwich Biosciences, Inc.

Regards,
Steven Garland | Senior Pricing & Trade Analyst
 +1 760-618-7406 office
 +1 949-433-8250 cell
 5750 Fleet St. Suite 200, Carlsbad, CA 92008



From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, June 10, 2021 3:04 PM

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RI0248686	11-30-2021	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	11-03-2020

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC 420 INTERNATIONAL BLVD STE 500 BROOKS, KY 401095309
--

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
RI0248686	11-30-2021	\$1850

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5	DISTRIBUTOR	11-03-2020

INTEGRATED COMMERCIALIZATION SOLUTIONS, LLC 420 INTERNATIONAL BLVD STE 500 BROOKS, KY 401095309
--

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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.



Exhibit B **Organizational Chart**

**Jazz Pharmaceuticals Public
Limited Company**

Date of Incorp: 03/2005

Place of Incorp: Ireland

Jazz Financing Holdings Limited

Place of Incorp: Ireland

**Jazz Investments Europe
Limited**

Place of Incorp: Malta

**Jazz Pharmaceuticals UK
Holdings Limited**

Place of Incorp: UK

GW Pharmaceuticals Ltd.

Date of Incorp: 2/15/2001

Place of Incorp: UK

Greenwich Biosciences, Inc.

EIN# 46-4429269

Date of Incorp: 11/5/2013

Place of Incorp: DE, USA



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

Wholesale Drug Permit

LICENSE NO. WLS 7242
RECEIPT NO. 00169531

VALID UNTIL NOVEMBER 01, 2021

GREENWICH BIOSCIENCES INC
5750 FLEET ST STE 200
CARLSBAD CA 92008

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.

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

This permit is valid only at the address shown.

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

FORM WPHWLS (09/30/19) WL

BOARD OF PHARMACY**LICENSING DETAILS FOR: WLS 7242****NAME:** GREENWICH BIOSCIENCES INC**LICENSE TYPE:** WHOLESALER**LICENSE STATUS:** CLEAR**ADDRESS**

5750 FLEET ST STE 200

CARLSBAD CA 92008

SAN DIEGO COUNTY

ISSUANCE DATE

NOVEMBER 14, 2017

EXPIRATION DATE

NOVEMBER 1, 2021

CURRENT DATE / TIME

MAY 27, 2021

4:24:39 AM

LICENSE RELATIONSHIPS**NAME:** KROL, JEFFREY ALAN**ADDRESS NOT DISCLOSED****LICENSE/REGISTRATION TYPE:** DESIGNATED

REPRESENTATIVE (WHOLESALER)

LICENSE NUMBER: 24605 **PRIMARY STATUS:** CLEAR

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREENWICH BIOSCIENCES, 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 MARCH, A.D. 2021.



5426844 8300

SR# 20210694126

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

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

Authentication: 202622980

Date: 03-01-21



Ownership Information

Greenwich Biosciences, Inc. ("Greenwich") is a privately held pharmaceutical company located in California. Greenwich is a wholly owned subsidiary of GW Pharmaceuticals plc, who is located at Sovereign House, Vision Park, Histon, Cambridge, United Kingdom, CB24 9BZ.

Company Information

Greenwich Biosciences, Inc.
 5750 Fleet Street, Suite 200
 Carlsbad, CA 92008
 760.795.2200
www.greenwichbiosciences.com
licensing@greenwichbiosciences.com

46-4429269
 State of Formation: DE
 Date Incorporated: 11/5/2013

Officers

Darren Cline, President, Chief Commerical Officer
 5750 Fleet Street, Suite 200
 Carlsbad, CA 92008

Joshua Eizen, Secretary
 5750 Fleet Street, Suite 200
 Carlsbad, CA 92008

Scott Giacobello, Treasurer
 5750 Fleet Street, Suite 200
 Carlsbad, CA 92008

I, Jeffrey Krol, certify that as the designated representative for
Greenwich Biosciences,

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

Jeffrey A. Krol
 Print Name (First, Last)

[Signature]
 Original Signature (electronic, copies or stamps not accepted)

04/21/2021
 Date

Applicant's initials

[Signature] 8

Curriculum Vitae

JEFFREY A. KROL

Avenida Placida, San Juan Capistrano, CA 92675

Strategic **Managed Markets Executive** with more than 25 years of achieving outstanding results through **Inspiration Leadership, Cross Functional Collaboration and Innovative Problem Solving**. Lead teams that negotiate strong access, help cross functionally with business acumen and build creative programs to support the commercial strategy.

Key strengths include:

- Innovative pricing, contracting and access strategies
- Build and lead teams by empowering for success
- Strong Analytics: Forecasting, Revenue Accrual, ROI Models and Market Place Opportunities
- Expertise in CMS healthcare process and management
- Specialty Pharmacy services, distribution and reimbursement models & support
- Successful launch strategy development
- Payer coverage for devices and appropriate coding & reimbursement
- Broad customer relationships throughout industry and market place knowledge
- Deep understanding of distribution channels and financial business objectives

PROFESSIONAL EXPERIENCE

Greenwich Biosciences

6/2017 - PRESENT

Vice-President of Market Access and Payer Strategy

- Accountable for leading the Managed Markets Sales, Contracting, Distribution and Marketing teams.
- Reports to the US President and built and hired entire organization. Participates on the Executive Leadership Team
- Led team develop price, launch strategy, contract strategy and patient services
- Created a novel patient support Specialty Pharmacy distribution strategy
- Responsible for managing and forecasting GTN, as well as, accruals and rebate processing
- Led the creation and integration of the state government policy team

Avanir Pharmaceuticals

5/2011 – 6/2017

Executive Director Managed Markets and Project Management: 6/2015 – Present

Senior Director, Managed Markets: 5/2011 – 5/2015

- Accountable for leading the Managed Markets Sales, Contracting, Distribution and Marketing teams. Reports to the CEO and provides direct leadership to 9 people and leads a team of 22 employees. Participates on the Executive Leadership Team
- Led team to gain 80% unrestricted access for NUEDEXTA in 3 years, while beating the GTN forecast for the brand
- Achieved 50% access for ONZETRA in 7 months, while delivering a substantially better than forecasted Gross to Net discount
- Conceived and executed a patient centric high touch reimbursement program to help appropriate patients gain access
- Built specialty pharmacy distribution alternative for ONZETRA in migraine clinics to support reimbursement services
- Worked with specialty pharmacy groups to identify MS patients with PBA for NUEDEXTA, adding more than 1,000 new patients
- Utilized creative contract approach to gain NUEDEXTA Medicare access and then reset discounts to increase value by 3% a year
- Build access plan and forecast Business Development assets
- Created the concept and negotiated for the vendor to deliver compassionate use product globally
- Created, organized and managed the commercial Project Management Office
- Conceived, built and executed the LTC access strategy for NUEDEXTA and surpassed \$150M LTC sales in year 3 of the strategy
- Saved more than 4% annually through negotiations with wholesalers on distribution fees and a 3PL transition
- Led strategic plan in psychiatry sales that generated a 10% net opportunity for the brand through targeting and promotion

AstraZeneca Pharmaceuticals

4/1990 – 5/2011

Senior Director, Managed Markets Sales: 9/2008 – 5/2011

- Accountable for leading the 5 regional and 3 segment Managed Market Sales Leaders & their 80-member AD teams, increasing net sales by \$400M through renegotiating contracts. Received the **AZ Model of Excellence Award**
- Led team responsible for executing the Oncology portfolio GPO and Trade contracting for "Buy & Bill" distribution
- Responsible for ensuring that customer engagement aligns with all 9 brand Managed Market strategies
- Managed interactions with co-promotion partners and organizational stakeholders, reaching 70% access in 7 months
- Responsible for the shaping the organization culture through leading the "Development of People" strategy team

Brand Director, Managed Markets - NEXIUM®, ATACAND® and TOPROL XL®: 4/2005 – 8/2008

- Accountable for creating and executing the managed market strategy for the products throughout the US market
- Responsible for leading innovative payer strategies for marketing and contracting through generic & OTC competition, surpassing the NEXIUM 5-year end of life-cycle net sales goal by \$3B, increasing access from 65% to 83%
- Part of the cross functional global branding team for NEXIUM, which created a unified positioning and branding platform
- Launched ATACAND new indication and increased access from 36% to 73% in 6 months
- Participate on the brand leadership team to set overall strategy and prioritize brand resources for direct to consumer, payer access and physician marketing strategy & sales

Regional Sales Director, Managed Markets: 4/2003 – 3/2005

- Responsible for hiring, managing, developing and leading a team of 8 Account Directors
- Accountable for securing optimal access and maximized sales within accounts, reaching 70% preferred unrestricted access in 12 months for NEXIUM and launched CRESTOR with 57% preferred unrestricted access in 5 months
- Leadership member of the sales region, recognized by peers with the **AZ Leadership Excellence Award**

CNS and Hospital Therapeutic Contracting Director (Astra US Pharmaceuticals): 1/2000 – 3/2003

- Responsible for building contract platforms across all Therapeutic Areas for LTC and GPO customers, tripling net sales of injectable through innovative contract design
- Accountable for developing managed care market strategy, pricing and contract for products in CNS and Hospitals
- Accountable for creating business cases for contracting tactics for individual contracts including ROI analysis

Atlanta Customer Unit District Sales Manager (Astra Merck.): 1/1999 – 1/2000

- Hired, trained and managed a team of 10 pharmaceutical representatives
- Coordinate budgets and regional programs for all 32 of the Region's Specialists

Atlanta Customer Unit Business Manager (Astra Merck): 5/1996 - 12/1998

- Negotiated and processed more than 25 contracts for HMO, PBM and DSH accounts
- Rated 7.2 in customer satisfaction as a Managed Markets Account Manager versus the nation average of 5.7

Clinical research Coordinator / Clinical Program Scientist in Drug Development (Astra Merck): 6/1992 -4/1996

- Built protocol and led investigator recruitment to finish enrolling in 6 months of AstraMerck's first trial, while developing electronic data collection
- Participated on the Drug Development organizational structure and process team, as the new company was created

Professional Representative (Merck, Sharpe & Dohme): 4/1990 - 5/1992

- Received Vice-President's Award for sales and leadership in first year eligible

EDUCATION

University of California at Berkeley (12/1989)

Masters of Education (Cum Laude) 1989

Berkeley, CA

Graduate Assistant Football Coach

The Ohio State University (6/1988)

Bachelor of Science (Magnum Cum Laude) 1988

Columbus, OH

Student Athletic Trainer for Football

National Drug Code Directory

[f SHARE \(https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(https://twitter.com/intent/tweet/?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://twitter.com/intent/tweet/?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) 

[EMAIL \(mailto:?subject=NATIONAL+DRUG+CODE+DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](mailto:?subject=NATIONAL+DRUG+CODE+DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

Current through May 27, 2021

You have searched Finished drug products

Search Results: 'Greenwich'

[Back to Search Page \(i\)](#) | [Search Again \(i\)](#)

CSV Excel

Display records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date
Epidiolex	70127-100-10	100 mg/mL	SOLUTION	ORAL	NDA210365	Greenwich Biosciences, Inc.	70127-100	cannabidiol	CANNABIDIOL	HUMAN PRESCRIPTION DRUG	10/05/2018

Showing 1 to 1 of 1 entries

Previous Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: [Drug Registration and Listing Instructions](#)

<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services



Description of Operations

Greenwich Biosciences, Inc. is a Virtual Manufacturer. Greenwich's product is manufactured by a contract manufacturer and will be distributed to customers by their third-party logistics provider, Integrated Commercialization Solutions (ICS), who is licensed to ship pharmaceutical products into your state. Greenwich's product is a controlled substance. Please see the attached DEA certificate for Greenwich Biosciences, Inc.'s. Third Party Logistics provider, ICS.

We are using the following contract manufacturer to produce our products:

Manufacturing Facility Information:

GW Pharmaceuticals Ltd.
Unit 740, Kent Science Park, Broad Oak Road
Sittingbourne, Kent
United Kingdom ME9 8AG
FDA Establishment Identifier: 3004137922

Labeler Code: 70127

Third Party Logistics Information:

For distribution into the commercial supply channels, Greenwich Biosciences, Inc. utilizes Integrated Commercialization Solutions (ICS) as their third-party logistics (3PL) provider to manage the storage and distribution of Greenwich's product to customers throughout the United States. ICS's address is:

Integrated Commercialization Solutions (ICS)
420 International Boulevard
Suite 500
Brooks, KY 40109
(502) 955-3658

Greenwich Biosciences, Inc.'s. hours of operation are 7:00 a.m. – 4:00 p.m. Monday through Friday.

Description of Facility Security

Greenwich Biosciences, Inc. does not handle, store or ship commercial product from its location in Carlsbad, CA (it is used exclusively for office space). Greenwich Biosciences, Inc. uses ICS as its Third Party Logistics provider to manage the storage and distribution of our products. Greenwich Biosciences, Inc.'s office location in Carlsbad, CA is used exclusively for office space for business administration. There will be no manufacturing or packaging of product at this location.

The Greenwich Biosciences, Inc. office area will be equipped with a security system. The security system includes Door Access Control/Alarm for all entrance doors via key card access. All entrance doors into the office area require a key card to access control. The access control will be monitored 24 hours / 7 days.

[Home](#) > [Drug Databases](#) > [NDC](#)

National Drug Code Directory

[f](#) [SHARE](#) [TWEET](#) [in](#) [LINKEDIN](#) [PRINT](#) [EMAIL](#) [PRINT](#)

Current through June 10, 2021

You have searched Finished drug products

Search Results: '70127'

[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
 Epidiolex	70127-100-10	100 mg/mL	SOLUTION	ORAL	NDA210365	Greenwich Biosciences, Inc.	70127-100	cannabidiol	CANNABIDIOL	HUMAN PRESCRIPTION DRUG	10/05/2018	N/A	NDA	1 BOTTLE, GLASS in 1 CARTON (70127-100-10) > 100 mL in 1 BOTTLE, GLASS (70127-100-01)	Cannabinoids [CS], Cyclochrome P450 2C8 Inhibitors [MoA], Cyclochrome P450 2C9 Inhibitors [MoA], Cyclochrome P450 2C19 Inhibitors [MoA], UGT1A8 Inhibitors [MoA], UGT2B7 Inhibitors [MoA], Cyclochrome P450 1A2 Inhibitors [MoA], Cyclochrome P450 2B6 Inhibitors [MoA], Cyclochrome P450 2B6 Inducers [MoA]

Showing 1 to 1 of 1 entries

Previous 1 Next

✓ Verified
6/10/21
M.H



Top 4 Suppliers Nevada

ACCREDITO HEALTH GROUP INC 1335 E SUNSET RD STE J LAS VEGAS, NV

COMMUNITY A WALGREENS PHARMACY 901 SOUTH RANCHO DRIVE STE 20 LAS VEGAS, NV

SUNRISE HOSPITAL 3186 MARYLAND PKWY LAS VEGAS, NV

WALGREENS 21237 300 S WELLS AVE STE 3 RENO, NV

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. NV5534710

Application/License No. _____

Greenwich Biosciences, Inc. _____, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
 5750 Fleet Street, Suite 200, Carlsbad, CA 92008 _____, as
Address of Applicant/Principal
PRINCIPAL, and Merchants Bonding Company (Mutual), a
Surety Company
 corporation organized under the laws of the state of Iowa
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 14498, Des Moines, IA 50306-3498 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 4/21/2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
21 day of April, 2021.

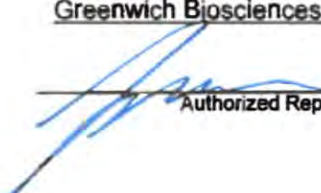
APPLICANT/PRINCIPAL

SURETY

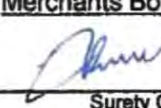
COMPANY

Greenwich Biosciences, Inc.

Merchants Bonding Company (Mutual)



 Authorized Representative



 Surety Company's Representative

Richard Hallett, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

See attached notary acknowledgment

 Witness

 Witness

 Witness

Countersigned by:



 Nevada Resident Agent

MERCHANTS



BONDING COMPANY.

MERCHANTS BONDING COMPANY (MUTUAL) • P.O. BOX 14498 • DES MOINES, IOWA 50306-3498
PHONE: (800) 678 8171 • FAX: (515) 243-3854

ADDENDUM TO BOND

This Addendum is in reference to the bond(s) to which it is attached.

Merchants Bonding Company (Mutual) ("Merchants") deems the digital or electronic image of Merchants' corporate seal below affixed to the bond(s) to the same extent as if a raised corporate seal was physically stamped or impressed upon the bond(s). The digital or electronic seal below shall have the same force and effect as though manually fixed to the bond(s).

All terms of the bond(s) remain the same.

Signed and effective March 23, 2020.

MERCHANTS BONDING COMPANY (MUTUAL)



By: _____

Larry Taylor
Larry Taylor, President

MERCHANTS BONDING COMPANY.

POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Aidan Smock; Kathy Vanderalice; Paul J Hering; Richard Hallett; Sandra Corona; Shannon Alvarez

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) 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.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the following By-Laws adopted by the Board of Directors of Merchants Bonding Company (Mutual) on April 23, 2011 and amended August 14, 2015 and adopted by the Board of Directors of Merchants National Bonding, Inc., on October 16, 2015.

"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner-Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 21st day of December, 2020



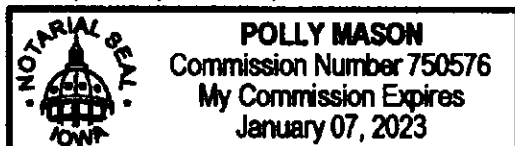
MERCHANTS BONDING COMPANY (MUTUAL)
MERCHANTS NATIONAL BONDING, INC.

By

Larry Taylor
President

STATE OF IOWA
COUNTY OF DALLAS ss.

On this 21st day of December 2020, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC.; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

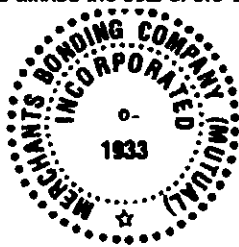


Polly Mason
Notary Public

(Expiration of notary's commission
does not invalidate this instrument)

I, William Warner, Jr., Secretary of MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., 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 and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 21st day of April, 2021.



William Warner Jr.
Secretary

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

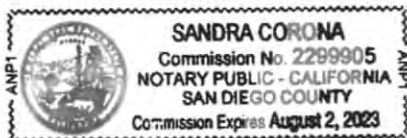
STATE OF CALIFORNIA

County of San Diego }

On APR 22 2021 before me, Sandra Corona, Notary Public,
Date Insert Name of Notary exactly as it appears on the official seal

personally appeared Richard Hallett

Name(s) of Signer(s)



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature

Sandra Corona
Signature of Notary Public

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of the form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing: _____

Signer's Name: _____

- ☐ Individual
☐ Corporate Officer — Title(s): _____
☐ Partner ☐ Limited ☐ General
☐ Attorney in Fact
☐ Trustee
☐ Guardian or Conservator
☐ Other: _____

RIGHT THUMBPRINT
OF SIGNER

Top of thumb here

Signer is Representing: _____

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 San DiegoOn April 27, 2021 before me, Rebecca Tutt Notary Public
Date Here Insert Name and Title of the Officerpersonally appeared Joshua Eizen
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature

Signature of Notary Public

OPTIONAL

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

Description of Attached DocumentTitle or Type of Document: Pharmaceutical Wholesaler Surety Bond

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____

☐ Corporate Officer – Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer is Representing: _____



May 27th, 2021

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

Re: Jazz Pharmaceuticals to Acquire GW Pharmaceuticals plc

Dear Licensing Department,

On behalf of Greenwich Biosciences, Inc., please accept this application due to a change in ownership, as of close date May 5, 2021.

Jazz Pharmaceuticals (Nasdaq: JAZZ) has acquired GW Pharmaceuticals plc, a UK company, who is also the parent company of Greenwich Biosciences, Inc. GW Pharmaceuticals plc became GW Pharmaceuticals Ltd. and will reside as a wholly owned subsidiary of Jazz Pharmaceuticals, while its affiliate Greenwich Biosciences, Inc. continues as a surviving corporation following the acquisition. GW Pharmaceuticals Ltd. will no longer be a publicly traded company, rather a private corporation, following the acquisition.

Greenwich Biosciences, Inc., of which Jazz Pharmaceuticals is the great, great grandparent, is licensed in your state holding the following license:

License #	License Type
WH02436	Wholesale

The licensed location of Greenwich Biosciences, Inc. business operations remain the same, **with no changes to Greenwich Biosciences, Inc. 's name, federal tax ID number or operating location.** Parent company GW Pharmaceuticals Ltd. also remains intact, other than the name change, with no changes to business operations.

The Press Release related to this acquisition is attached as Exhibit A. The updated organizational chart is attached as Exhibit B.

Jazz, GW Pharmaceuticals Ltd. and Greenwich Biosciences, Inc., are committed to operating in full compliance with all licensing regulations. If you have any questions or concerns regarding this notice, please contact Theresa Carey at (614) 406-3129 or via email at Theresa.Carey@TwoLabs.com. Thank you in advance for your consideration.

Sincerely,

Theresa Carey
Licensing Analyst, PharmaLicense



Exhibit A **Press Release**

Jazz Pharmaceuticals Completes Acquisition of GW Pharmaceuticals plc

DUBLIN, May 5, 2021 – Jazz Pharmaceuticals (Nasdaq: JAZZ) today announced the completion of its acquisition of GW Pharmaceuticals plc (Nasdaq: GWPH) ("GW"), a leader in the science, development and commercialization of cannabinoid-based prescription medicines.

"We are excited to welcome our GW colleagues to Jazz as we mark a transformative milestone in creating an innovative, high-growth, global biopharma leader in neuroscience with a worldwide commercial and operational footprint," said Bruce Cozadd, chairman and chief executive officer of Jazz Pharmaceuticals. "The addition of GW further diversifies our commercial portfolio and innovative pipeline with therapies that are complementary to our existing business, including *Epidiolex*, a high-growth commercial product with near-term blockbuster potential. We are fortunate to be combining two companies that share a passion for, and track record of, developing differentiated therapies that advance science and the care of patients with often-overlooked diseases. We look forward to building an even stronger company together and are excited about the greater impact we will continue to drive for patients, customers and shareholders."

Compelling Strategic Rationale •

Adds third high-growth commercial franchise: Epidiolex® (cannabidiol) oral solution is a transformative treatment for childhood-onset epilepsy that provides a critical therapeutic option for refractory seizures. Launched in the U.S. in 2018, *Epidiolex* exceeded \$500 million in annual net sales in 2020. With a recent launch in Europe (under the tradename Epidyolex®) and ongoing research in additional indications, the Company believes *Epidiolex* has near-term blockbuster potential. •

Diversifies pipeline to drive sustainable growth: The Company's robust pipeline now includes clinical-stage development programs addressing significant unmet patient needs across neuroscience and oncology, including in sleep, movement disorders, psychiatry, hematology and solid tumors. •

Shared culture and exceptional talent advances our goal to support patients: The global teams at Jazz and GW possess unique talents and expertise, as well as a shared commitment to, and proven success in, delivering differentiated therapies to support people with serious, often-overlooked diseases. GW, like Jazz, has a demonstrated history of honoring values that include integrity, collaboration, passion, innovation and the pursuit of excellence, and a culture where diversity, equity, inclusion and belonging are a priority. •

Expected to deliver substantial shareholder value: This transaction is expected to provide accelerated double-digit top-line revenue growth and to be accretive in the first full calendar year of combined operations, and substantially accretive thereafter. Jazz's strong cash flow profile provides the capability to rapidly deleverage to a target net leverage of less than 3.5x by the end of 2022.

Business Updates •

Chris Tovey, chief operating officer (COO) of GW since 2012, will join Jazz's executive management as executive vice-president, chief operating officer, and managing director Europe & International, reporting to Dan Swisher, president. Mr. Tovey brings over 30 years of commercial and operations experience in the pharmaceutical industry and deep knowledge of GW's growing global cannabinoid business. In his role, Mr. Tovey will be responsible for commercialization activities outside North America, manufacturing and supply chain, and information systems and security.

The Company plans to provide 2021 financial guidance for the combined Jazz/GW organization within the next 45 days.

Under the terms of the agreement, holders of GW ADSs, which each represented 12 GW ordinary shares, will be entitled to receive \$220.00 for each GW ADS, consisting of \$200.00 in cash and \$20.00 in Jazz ordinary shares. The number of Jazz ordinary shares received per GW ADS is 0.12036, based on the volume weighted average price of Jazz ordinary shares on Nasdaq for the 15 consecutive trading day period beginning on the 18th trading day immediately preceding the closing date of the transaction. Holders of GW ordinary shares that are not in ADS form will be entitled to receive the foregoing consideration divided by 12 per GW ordinary share.

About Jazz Pharmaceuticals plc

Jazz Pharmaceuticals plc (NASDAQ: JAZZ) is a global biopharmaceutical company whose purpose is to innovate to transform the lives of patients and their families. We are dedicated to developing life-changing medicines for people with serious diseases – often with limited or no therapeutic options. We have a diverse portfolio of marketed medicines and novel product candidates, from early- to late-stage development, in neuroscience and oncology. We actively explore new options for patients including novel compounds, small molecules and biologics, and through



cannabinoid science and innovative delivery technologies. Jazz is headquartered in Dublin, Ireland and has employees around the globe, serving patients in nearly 75 countries. For more information, please visit www.jazzpharmaceuticals.com and follow @JazzPharma on Twitter.

Caution Concerning Forward Looking Statements

This press release contains forward-looking statements, including, but not limited to, statements related to Jazz Pharmaceuticals' growth prospects and future financial and operating results, including statements related to the acquisition of GW Pharmaceuticals and the anticipated results and benefits thereof, including the sales prospects for Epidiolex, double-digit increases in top line revenue growth and expectations about the accretive impact of the acquisition; the company's expected cash flow supporting the company's rapid de-leveraging and positioning the company to meet its stated leverage targets; and other statements that are not historical facts. These forward-looking statements are based on the company's current plans, objectives, estimates, expectations and intentions and inherently involve significant risks and uncertainties.

Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of these risks and uncertainties, which include, without limitation, risks and uncertainties associated with: risks related to diverting the attention of GW Pharmaceuticals and Jazz Pharmaceuticals management from ongoing business operations; failure to realize the expected benefits of the acquisition; significant transaction costs and/or unknown or inestimable liabilities; the risk that GW Pharmaceuticals' business will not be integrated successfully or that such integration may be more difficult, time-consuming or costly than expected; risks related to future opportunities and plans for the combined company, including the uncertainty of expected future regulatory filings, financial performance and results of the combined company following completion of the acquisition; GW Pharmaceuticals

4H

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Immunocore Commercial LLC

Physical Address: 181 Washington Street, Suite 540

City: Conshohocken State: PA Zip Code: 19428

Telephone Number: 484-534-5261 Fax Number: N/A

Toll Free Number: _____

E-mail: uscommercialsupply@immunocore.com Website: www.immunocore.com

Facility Manager: Brian DiDonato

Professional qualifications and experience of facility manager: _____
See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Specialty Distributors, Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☒ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

Brian Z. DiDonato CFO
Original Signature of Person Authorized to Submit Application, no copies or stamps

Brian Z. DiDonato Jan 25, 2020
Print Name of Authorized Person Date

Board Use Only

Date Processed: 6/29/2021

Amount: 500
check # 3543422

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Immunocore LLCMailing Address: 181 Washington Street, Suite 540City: Conshohocken State: Pennsylvania Zip: 19428Telephone: 484-534-5261 Fax: _____Contact Person: Brian DiDonato

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 Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. See Attached3) What was the price paid per share? See AttachedA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors

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

Include with the application for a non-publicly traded corporation continued

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".



Certificate of Registration

Certificate No. 1000004138

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Manufacturer (Prescription)

IMMUNOCORE COMMERCIAL LLC
DBA IMMUNOCORE COMMERCIAL
181 WASHINGTON STREET
SUITE 540
CONSHOHOCKEN, PA 19428

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: October 29, 2020

Expiration Date: The Last Day of November, 2021

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Rachel L. Levine
Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

- **Immunocore Commercial LLC** dba Immunocore Commercial 181 Washington Street Suite 540; Conshohocken, PA 19428
Certificate(s): 1000004138 issued: 10/29/2020 expires: 11/30/2021

[Back to DD&C Home](#)

.....
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[Bureau of Community Program Licensure and Certification](#) : [Drug, Device and Cosmetic Program](#) : [Quality Assurance](#)

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Assembly
Version
4.0.18274.4
Database
Version Could
not retrieve
database
version.
Check that
the database
is registered
as a Data-tier
Application.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "IMMUNOCORE COMMERCIAL 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 NINTH DAY OF MARCH, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "IMMUNOCORE COMMERCIAL LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2020.

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



7951699 8300

SR# 20210841007

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202683713

Date: 03-09-21

IMMUNOCORE

Description of Operations

Immunocore Commercial LLC is a Virtual Manufacturer. Immunocore Commercial LLC's products are manufactured by a Contract Manufacturer and will be distributed to Specialty Distributors, specialty pharmacies, hospital pharmacies and physician offices by their Third-Party Logistics Provider, ICS , who is licensed to ship pharmaceutical products into your state.

Contract Manufacturer Information:

We are using the following contract manufacturer to produce our product:

Baxter Oncology GmbH
Kantstr. 2
33790 Halle/Westfalen
Germany
FDA Establishment: 3002806419

Baxter manufactures Immunocore Commercial LLC's product and packages finished product. At no time does Baxter own the product, contract with Immunocore Commercial LLC's customers, invoice, nor sell a Immunocore Commercial LLC product. Immunocore Commercial LLC's products are not Controlled Substances.

Labeler Code:

80446

Third Party Logistic information:

For distribution into the commercial supply channels, ICS acts as Immunocore Commercial LLC's Third Party Logistics (3PL) provider to manage the storage and distribution of Immunocore Commercial LLC's product to Specialty Distributors, specialty pharmacies, hospital pharmacies and physician offices throughout the United States. ICS's address is:

ICS
420 International Blvd., Suite 500
Brooks, KY 40109
[3PL Contact Name and Phone Number]

Immunocore Commercial LLC's hours of operation are 9:00 am – 5:00pm Monday through Friday.

IMMUNOCORE

Product List

Labeler Code: 80446

Product: Kimmtrak

Electronically Submitted NDC/NHRIC Labeler Codes

1	NDC/NH RIC Labeler	Firm Name
15274	76838	SWEET SEASONS LLC
15275	76923	Cedar Ridge Distillery
15276	80446	Immunocore Commercial LLC
15277	58948	Empire Stationery Distributors Inc.

✓ Verified
M.H

From: Randy Maloziec
To: Leah Niswander
Subject: FW: Labeler Code Request Approved
Date: Tuesday, September 1, 2020 3:33:48 PM

Look at this !!! Labeler code in hand much, much earlier than FDA indicated.

Regards,
 Randy

Labeler Code Assigned: 80446

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Tuesday, September 1, 2020 10:18 AM
To: Lily Hepworth <lily.hepworth@immunocore.com>
Subject: Labeler Code Request Approved

[EXTERNAL SENDER]

eDRLS - Electronic Drug Registration & Listing System

Current Date: 01-SEP-2020
Labeler DUNS: 211024107
Labeler Name: Immunocore Limited
Labeler Code Assigned: 80446

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).

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IMMUNOCORE

Company Information

Immunocore Commercial LLC
181 Washington Street, Suite 540
Conshohocken, PA 19428
Phone: 484-534-5261
Website: <https://www.immunocore.com/>
E-mail: uscommercialsupply@immunocore.com

State of Formation: DE
Date Incorporated: 4/28/2020
File Number: 7951699

Ownership Information

Immunocore Commercial LLC is 100% wholly owned subsidiary of Immunocore LLC.

Parent Company Address: 181 Washington Street, Conshohocken, PA 19428
Parent Company Phone: (484) 534-5261
Parent Company FEIN: 90-0777485

Officers

Bahija Jallal, Chief Executive Officer

Brian DiDonato, Chief Financial Officer

Designated Representative

Brian DiDonato, Chief Financial Officer

IMMUNOCORE

Brian DiDonato is at least 21 years of age and has been employed full-time for at least 3 years in a pharmacy or with a wholesale distributor in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs. Brian DiDonato is currently employed by Immunocore Commercial LLC full time in a managerial level and is actively involved in and aware of the actual daily operation of the wholesale distributor. Brian DiDonato is physically present at the facility during regular business hours, except when an absence has been authorized.



Brian DiDonato

Public biotech CFO with transaction and capital markets experience interested in adding value to a dynamic biotechnology team. Interests include immunology, neurology, immune-oncology or gene-therapy in the Philadelphia region.

EXPERIENCE

CFO & Head of Strategy, Immunocore LTD April 2020- Present

Responsible for finance, strategy, business development and investor relations of private immune oncology focused biotechnology company.

Senior Vice President, CFO & Investor Relations, Achillion Pharmaceuticals – 2019-2020

Integrated member of senior management team responsible for successful \$1.2B transaction with Alexion Pharmaceuticals. Aligned corporate strategy, business development, clinical operations & regulatory plan, manufacturing, research priorities, and “stage appropriate spend.” Reduced and reallocated 2019 spend and increased YE net cash by \$15M.

Vice President, Investor Relations & Corporate Communications – 2018

Manage relationships with leading institutional investors and banking analysts.

Established external communications plan, messaging and milestones for key stakeholders including analyst and investor meetings, earnings reports, press releases, and presentations.

Penn State University, Abington College, Abington, PA – 2015-2018

BS Biology: Genetics & Development, Magna Cum Laude.

Focus areas included: Immunology, Oncology, Neurobiology, Genetics, Biochemistry.

Director, Sorin Capital Management; Stamford, CT – 2008-2014

Portfolio Manager and Director of Research for public securities and private placement commercial real estate equity and debt investments. Co-managed portfolios over \$500MM including long/short equity and debt securities. Achieved 52% total return from 2011 thru 2014.

President, Capmark Investments; Horsham, PA – 2002-2008

Managed SEC registered private equity & debt investment manager with \$10BB real estate AUM for over 50 institutional clients. Operating Committee member of Capmark Financial, a \$20BB global lender, investor and loan servicer, owned by KKR, Goldman Sachs, and Dune Capital. Responsible for a global team of 90 investment, trading, finance, and accounting professionals. Sarbanes-Oxley compliant SEC filer.

Executive Director, Securitized Products Group; Morgan Stanley, NY, NY – 1998-2002

Responsible for Commercial MBS (CMBS) and Private Asset Backed Securities (ABS) capital markets. Directed the marketing, structuring, pricing and trading efforts of over 50 transactions totaling more than \$30BB for 20 institutional clients and Morgan Stanley principal finance.

Vice President, Bond Syndicate Desk; UBS Securities, NY, NY - 1995-1998

Marketed and traded new issue fixed income credit products including corporate bonds, ABS, CMBS, high yield bonds and emerging market securities.

Lieutenant, Aerospace Engineering Officer; US Navy, San Diego, CA — 1988-1993

Naval Air Systems liaison to the Grumman Corporation for the F-14 aircraft program. VF-114 squadron aircraft maintenance officer, managed 12 F-14s and a team of 150 aircraft technicians. Navy Commendation Medal for 1991 Persian Gulf War.

EDUCATION

New York University, Stern School of Business, NY — MBA Finance, 1995

Villanova University, Villanova, PA — BS Mech. Engineering, Navy Scholarship, 1988

Penn State University, Abington PA — BS Biology: Genetics & Development, 2015-2018
Magna Cum Laude. Focus: Immunology, Oncology, Neurobiology, Genetics, Biochemistry.

OTHER

Past Chairman of the Board, National MS Society-Greater DelawareValley Chapter.

Trustee, Finance Committee & Past Chair Endowment Committee, Germantown Academy.

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. 810008176

Application/License No. _____

Immuncore Commercial LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
181 Washington St. 540, Conshohocken, Pennsylvania 19428-2068, United States, as
Address of Applicant/Principal
 PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of New York
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One State Street Plaza, 31st Floor, New York, NY 10004 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on March 23, 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
23rd day of March, 20 21.

APPLICANT/PRINCIPAL

Immunocore Commercial LLC

 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



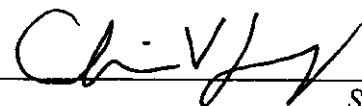
Atlantic Specialty Insurance Company
Period Ended 12/31/2019

Dollars displayed in thousands

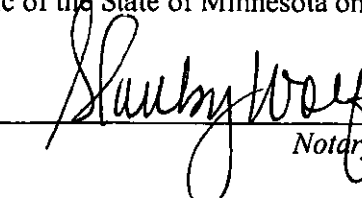
Admitted Assets		Liabilities and Surplus	
Investments:		Liabilities	
Bonds	\$ 1,219,332	Loss Reserves	\$ 750,516
Preferred Stocks	-	Loss Adjustment Expense Reserves	243,193
Common Stocks	791,167	Total Loss & LAE Reserves	993,709
Mortgage Loans	-		
Real Estate	-	Unearned Premium Reserve	520,053
Contract Loans	-	Total Reinsurance Liabilities	17,061
Derivatives	-	Commissions, Other Expenses, and Taxes due	40,497
Cash, Cash Equivalents & Short Term Investments	62,383	Derivatives	-
Other Investments	17,350	Payable to Parent, Subs or Affiliates	-
Total Cash & Investments	2,090,232	All Other Liabilities	165,932
		Total Liabilities	1,737,252
Premiums and Considerations Due	261,176		
Reinsurance Recoverable	51,892	Capital and Surplus	
Receivable from Parent, Subsidiary or Affiliates	21,006	Common Capital Stock	9,001
All Other Admitted Assets	59,800	Preferred Capital Stock	-
		Surplus Notes	-
Total Admitted Assets	2,484,105	Unassigned Surplus	49,392
		Other Including Gross Contributed	688,460
		Capital & Surplus	746,853
		Total Liabilities and C&S	2,484,105

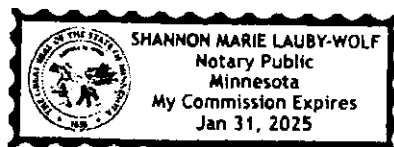
State of Minnesota
County of Hennepin

I, Christopher Jerry, Secretary of Atlantic Specialty Insurance Company do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said OneBeacon Insurance Company, on the 31st day of December, 2019, according to the best of my information, knowledge and belief.


Secretary

Subscribed and sworn to, before me, a Notary Public of the State of Minnesota on this 27th day of February, 2020.


Notary Public





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.

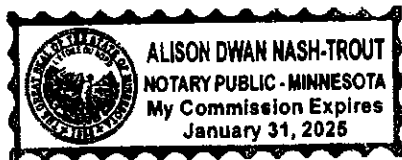
STATE OF MINNESOTA
HENNEPIN COUNTY



By

Paul J. Brehm
Paul J. Brehm, Senior Vice President

On this twenty-seventh day of April, 2020, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Alison Nash-Trout
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 23rd day of March, 2021



This Power of Attorney expires
January 31, 2025

Kara Barrow
Kara Barrow, Secretary

Exhibit A
Products and Pricing

To be completed by the Parties upon availability of Products and Pricing

INTERCOMPANY SUPPLY AND DISTRIBUTION AGREEMENT

THIS INTERCOMPANY SUPPLY AND DISTRIBUTION AGREEMENT ("**Agreement**") is effective as of June 5, 2020 ("**Effective Date**"), is entered into by and between:

Immunocore Commercial, LLC, a limited liability company organized and existing under the laws of the State of Delaware, with an office at Six Tower Bridge, Suite 540, 181 Washington Street, Conshohocken, Pennsylvania 19428, USA ("**Distributor**"), and

Immunocore Limited, a limited company organized and existing under the laws of the United Kingdom, with offices at 101 Park Drive, Milton Park, Abingdon, Oxfordshire, OX14 4RY, United Kingdom ("**Supplier**").

Distributor and Supplier will be referred to together as the "**Parties**" and each individually as a "**Party**".

RECITALS

- A. Supplier is dedicated to the development and commercialization of certain biological therapies for oncology and infectious and autoimmune diseases.
- B. Distributor is a newly-formed limited liability company and an indirect wholly-owned subsidiary of Supplier.
- C. The Parties desire to begin a relationship whereby Supplier shall supply its Tebentafusp products to Distributor who shall serve as Supplier's exclusive distributor of such products in the United States.

NOW THEREFORE, in consideration of the mutual undertakings and covenants contained herein, the Parties agree as follows:

TERMS AND CONDITIONS

1. Definitions. Unless the context clearly requires otherwise, as used herein, the following capitalized terms shall have the following meanings:

"Adverse Event" means any undesirable medical occurrence in a patient administered a pharmaceutical product, which does not necessarily have a causal relationship with this treatment.

"Established Policies and Procedures" means those (intercompany) policies and procedures which were agreed and are in place between the Parties, on a particular subject governed by this Agreement, as such policies and procedures may be amended or supplemented by the Parties from time to time; and

"Products" means all Tebentafusp related products marketed by Supplier.

2. Appointment as Distributor

- 2.1. Grant of Exclusive Distribution Rights. Subject to the terms and conditions of this Agreement and unless otherwise agreed by the Parties, Supplier hereby grants to Distributor the exclusive right to market, sell and distribute the Products in the United States on behalf of Supplier. Distributor hereby accepts such right. Distributor may appoint sub-distributors only with the prior written consent of Supplier.
- 2.2. Subcontractors. Distributor acknowledges and agrees that Supplier has contracted with Integrated Commercialization Solutions, LLC ("ICS") as its exclusive provider of third-party logistics (3PL) services for the Products to be sold in the United States, Guam, Puerto Rico and the U.S. Territories. Distributor shall not delegate, assign or subcontract its distribution rights or obligations under this Agreement in any manner that would conflict with the ICS agreement or otherwise subcontract its rights or obligations hereunder, without the prior written consent of Supplier.

3. Distributor's Obligations

In line with the Established Policies and Procedures, Distributor hereby agrees to:

- a. Obtain and maintain all registrations, approvals, licenses or other official measures required by federal, state and local laws and regulations to distribute the Products on behalf of Supplier within the United States.
- b. Under no circumstances modify, repackage, combine with other components or otherwise alter in any way the Products, their labeling, accompanying literature (such as instructions for use), unless otherwise agreed by the Parties or required by local laws and regulations.
- c. Ensure that the traceability of the Products at all times is guaranteed and also that the market observation obligations according to applicable laws and regulations are adhered to.
- d. Be responsible for obtaining all required documentation, regulatory approval, licenses or the like for the import of the Products into the United States, unless otherwise agreed by the Parties.
- e. Ensure the Products are transported in such a way that (i) their identification is not lost, (ii) adequate precautions are taken against damage, contamination or theft, and (iii) they are secure and not subject to unacceptable degrees of heat, cold, light, moisture, or other adverse influence. The Products requiring controlled temperatures and storage should also be transported by appropriate means.
- f. Inform Supplier of any damage to the Products received that is visually obvious (e.g., damaged or punctured containers and temperature monitoring results outside of predetermined specifications) immediately upon receipt of the Product.
- g. Provide such other technical, marketing, regulatory or other logistics support, logistics services or other services as the Parties may, from time to time, agree.

- h. As directed by the Supplier, unless otherwise agreed, maintain the capacity and resources to distribute and sell Products regardless of volume fluctuations and/or changing market conditions.

4. Obligations of Supplier

In line with the Established Policies and Procedures, Supplier hereby agrees to:

- a. Sell and deliver to Distributor in a timely fashion all Products ordered by Distributor from time to time.
- b. Provide Distributor with necessary information concerning the specifications, availability and delivery of the Products that will enable Distributor to distribute the Products effectively.
- c. Provide such other technical, marketing, regulatory or other support or services as the Parties may agree from time to time.

5. Regulatory

- 5.1. General Considerations. The Parties shall each comply in all material respects with all applicable laws and regulations that pertain to the activities for which each Party is responsible under this Agreement, including without limitation, laws and regulations: (a) of any regulatory authority that are applicable to the development, manufacture, supply and distribution of the Products, (b) governing importation and exportation of the Products, (c) prohibiting bribery in any form, and (d) concerning data protection and privacy.
- 5.2. Product Complaints. Distributor shall notify Supplier of any information Distributor receives regarding the safety or efficacy of a Product, including any customer complaint or investigation relating to the Products (such as product tampering, counterfeit product or contamination). Each Party shall cooperate fully with the other Party in dealing with customer complaints or claims concerning the Products and shall take reasonable action to promptly resolve and follow up with regard to such complaints.
- 5.3. Recordkeeping and Reporting. Distributor shall keep accurate books and records of all Products distributed and sold during the term of this Agreement and the financial transactions related thereto. Supplier shall be responsible for complying with the regulatory reporting requirements as set out in the applicable laws and regulations.
- 5.4. Field Actions. In the event that Supplier is required or requested by any regulatory authority, or voluntarily decides, to conduct a recall, market withdrawal or field correction (a "Recall"), Supplier will conduct the Recall or designate a third party to do so, and Distributor will cooperate and comply with Supplier's requests in the Recall. Notwithstanding any responsibility Supplier may have, each Party shall be obligated to act in accordance with local law and regulations and the Established Policies and Procedures in case of a Recall.
- 5.5. Audit Rights. In accordance with the Established Policies and Procedures, Supplier shall have the right to perform audits of Distributor's books, records and facilities that

relate to the Products, their traceability and related regulatory requirements and Distributor's quality procedures. An audit shall be conducted during normal business hours and shall not unreasonably disrupt Distributor's normal operations. Any deficiencies in Distributor's processes or procedures shall be corrected in a manner that shall be agreed between the Parties.

- 5.6. Notice of Inspections. Distributor agrees to inform Supplier in accordance with Established Policies and Procedures of any governmental or regulatory review, audit or inspection of its facility or processes which directly or indirectly relates to the Products supplied and distributed under this Agreement. In the event of such an inspection, Distributor shall notify Supplier of the issuance of the notice of inspection or the presence of the inspector. If there are written observations (or any other written communication) by a governmental or regulatory authority which involve a Product, or any proposed written response by Distributor to any such inspection, Supplier will be provided with copies of all documentation and will have the opportunity to review and provide input and assistance to Distributor in responding to any such review, audit or inspection.
- 5.7. Submissions and Approvals. Unless otherwise agreed by the Parties, Supplier shall be responsible for all required submissions and approvals of internal documentation relating to new indications, clinical data, labeling, instruction for use and the like under the applicable (local) laws and regulations.
- 5.8. Traceability. In line with the Established Policies and Procedures, Distributor shall ensure that Products are traceable up to the end customers (sites of care). The records of such traceability system shall be retained for at least fifteen (15) years and shall be stored in a manner as shall be agreed between the Parties.
- 5.9. Adverse Event. Distributor shall notify Supplier of any information Distributor receives regarding a possible Adverse Event relating to any Product. The Parties shall investigate all reports of an Adverse Event in order to assure the safety and efficacy of the Products.

6. Purchase Orders and Payment Terms

- 6.1. Orders for Products. Orders for Products shall be made in accordance with the Established Policies and Procedures.
- 6.2. Inability to Fill Orders. In the event that Supplier is unable to fulfill (part of) an order, Supplier shall notify Distributor as soon as reasonably possible, which notification may be sent via e- mail to the appropriate contact person.
- 6.3. Transfer Pricing. The Parties acknowledge that the pricing for the Products under this Agreement has not been determined as of the Effective Date and, when available, shall be set forth on Exhibit A hereto. It is the intention of the Parties that the initial pricing of the Products to Distributor under this Agreement will be based upon the forecasted selling price of all Products to customers, less the forecasted direct and indirect costs of Distributor related to the sale and distribution of such products, and less an arm's-length profit margin to be determined by the Parties ("Transfer Price"). The arm's-length profit opportunity of Distributor shall reflect the intent of the Parties that Supplier shall ultimately bear any economic costs including, but not limited to: loss or obsolescence of inventory; foreign exchange losses (or gains); and interest expense or the carrying costs

of assets. Transfer Prices will be subject to review and may be modified by the Parties from time to time.

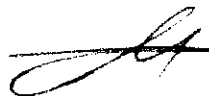
- 6.4. Payment Terms. Payments shall be made in accordance with Established Policies and Procedures on payments, which may be amended by mutual agreement between the Parties.
- 6.5. Delivery. Supplier shall deliver the Products to the location designated in Distributor's order or such other location as may be agreed upon by the Parties in accordance with Established Policies and Procedures.
7. Term and Termination. This Agreement shall become effective as of the Effective Date and shall remain in effect until terminated by either Supplier or Distributor upon thirty (30) days' prior written notice to the other party. In the event of termination of this Agreement, the Parties shall mutually agree on the transition of distribution operations, which transition shall be conducted in such a manner that customer needs are not disrupted and no material inconvenience is caused to either Party.
8. Miscellaneous
 - 8.1. Choice of Law. This Agreement shall be governed by and construed in accordance with the laws of the State of New York, USA, without giving effect to that jurisdiction's choice of law rules. The Parties expressly agree that the provisions of the United Nations Convention on Contracts for the International Sale of Goods shall not apply to this Agreement.
 - 8.2. Notices. Any notice, consent, request, instruction, demand, approval, acceptance or other communication shall be in writing and shall be given by hand delivery, by confirmed facsimile, by nationally recognized courier service or by certified mail, postage prepaid, addressed to the Parties as mentioned in the preamble of this Agreement. Unless agreed otherwise between the Parties, notices may also be sent by e-mail to the known contact person of a Party.
 - 8.3. Relationship of the Parties. The relationship of the Parties shall be that of a company and its independent distributor. Nothing in this Agreement shall be construed to constitute either Party as the partner, legal representative or agent of the other or to authorize either Party to assume or undertake any obligations of any kind, express or implied on behalf of the other Party. Neither Party shall have any authority to bind the other in any respect.
 - 8.4. Severability. If any provision of this Agreement is, becomes or is deemed invalid, illegal or unenforceable in any jurisdiction, such provision shall be construed or deemed amended to conform to the applicable laws so as to be valid and enforceable; or, if it cannot be so construed or deemed amended without materially altering the intention of the Parties, it shall be deleted and the remainder of this Agreement shall remain in full force and effect.
 - 8.5. Entire Agreement. This Agreement, including all exhibits (which are hereby incorporated herein and shall be made a part hereof) sets forth and constitutes the entire agreement and understanding of the Parties with respect to the matters set forth herein or therein.

- 8.6. Amendment and Modification. This Agreement may be amended only by a written instrument executed by authorized representatives of each of the Parties.
- 8.7. Waiver. None of the terms of this Agreement shall be deemed to have been waived by either Party hereto, unless such waiver is in writing and signed by that Party. The waiver by either Party hereto of a breach of any provision of this Agreement shall not operate or be construed as a waiver of any other provision of this Agreement or of any further breach of the provision so waived or of any other provision of this Agreement.
- 8.8. Headings. Headings are used herein to facilitate the reading and do not define or affect in any way the meaning and interpretation of this Agreement.
- 8.9. Counterparts. This Agreement may be executed simultaneously in one or more counterparts, each of which shall be deemed an original, but all of which together shall be one and the same instrument.
- 8.10. Further Assurance. The parties shall make, execute, acknowledge and deliver such other instruments and documents, and take all such other actions, as may be reasonably required in order to effectuate the purposes of this Agreement and to consummate the transactions contemplated hereby.

[Remainder of page intentionally left blank; signatures appear on following page.]

IN WITNESS WHEREOF, the Parties have caused their duly authorized representatives to execute this Agreement as of the Effective Date.

DISTRIBUTOR:
Immunocore Commercial, LLC



By: _____
Name: BAHIJA JALLAL
Title: CEO

SUPPLIER:
Immunocore Limited



By: _____
Name: BAHIJA JALLAL
Title: CEO



IMMUNOCORE

3/26/2021

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 Immunocore Commercial LLC ("Immunocore"), attached is Immunocore's initial application.

Immunocore is a pioneering, clinical- stage T cell receptor biotechnology company working to develop and commercialize a new generation of transformative medicines to address unmet needs in cancer, infection, and autoimmune disease.

Immunocore is a "Virtual Manufacturer". Their product is manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. Therefore, at no time does Immunocore physically manufacture or distribute product. Immunocore's product is not a controlled substance. Accordingly, Immunocore is not required to obtain DEA registration. At the time of this filing, Immunocore is also licensed in Pennsylvania and West Virginia.

I hope this narrative is helpful as you review Immunocore's application. If you have a question regarding this application, please contact me at 216-406-0178 or via email at cheryl.midian@twolabs.com. Please also address all written communication to me. My address is 4967 Cadogan Place, New Albany, OH 43054.

Thank you in advance for your consideration.

Cheryl Midian
Licensing Analyst

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

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: I 3 Pharmaceuticals, LLC

Physical Address: 200 Park Ave.

City: Warminster State: PA Zip Code: 18974

Telephone Number: 215-443-7000 Fax Number: 215-597-0875

Toll Free Number: _____

E-mail: i3@AltaLawGroup.com Website: www.i3pharmaceuticals.com

Facility Manager: Ram Kallur

Professional qualifications and experience of facility manager: Mr. Kallur has over 20 years of pharma industry experience, and has overseen and managed operations for pharmaceutical facilities for the past 13 years.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

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 - i3 Pharmaceuticals manufactures pharmaceutical products itself and does not use a CMO

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 ☒

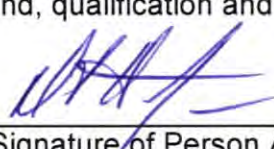
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Douglas S. Hamilton, CEO

Print Name of Authorized Person

Date

5/19/21

Board Use Only

Date Processed: _____

Amount:

\$500 check # 5467

processed
with 7/30/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: I 3 Pharmaceuticals, LLC

Parent Company if any: _____

Mailing Address: 200 Park Ave.City: Warminster State: PA Zip: 18974Telephone: 215-443-7000 Fax: 215-597-0875Contact Person: Tanya Dobash phone 410-844-3363

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

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

a)	<u>Douglas S. Hamilton</u>	<u>200 Park Ave., Warminster, PA 18974</u>
	<u>Name</u>	<u>Business Address</u>
b)	<u>Ram Kishan Kallur</u>	<u>200 Park Ave., Warminster, PA 18974</u>
	<u>Name</u>	<u>Business Address</u>
c)	<u>Kartik D. Bhagat Irrevocable Trust</u>	<u>200 Park Ave., Warminster, PA 18974</u>
	<u>Name</u>	<u>Business Address</u>
d)	<u>2012 Jayantilal V. Dhaduk Dynasty Trust</u>	<u>200 Park Ave., Warminster, PA 18974</u>
	<u>Name</u>	<u>Business Address</u>

2) Provide the number of shares issued by the corporation. n/a3) What was the price paid per share? n/aA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: n/a**Include with the application for a non-publicly traded corporation****List of officers and directors**

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

I 3 PHARMACEUTICALS, LLC

FDA Drug Establishment Registration

I 3 Pharmaceuticals, LLC hold FDA Drug Establishment Registration # 3012763653, the verification of which is below and available at <https://www.accessdata.fda.gov/scripts/cder/drls/default.cfm>.

U.S. Department of Health and Human Services

FDA U.S. FOOD & DRUG ADMINISTRATION

Follow FDA | En Español

Search FDA

Home Food Drugs Medical Devices Radiation-Emitting Products Vaccines, Blood & Biologics Animal & Veterinary Cosmetics Tobacco Products

Home > Drug Databases > Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

SHARE TWEET LINKEDIN PIN IT EMAIL PRINT

[New Search](#)

Search Results for i 3 pharmaceuticals

CSV Excel Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
I 3 PHARMACEUTICALS, LLC	3012763653	080127275	ANALYSIS; MANUFACTURE; PACK;	200 Park Avenue, Warminster, Pennsylvania (PA) 18974, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

Data Current through: Tuesday, Dec 15, 2020

[Return to Drug Firm Annual Registration Status Home Page](#)

Previous 1 Next

Verified
M.H. 7/30/21

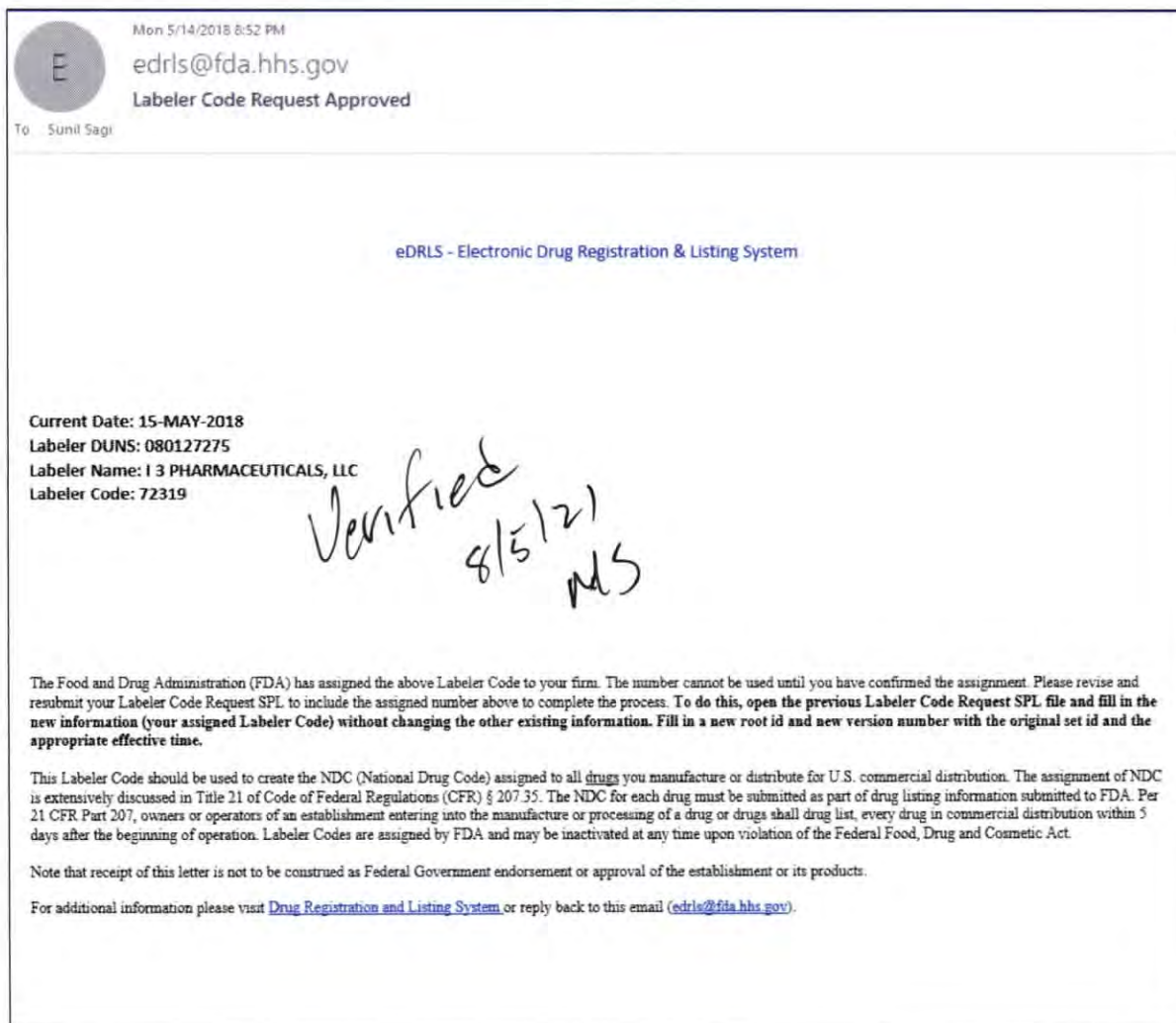
I 3 PHARMACEUTICALS, LLC

FDA Drug Labeler Code

I 3 Pharmaceuticals, LLC holds FDA Drug **Labeler Code 72319**, which can be confirmed at the following FDA website:

<http://www.fda.gov/forindustry/datastandards/structuredproductlabeling/ucm191017.htm>.

Below is the communication from FDA issuing the labeler code.



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 August 05, 2021

You have searched Finished drug products

Search Results: '72319'

[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
+ CHLORZOXAZONE	72319-168-04	750 mg/1	TABLET	ORAL	ANDA212053	i3 Pharmaceuticals, LLC	72319-168	CHLORZOXAZONE	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	09/16/2020	N/A	ANDA	100 TABL 1 BOTTL PLASTIC (72319-168)
+ CHLORZOXAZONE	72319-168-05	750 mg/1	TABLET	ORAL	ANDA212053	i3 Pharmaceuticals, LLC	72319-168	CHLORZOXAZONE	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	09/16/2020	N/A	ANDA	500 TABL 1 BOTTL PLASTIC (72319-168)
+ CHLORZOXAZONE	72319-169-04	375 mg/1	TABLET	ORAL	ANDA212053	i3 Pharmaceuticals, LLC	72319-169	CHLORZOXAZONE	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	09/16/2020	N/A	ANDA	100 TABL 1 BOTTL PLASTIC (72319-169)
+ CHLORZOXAZONE	72319-169-05	375 mg/1	TABLET	ORAL	ANDA212053	i3 Pharmaceuticals, LLC	72319-169	CHLORZOXAZONE	CHLORZOXAZONE	HUMAN PRESCRIPTION DRUG	09/16/2020	N/A	ANDA	500 TABL 1 BOTTL PLASTIC (72319-169)
+ Ramelteon	72319-005-01	8 mg/1	TABLET, FILM COATED	ORAL	ANDA212650	i3 Pharmaceuticals, LLC	72319-005	Ramelteon	RAMELTEON	HUMAN PRESCRIPTION DRUG	04/30/2020	N/A	ANDA	30 TABLET FILM CO, in 1 BOT PLASTIC (72319-005)
+ Ramelteon	72319-005-04	8 mg/1	TABLET, FILM COATED	ORAL	ANDA212650	i3 Pharmaceuticals, LLC	72319-005	Ramelteon	RAMELTEON	HUMAN PRESCRIPTION DRUG	04/30/2020	N/A	ANDA	100 TABL FILM CO, in 1 BOT PLASTIC (72319-005)
+ Ramelteon	72319-005-05	8 mg/1	TABLET, FILM COATED	ORAL	ANDA212650	i3 Pharmaceuticals, LLC	72319-005	Ramelteon	RAMELTEON	HUMAN PRESCRIPTION DRUG	04/30/2020	N/A	ANDA	500 TABL FILM CO, in 1 BOT PLASTIC (72319-005)
+ Selegiline Hydrochloride	72319-006-02	6 mg/1	TABLET	ORAL	ANDA074672	i3 Pharmaceuticals, LLC	72319-006	Selegiline Hydrochloride	SELEGILINE HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG	07/30/2021	N/A	ANDA	60 TABLET 1 BOTTL (72319-006)

Showing 1 to 8 of 8 entries

Previous 1 Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: [Drug Registration and Listing Instructions \(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

I 3 PHARMACEUTICALS, LLC

Resident State License

Copy of Pennsylvania license #1000003988, which expires January 31, 2022.



Certificate of Registration

Certificate No. 1000003988
(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Manufacturer (Prescription)

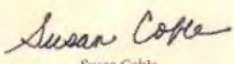
Drug & Device Registration
555 WALNUT ST
 FORUM PLACE -7th FLOOR -SUITE 701
 HARRISBURG, PA 17101
 (717) 787-4779

I 3 PHARMACEUTICALS, LLC
200 PARK AVE
WARMINSTER, PA 18974

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: December 11, 2018

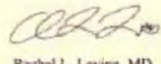
Expiration Date: The Last Day of January, 2022



Susan Coble
Deputy Secretary for Quality Assurance



pennsylvania
DEPARTMENT OF HEALTH



Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

I 3 PHARMACEUTICALS, LLC

Resident State License Verification

The following is verification of Pennsylvania license #1000003988 (exp 31 January 2022). The verification is available at <https://apps.health.pa.gov/ddc/DDCPublicLookup.asp>. "This site is considered a primary source for DDC registration renewals and updates of license credentials provided by the Pennsylvania Bureau of Community Program Licensure and Certification. Those using this service to register are primarily any business in the Commonwealth of Pennsylvania which manufactures, distributes or retails drugs, medical devices and/or medicated cosmetics unless otherwise noted as a designated exemption."

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.

- I 3 Pharmaceuticals, LLC** 200 Park Ave, Warminster, PA 18974
Certificate(s): **1000003988** issued: 12/11/2018 9:26:00 AM expires: 1/31/2022

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "I 3 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 NINETEENTH DAY OF JULY, A.D. 2021.



5827515 8300

SR# 20212739527

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203706218

Date: 07-19-21

I 3 PHARMACEUTICALS, LLC

Company Information

Company Name: I 3 Pharmaceuticals, LLC

Address: 200 Park Ave., Warminster, PA 18974

Tax ID: 47-5120836

FDA Drug Establishment #: 3012763653

Officers:

Douglas Hamilton
CEO
200 Park Ave., Warminster, PA 18974

Ram Kallur
VP Operations and Sourcing
200 Park Ave., Warminster, PA 18974

Designated Representative:

Ram Kallur
VP Operations and Sourcing
200 Park Ave., Warminster, PA 18974

Ram Kishan Kallur

200 Park Ave., Warminster, PA 18974
215-443-7000 ext 118

EDUCATION

Long Island University, Brooklyn Campus Masters, Industrial Pharmacy (1996-1998)

COPS, Manipal, Bachelor's Degree, Pharmacy (1990-1994)

WORK EXPERIENCE

I3 Pharmaceuticals, LLC, Warminster, PA
Vice President, Operations and Sourcing
September 2015 to Present

Sigmapharm Laboratories, Bensalem, PA
Sr. Vice President, Operations
March 2008 to September 2014

Pfizer, Bridgewater Township, NJ
Scientist
April 2005 to April 2006

Mutual Pharmaceuticals, Philadelphia, PA
Sr. Scientist
November 2000 to February 2005

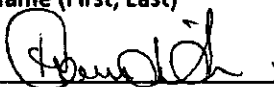
I, Ram Kallur, certify that as the designated representative for
I 3 Pharmaceuticals, LLC

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

Ram Kallur

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

7/22/2021

Date

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. 0803734

Application/License No. _____

i3 Pharmaceuticals LLC, doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

200 Park Avenue Warminster, PA 18974, as

Address of Applicant/Principal

PRINCIPAL, and **HARCO NATIONAL INSURANCE COMPANY**, a

Surety Company

corporation organized under the laws of the state of Illinois

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

702 Oberlin Road, Raleigh, North Carolina 27605 as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 06/16/2021.

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 \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this

16th day of June, 2021.

APPLICANT/PRINCIPAL

i3 Pharmaceuticals LLC

L. Luvit Wama
Authorized Representative

SURETY COMPANY

HARCO NATIONAL INSURANCE COMPANY

Ralf Rigo, Attorney-in-fact
Surety Company's Representative
print name

SIGNED and SEALED in the presence of:

Saroja Ganti
Witness

18 Shen
Witness

SIGNED and SEALED in the presence of:

Melissa Moreno
Witness

William Sotter
Witness

Countersigned by:

[Signature]
Nevada Resident Agent

POWER OF ATTORNEY

Bond # 0803734

**HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY**

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

RALF RIGO, SHARIF ISMAIL

Syracuse, NY

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 06/16/2021

A00816

Irene Martins, Assistant Secretary

4J

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Ohm Laboratories, Inc.

Physical Address: 14 Terminal Road

City: New Brunswick State: NJ Zip Code: 08901

Telephone Number: 732-514-4380 Fax Number: NA

Toll Free Number: _____

E-mail: lisa.woodford@sunpharma.com Website: www.sunpharma.com

Facility Manager: Phanindra Potineni

Professional qualifications and experience of facility manager: _____
See attached resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices	☐ Hypodermic Devices
☐ Poisons or Chemicals	☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)	
☐ Other: _____	

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Daryl LeSueur

Print Name of Authorized Person

30-JUN-2021
Date

*✓ Processed
7/29/21*

Board Use Only

Date Processed: _____

Amount: \$500 Check # 12089

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NJ

Parent Company if any: Ranbaxy Inc.

Mailing Address: 600 College Road East

City: Princeton State: NJ Zip: 08540

Telephone: 1-800-927-9800 Fax: _____

Contact Person: Abhay Gandhi

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 corporationList of officers and directors

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



Description of Operations

OHM Laboratories, Inc. is a Manufacturer of OTC Pseudoephedrine Product and a Contract Manufacturer. This facility is designed to manufacture solid dose forms (tablets and capsules) and is furnished with packaging equipment for bottle and carton packaging. Quality Control, Engineering, Information Technology, Product Development, Manufacturing Science and Technology group, Analytical Research and Development, Quality Assurance, Safety, Training, Production, Planning, Warehouse, and Human Resource departments are represented here.

This facility is inspected by the U.S. Food and Drugs Administration as well as the European Union for compliance to cGMP guidelines. It is supported by the Merlich Road warehouse located at 111 Suite B Melrich Road, South Brunswick.

OHM Laboratories, Inc.
14 Terminal Road
New Brunswick, NJ 08901

DUNS: 05-156-5745
FDA Establishment Number: 3004132058

Hours of Operation: Monday – Friday, 24 hours a day, 7 days a week.



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

New Search

[Back To Search Results](#)

Establishment:

OHM LABORATORIES INC. (A SUN PHARMA COMPANY)

14 Terminal Road

New Brunswick, NJ 08901

Registration Number: 3004132058

FEI Number*: 3004132058

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:

[Sun Pharmaceutical Industries, Inc.](#)⁶

2 Independence Way

Princeton, NJ US 08540

Owner/Operator Number: 10060123⁷

Official Correspondent:

Praveen Devakadaksham

2 Independence Way

Princeton, NJ 08540

Phone: 781-6871232

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 08/09/2021

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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](#)



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U.S. Department of Health & Human Services

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**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**
P.O. Box 369, Trenton, New Jersey 08625-0369

0741700

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

14 TERMINAL RD NEW BRUNSWICK, NJ 08901-
1385 LIVINGSTON AVENUE NORTH BRUNSWICK TWP, NJ 08902-

Reg. No.
5001335

OHM LABORATORIES, INC.
ATTN: DARYL LESUEUR
14 TERMINAL RD
NEW BRUNSWICK, NJ 08901-

**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 7/13/2021

Registration Number: 5001335 **Registered as:** Manufacturer and Wholesale
Name: OHM LABORATORIES, INC.

DBA:

Address: 14 TERMINAL RD, NEW BRUNSWICK, NJ 08901

Original Issue Date: 01/05/2000 **Expiration Date:** 01/31/2022

Current Issue Date: 10/21/2020

Disciplines: No

Additional Registered Addresses:

1385 LIVINGSTON AVENUE, NORTH BRUNSWICK TWP, NJ 08902

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

OHM LABORATORIES INC.

0100152979

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 October 28, 1981.

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:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CENTER,
SUITE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
1st day of June, 2021*

Elizabeth Maher Muoio
State Treasurer

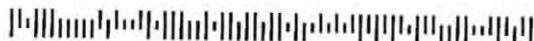
Certificate Number : 6119600114

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



1:2 OHM LABORATORIES INC
 302/656 14 TERMINAL ROAD
 NEW BRUNSWICK, NJ 08901-0000



10007175, 2/000323-1/1-0

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RO0326959	12-31-2021	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5,L1	MANUFACTURER	12-01-2020
OHM LABORATORIES INC 14 TERMINAL ROAD NEW BRUNSWICK, NJ 08901-0000		

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

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RO0326959	12-31-2021	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
1,2,2N, 3,3N,4,5,L1	MANUFACTURER	12-01-2020

OHM LABORATORIES INC
 14 TERMINAL ROAD
 NEW BRUNSWICK, NJ 08901-0000

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)

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DEA REGISTRATION NUMBER</th> <th style="text-align: left;">THIS REGISTRATION EXPIRES</th> <th style="text-align: left;">FEE PAID</th> </tr> <tr> <td>RO0326959</td> <td>12-31-2021</td> <td>\$3699</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">SCHEDULES</th> <th style="text-align: left;">BUSINESS ACTIVITY</th> <th style="text-align: left;">ISSUE DATE</th> </tr> <tr> <td>1,2,2N, 3,3N,4,5,L1</td> <td>MANUFACTURER</td> <td>12-01-2020</td> </tr> </table> OHM LABORATORIES INC 14 TERMINAL ROAD NEW BRUNSWICK, NJ 08901-0000	DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID	RO0326959	12-31-2021	\$3699	SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE	1,2,2N, 3,3N,4,5,L1	MANUFACTURER	12-01-2020	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.
DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID											
RO0326959	12-31-2021	\$3699											
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE											
1,2,2N, 3,3N,4,5,L1	MANUFACTURER	12-01-2020											

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 deaddiversion.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, 1200, 1205, 1724, 2010, 2012, 8112, 9050, 9143, 9150, 9193, 9220, 9250, 9300, 9652, 9780, 9801



Company Information

Company Name: Ohm Laboratories, Inc.
 Address: 14 Terminal Road
 City, State, Zip: New Brunswick, NJ 08901
 Phone: 732-514-4429
 Website: www.sunpharma.com
 E-mail: Phanindra.potineni@sunpharma.com

Tax ID: 22-2377203
 State of Formation:
 Date Incorporated:
 File Number:

Ownership Information

Ohm Laboratories, Inc. is 100% owned by Ranbaxy, Inc.

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, SGO, North America

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%



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

Phanindra Potineni,

Business Address: 14 Terminal Road, New Brunswick, NJ 08901

Business Phone: 609-613-8382

Email: Phanindra.potineni@sunpharma.com

Ownership %: 0%

Phanindra Potineni

[REDACTED] Murphy Drive, Hillsborough, NJ 08844
 Email: [REDACTED]
 Contact: [REDACTED]

Highlights of Qualifications:

- Over 17 years of experience in pharmaceutical production/ formulation development, scale-up, product improvement, product launch and manufacturing of solid dosage form like tablets, capsules, pellets and sustained release products.
- Proven ability to work in a multidisciplinary and cross functional teams, and high intensity competitive environment.
- Extensive knowledge and experience in pharmaceutical process and equipment.
- Managed manufacturing volumes up to 4.2 billion tablets and capsules
- Successful management experience of various manufacturing areas.
- Able to multitask, possess project management skill and excellent written and verbal communicator.
- Able to integrate into a group environment and also work independently.
- Strong analytical skills, strategic planner, team player with high focus on customer service, process adherence and cost containment
- Supported numerous product development projects and Product Launches
- Received multiple global and local nominations and awards for individual contribution for day 1 successful launch of six new Generic 'First to File' products and maintaining zero back orders during exclusivity period with each launch value ranging between \$100 million to \$600 million.
- Excellent Team Management, mentoring and development skills.

Work Experience:**Oct 2012 – Till date OHM Laboratories****Manufacturing Head**

- Responsible for managing two manufacturing sites at OHM Laboratories (190,000 sq. ft. New Brunswick Terminal Road Facility / 45,000 sq. ft. – North Brunswick Livingston Ave NJ)
- Responsible for all three shift operations with approximately 224 employees.
- Responsible for New product transfer from product development to Production Department includes product transfer from one site to another
- Responsible for overseeing and coordinating effectively handled and timely resolved the product deviations / investigation, CAPA closures and other quality issues ensued during routine operations
- Responsible for overseeing and coordinating FDA, EU, Internal, vendor and customer audits
- Responsible for annual budgeting process
- Oversee supply planning and backorder status for products manufactured at OHM Laboratories

Aug 2008-2012 date OHM Laboratories

Position: Production Manager

- Responsible to oversee the manufacture of oral solid dosage forms like Tablets and Capsules.
- Extensive knowledge of the cGMP practices under 21 CFR 211
- Good understanding of the compatibility, stability, processing conditions, storage and handling of various APIs and excipients involved in the manufacture of tablets and capsules.
- Closely involved in qualification of new process equipments, manufacturing of exhibit batches for ANDA/NDA submissions to the FDA and scale up & process validation studies of new product launches.
- Hired and trained technicians on the cGMPs, processing techniques and handling of equipments.
- Established cleaning techniques for process equipments/areas and participated in validation of the cleaning cycles along with Quality Control

Feb 2004 –Aug 2008 Apotex Inc. Canada

Position: Scientific leader R & D (Process Support)

Responsibilities:

- Lead in transferring and launching products developed by Apotex across all sites.
- Investigate formulation and provide long-term resolution for the process deficiency with respect to existing products.
- Design develop and execute experimental trials and based on the learning's improve manufacturing deficiency.
- Improve the Ruggedness of the formulation by conducting suitable trials to vary excipients within SUPAC guidelines. Also assisted scientist during Design of experiment.
- Responsible for execution of Bio-stability batches and Vendor change.
- Screen and evaluate analytical data obtained from Dissolution, assay and content uniformity and make appropriate recommendation to over come processing problem and or analytical problem.
- Applied analytical and problem solving skill to resolve analytical and or process deficiency.
- Provide innovative process, and or equipment modification to improve process deficiency.
- Responsible for the development of documents for new products and scale-up batches.
- Responsible for processing of Q-Notification. Investigating and identifying the root cause.
- Assist manufacturing by monitoring and providing technical expertise for troubleshooting as and when required for full-scale commercial batches across all sites.

- Review scientific literature and attend appropriate training, seminar to keep up breasted with the pharmaceutical world.
- Prepare project plan, investigation report, Technology transfer report, development report, project summaries and project report.
- Able to multitask and priorities work and integrate with team to accomplish departmental goal and deliverables.
- Persistent to achieve deadlines so as to meet departmental goals.
- Responsible for Rework and or Reprocess batch failures.
- Communicate directly, assertively and diplomatically with all levels of the organisation internal or external contacts.

Feb2003 to Feb 2004. Apotex Inc

Position: Technologist (Process Support)

Responsibilities:

- Responsible and accountable for compliance with all aspects of the occupational health and safety Act, Ontario, as well as APOTEX Health and safety policies and safe work procedures (SWP"s) and Safety charter
- Hands on experience in handling machines related to pellet manufacturing like marumerizer, extruder, screw feeder, kason shaker (LCI Corporation), magna lift, tablet compression, tablet coating, pellet coating,
- Provided feedback on process and procedure to facilitate efficiency improvement and reduce the process time in the bead making process (The bead making study)

Natco Pharma Ltd. (India) 1999 - 2003

Position: Production Executive (Supervisor)

Responsibilities:

- Supervised Dispensing, Wet granulation, Dry granulation, Compression, Sugar coating and Film coating
- Supervised implementation of cGMP and EH&S standards.
- Responsible for implementing regulatory and internal set standards of environmental and safety guidelines among the technicians.
- Campaign analysis of a number of products.
- SAP data entry PP module pertaining manufacturing section (includes the requisition of raw material, batch determination and allocation, and goods issue and receipt).
- Trouble shooting problems encountered with respect to Granulation, Compression, Film coating & Sugar coating.
- Supervised staff distribution in manufacturing area.
- Generated data pertaining to manufactured products.
- Executed monthly schedules to meet product market requirements.
- Member of team responsible for reduction of plant cycle time.

Education:

Bachelors in pharmaceutical sciences 1994-1998

References available upon request

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 Ohm Laboratories, Inc.
 Physical Address 14 Terminal Road
 City New Brunswick State NJ Zip 08901
 Mailing Address (if different from physical address) 14 Terminal Road
 City New Brunswick State NJ Zip 08901
 Telephone 732-514-4380 Website www.sunpharma.com
 Licensing Company Email lisa.woodford@sunpharma.com

Section 2: Personal Information

First Phanindra Middle _____ Last Potineni
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Terminal Road
 City New Brunswick State NJ Zip 08901
 Telephone 732-514-4327 Email phanindra.potineni@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: <u>Not Applicable</u> to: <u>Not Applicable</u>		
Military Occupation/Specialty <u>Not Applicable</u>		
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

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	College of Pharmaceutical Sciences	From - To (MM/YY - MM/YY)	10/2004 / 10/2008	
Address	MAHODA ORISSA INDIA	City	ORISSA	State
Diploma/Degree obtained, if any	Bachelor's in pharmaceutical sciences			
School Name	KOTAK SALESIAN SCHOOL	From - To (MM/YY - MM/YY)	01-1987 / 10/2004	
Address	KIRUM RD / LAYOUT	City	Chimney Water	State
Diploma/Degree obtained, if any	HIGH SCHOOL . INDIA .			
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
11/2017 - Present	■ Murphy Drive	Hillsborough	NJ	08844
From - To (MM/YY - MM/YY)	Address	City	State	Zip
06/2010 - 11/2017	3 JILL CT	SOMERSET	NJ	08873
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

Php

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 OHM LABORATORIES		From - To (MM/YY - MM/YY) 08/2008-TILL DATE	
Business Address 14 TERMINAL ROAD	City New Brunswick	State NJ	Zip 08901
Phone 732-514-4327	Title Director (operations)	Number of Employed Hours 25,056	
Description of Duties Accountability of delivering products according to business requirements and standards, oversight of manufacturing and packaging 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			

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

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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			

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.			
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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 manufacture 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

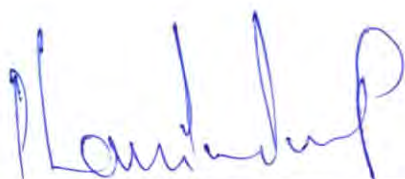
Php

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:

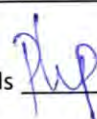


Original Signature (electronic, copies or stamps not accepted)



Date

Applicant's initials



I, Phanindra Potineni, certify that as the designated representative for
Ohm Laboratories, 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

Phanindra Potineni

Print Name (First, Last)

Phanindra Potineni

Original Signature (electronic, copies or stamps not accepted)

06/30/2021

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.

Phanindra Potineni

Print Name (First, Last)

Phanindra Potineni

Original Signature (electronic, copies or stamps not accepted)

06/30/2021

Date

Please have this section completed in the presence of a Notary Public.

State of _____, ss. County of _____

I, Phanindra Potineni, 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.

Phanindra Potineni

Original Signature

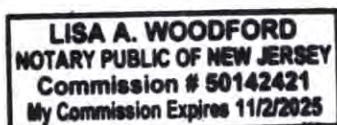
06/30/2021

Date

Subscribed and Sworn to before me this 30th day of June 2021.

Lisa A. Woodford

Notary Public Signature



(Seal)

Applicant's initials

hp

04/05/2021

National Drug Code Directory

National Drug Code Directory

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[TWEET \(https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[EMAIL \(mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm\)](mailto:?subject=NATIONAL%20DRUG%20CODE%20DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

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Search Results: 'OHM Laboratories'

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Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	I
Allergy Relief	51660-527-31	10 mg/1	TABLET, ORALLY DISINTEGRATING	ORAL	ANDA077153	Ohm Laboratories Inc.	51660-527	Loratadine	LORATADINE	H D
Allergy relief-D	51660-940-24	5 mg/1, 120 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA090922	Ohm Laboratories Inc.	51660-940	Cetirizine Hydrochloride and Pseudoephedrine Hydrochloride	CETIRIZINE HYDROCHLORIDE; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Allergy relief-D	51660-940-12	5 mg/1, 120 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA090922	Ohm Laboratories Inc.	51660-940	Cetirizine Hydrochloride and Pseudoephedrine Hydrochloride	CETIRIZINE HYDROCHLORIDE; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Arthritis Pain Reliever	51660-333-50	650 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA076200	Ohm Laboratories Inc.	51660-333	Acetaminophen	ACETAMINOPHEN	H D
Arthritis Pain Reliever	51660-333-01	650 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA076200	Ohm Laboratories Inc.	51660-333	Acetaminophen	ACETAMINOPHEN	H D
Cetirizine Hydrochloride	51660-939-54	10 mg/1	TABLET	ORAL	ANDA077498	Ohm Laboratories Inc.	51660-939	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	H D
Cetirizine Hydrochloride	51660-939-90	10 mg/1	TABLET	ORAL	ANDA077498	Ohm Laboratories Inc.	51660-939	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	H D
Cetirizine Hydrochloride	51660-939-30	10 mg/1	TABLET	ORAL	ANDA077498	Ohm Laboratories Inc.	51660-939	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	H D
Cetirizine Hydrochloride	51660-939-13	10 mg/1	TABLET	ORAL	ANDA077498	Ohm Laboratories Inc.	51660-939	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	H D
Cetirizine Hydrochloride	51660-939-01	10 mg/1	TABLET	ORAL	ANDA077498	Ohm Laboratories Inc.	51660-939	Cetirizine Hydrochloride	CETIRIZINE HYDROCHLORIDE	H D
Childrens Loratadine	51660-754-31	5 mg/1	TABLET, CHEWABLE	ORAL	ANDA210088	Ohm Laboratories Inc.	51660-754	LORATADINE	LORATADINE	H D
Colesevelam hydrochloride	51660-995-30	3.75 g/1	POWDER, FOR SUSPENSION	ORAL	NDA022362	Ohm Laboratories, Inc.	51660-995	colesevelam hydrochloride	COLESEVELAM HYDROCHLORIDE	H PI D

✓ verified
with 7/29/21

04/05/2021

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	I
Colesevelam hydrochloride	51660-996-28	625 mg/1	TABLET, FILM COATED	ORAL	NDA021176	Ohm Laboratories, Inc.	51660-996	colesevelam hydrochloride	COLESEVELAM HYDROCHLORIDE	H P D
DYE-FREE CHILDRENS LORATADINE	51660-106-31	5 mg/1	TABLET, CHEWABLE	ORAL	ANDA210088	Ohm Laboratories Inc.	51660-106	LORATADINE	LORATADINE	H D
Dye-Free Childrens Loratadine	51660-112-31	5 mg/1	TABLET, CHEWABLE	ORAL	ANDA210088	Ohm Laboratories Inc.	51660-112	LORATADINE	LORATADINE	H D
Esomeprazole	51660-027-14	20 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA212866	Ohm Laboratories Inc.	51660-027	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM	H D
Esomeprazole	51660-027-27	20 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA212866	Ohm Laboratories Inc.	51660-027	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM	H D
Esomeprazole	51660-027-44	20 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA212866	Ohm Laboratories Inc.	51660-027	esomeprazole magnesium	ESOMEPRAZOLE MAGNESIUM	H D
Ezetimibe	51660-200-30	10 mg/1	TABLET	ORAL	ANDA207311	Ohm Laboratories Inc.	51660-200	Ezetimibe	EZETIMIBE	H P D
Ezetimibe	51660-200-05	10 mg/1	TABLET	ORAL	ANDA207311	Ohm Laboratories Inc.	51660-200	Ezetimibe	EZETIMIBE	H P D
Ezetimibe	51660-200-90	10 mg/1	TABLET	ORAL	ANDA207311	Ohm Laboratories Inc.	51660-200	Ezetimibe	EZETIMIBE	H P D
Fexofenadine Hydrochloride and Pseudoephedrine Hydrochloride	51660-037-21	60 mg/1, 120 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA090818	Ohm Laboratories Inc.	51660-037	Fexofenadine Hydrochloride and Pseudoephedrine Hydrochloride	FEXOFENADINE HYDROCHLORIDE; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Fexofenadine Hydrochloride and Pseudoephedrine Hydrochloride	51660-037-31	60 mg/1, 120 mg/1	TABLET, FILM COATED, EXTENDED RELEASE	ORAL	ANDA090818	Ohm Laboratories Inc.	51660-037	Fexofenadine Hydrochloride and Pseudoephedrine Hydrochloride	FEXOFENADINE HYDROCHLORIDE; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
GUAIFENESIN	51660-070-21	600 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021282	OHM LABORATORIES INC	51660-070	Guaifenesin	GUAIFENESIN	H D
GUAIFENESIN	51660-070-41	600 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021282	OHM LABORATORIES INC	51660-070	Guaifenesin	GUAIFENESIN	H D
Guaifenesin	51660-072-54	1200 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021282	OHM LABORATORIES INC	51660-072	Guaifenesin	GUAIFENESIN	H D
Guaifenesin	51660-072-86	1200 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021282	OHM LABORATORIES INC	51660-072	Guaifenesin	GUAIFENESIN	H D
Guaifenesin and Dextromethorphan Hydrobromide	51660-073-54	1200 mg/1, 60 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021620	OHM LABORATORIES INC	51660-073	Guaifenesin and Dextromethorphan Hydrobromide	GUAIFENESIN; DEXTROMETHORPHAN HYDROBROMIDE	H D
Guaifenesin and Dextromethorphan Hydrobromide	51660-054-41	600 mg/1, 30 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021620	OHM LABORATORIES INC	51660-054	Guaifenesin and Dextromethorphan Hydrobromide	GUAIFENESIN; DEXTROMETHORPHAN HYDROBROMIDE	H D
Guaifenesin and Dextromethorphan Hydrobromide	51660-073-86	1200 mg/1, 60 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021620	OHM LABORATORIES INC	51660-073	Guaifenesin and Dextromethorphan Hydrobromide	GUAIFENESIN; DEXTROMETHORPHAN HYDROBROMIDE	H D

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National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	I
Guafenesin and Pseudoephedrine HCl	51660-057-12	1200 mg/1, 120 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA212542	Ohm Laboratories, Inc.	51660-057	Guafenesin and Pseudoephedrine HCl	GUAIFENESIN; PSEUDOEPHEDRINE	H D
Guafenesin and Pseudoephedrine HCl	51660-058-18	600 mg/1, 60 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA212542	Ohm Laboratories, Inc.	51660-058	Guafenesin and Pseudoephedrine HCl	GUAIFENESIN; PSEUDOEPHEDRINE	H D
Guafenesin and Pseudoephedrine Hydrochloride	51660-071-18	600 mg/1, 60 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021585	OHM LABORATORIES INC	51660-071	Guafenesin and Pseudoephedrine Hydrochloride	GUAIFENESIN; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Guafenesin and Pseudoephedrine Hydrochloride	51660-071-36	600 mg/1, 60 mg/1	TABLET, EXTENDED RELEASE	ORAL	NDA021585	OHM LABORATORIES INC	51660-071	Guafenesin and Pseudoephedrine Hydrochloride	GUAIFENESIN; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Ibuprofen and Pseudoephedrine hydrochloride	51660-423-21	200 mg/1, 30 mg/1	TABLET, SUGAR COATED	ORAL	ANDA074567	Ohm Laboratories Inc.	51660-423	ibuprofen and pseudoephedrine hydrochloride	IBUPROFEN; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Ibuprofen and Pseudoephedrine Hydrochloride	51660-490-41	200 mg/1, 30 mg/1	TABLET, SUGAR COATED	ORAL	ANDA074567	Ohm Laboratories Inc.	51660-490	Ibuprofen and Pseudoephedrine Hydrochloride	IBUPROFEN; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Ibuprofen and Pseudoephedrine hydrochloride	51660-493-41	200 mg/1, 30 mg/1	TABLET, SUGAR COATED	ORAL	ANDA074567	Ohm Laboratories Inc.	51660-493	ibuprofen and pseudoephedrine hydrochloride	IBUPROFEN; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Ibuprofen and Pseudoephedrine hydrochloride	51660-423-41	200 mg/1, 30 mg/1	TABLET, SUGAR COATED	ORAL	ANDA074567	Ohm Laboratories Inc.	51660-423	ibuprofen and pseudoephedrine hydrochloride	IBUPROFEN; PSEUDOEPHEDRINE HYDROCHLORIDE	H D
Levonorgestrel	51660-723-11	1.5 mg/1	TABLET	ORAL	ANDA202635	Ohm Laboratories Inc.	51660-723	Levonorgestrel	LEVONORGESTREL	H D
Loperamide Hydrochloride	51660-123-12	2 mg/1	TABLET	ORAL	ANDA074091	Ohm Laboratories Inc.	51660-123	Loperamide Hydrochloride	LOPERAMIDE HYDROCHLORIDE	H D
Loperamide Hydrochloride	51660-123-06	2 mg/1	TABLET	ORAL	ANDA074091	Ohm Laboratories Inc.	51660-123	Loperamide Hydrochloride	LOPERAMIDE HYDROCHLORIDE	H D
Loperamide Hydrochloride	51660-123-24	2 mg/1	TABLET	ORAL	ANDA074091	Ohm Laboratories Inc.	51660-123	Loperamide Hydrochloride	LOPERAMIDE HYDROCHLORIDE	H D
Loratadine	51660-753-31	5 mg/1	TABLET, CHEWABLE	ORAL	ANDA210088	Ohm Laboratories Inc.	51660-753	Loratadine	LORATADINE	H D
Loratadine Allergy Relief	51660-526-53	10 mg/1	TABLET	ORAL	ANDA076134	OHM LABORATORIES INC	51660-526	Loratadine	LORATADINE	H D
Loratadine Allergy Relief	51660-526-05	10 mg/1	TABLET	ORAL	ANDA076134	OHM LABORATORIES INC.	51660-526	Loratadine	LORATADINE	H D
Loratadine Allergy Relief	51660-526-30	10 mg/1	TABLET	ORAL	ANDA076134	OHM LABORATORIES INC.	51660-526	Loratadine	LORATADINE	H D
Loratadine Allergy Relief	51660-526-31	10 mg/1	TABLET	ORAL	ANDA076134	OHM LABORATORIES INC.	51660-526	Loratadine	LORATADINE	H D
Loratadine Allergy Relief	51660-526-01	10 mg/1	TABLET	ORAL	ANDA076134	OHM LABORATORIES INC.	51660-526	Loratadine	LORATADINE	H D
Loratadine and Pseudoephedrine	51660-491-15	10 mg/1, 240 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA076557	Ohm Laboratories Inc.	51660-491	loratadine and pseudoephedrine	LORATADINE; PSEUDOEPHEDRINE SULFATE	H D
Loratadine and Pseudoephedrine	51660-724-15	10 mg/1, 240 mg/1	TABLET, EXTENDED RELEASE	ORAL	ANDA076557	Ohm Laboratories Inc.	51660-724	loratadine and pseudoephedrine	LORATADINE; PSEUDOEPHEDRINE SULFATE	H D

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National Drug Code Directory

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[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)See also: [Drug Registration and Listing Instructions](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)[\(https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm\)](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Drug Establishments Current Registration Site

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New Search (default.cfm)

Search Results for Ohm Lab

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Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Ohm Laboratories Inc	1000222352	051565745	ANALYSIS; MANUFACTURE; PACK; REPACK;	1385 Livingston Ave, North Brunswick, New Jersey (NJ) 08902, United States (USA)	12/31/2021
Ohm Laboratories Inc.	3004132058	184769029	ANALYSIS; MANUFACTURE; PACK; REPACK;	14 Terminal Road, New Brunswick, New Jersey (NJ) 08901, United States (USA)	12/31/2021

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Data Current through: Wednesday, May 12, 2021

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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. 0797366

Application/License No. _____

Ohm Laboratories, Inc, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
14 Terminal Road, New Brunswick, NJ 08901, as
Address of Applicant/Principal
 PRINCIPAL, and Harco National Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Illinois
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
4200 Six Forks Rd, Suite 1400 Raleigh, NC 27609 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 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

Ohm Laboratories, Inc

Authorized Representative

SURETY COMPANY

Harco National Insurance Company

Sandy McElhaney
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:

Krystal Karnes
Witness Krystal Karnes

Marie Lett
Witness Marie Lett

Countersigned by:

N/A

Nevada Resident Agent

N/A

Bond # 0797366

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY
 Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

KATHY L. DELGRECO, RACHEL A. CHAVERIAT, MICHELLE LUTE-HEATHERLY, JESSICA FREDERICK, JULIE KARNES, BONNIE L. RICE, MARY Y. VOLMAR, ANDREA ALLMAN, JOY M. WILLIAMS, CAROLYN E. WHEELER, VICKI NOBINGER, LORETTA M. JONES, SANDY MCELHANEY, THELMA M. LETT
 Knoxville, TN

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2019



STATE OF NEW JERSEY
 County of Essex

Kenneth Chapman

Executive Vice President, Harco National Insurance Company
 and International Fidelity Insurance Company

STATE OF ILLINOIS
 County of Cook



On this 31st day of December, 2019, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
 My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, 15th June, 2021.

Irene Martins, Assistant Secretary

4K

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

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: TIDI Products, LLC dba Posey Products, LLC

Physical Address: 570 Enterprise Drive

City: Neenah State: WI Zip Code: 54956

Telephone Number: 920.279.7744 Fax Number: N/A

Toll Free Number: 800.447.6739 ext. 4850

E-mail: bammonette@tidiproductions.com Website: www.tidiproductions.com

Facility Manager: Joseph Baehman

Professional qualifications and experience of facility manager: See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Owens & Minor/Richmond

Address: PO Box 85007, Richmond, VA 23285-5007

Name: Cardinal Health

Address: PO Box 982279, El Paso, TX 79998-2279

Name: Medline IND, Inc. Vend # 20700

Address: PO Box 876, Mundlein, IL 60060-0876

Name: Seneca Medical

Address: 88 Shaffer Park Drive, Tiffin, OH 44883

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.

Brenda Ammonette

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

Brenda Ammonette

Print Name of Authorized Person

03/08/2021

Date

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.Type of Partnership: General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: TIDI Products, LLCMailing Address: 570 Enterprise DriveCity, State Zip Code: Neenah, WI 54956Telephone Number: 920.279.7744 Fax Number: N/AContact Person: Brenda AmmonetteA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a partnership**

***If VAWD certified by NABP, fingerprints 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".

NO. 466 - 44

EXPIRES: 05/31/2022

The State of Wisconsin
Department of Safety and Professional Services
 PHARMACY EXAMINING BOARD

Hereby certifies that
TIDI PRODUCTS LLC
was granted a license to practice as a
MANUFACTURER

in the State of Wisconsin in accordance with Wisconsin Law
on the 24th day of April in the year 2017.

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



David B. Linn
 State Secretary

Philip J. Foy
 Chairperson

John Witz
 Secretary

This certificate was printed on the 29th day of November in the year 2020

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "POSEY PRODUCTS, 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 NINETEENTH DAY OF MAY, A.D. 2021.

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



6285310 8300

SR# 20211906400

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203245870

Date: 05-19-21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TIDI PRODUCTS, 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 NINETEENTH DAY OF MAY, A.D. 2021.

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



3919338 8300

SR# 20211906396

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


Jeffrey W. Bullock, Secretary of State

Authentication: 203245869

Date: 05-19-21



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

[New Search](#)

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Establishment:

TIDI PRODUCTS, LLC

570 Enterprise Dr

NEENAH, WI 54956

Registration Number: 2182318

FEI Number*: 2182318

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:

[TIDI PRODUCTS, LLC](#)⁶

570 Enterprise Dr

Neenah, WI US 54956

Owner/Operator Number: [9921057](#)⁷

Official Correspondent:

Brenda Ammonette

TIDI Products, LLC

272 East Deerpath Road

Suite 206

Lake Forest, IL 60045

Phone: 920-7514300-4812

Verified
MS
5/27/21

* 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=9921057&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9921057&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)
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Page Last Updated: 05/24/2021

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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](#)



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U.S. Department of **Health & Human Services**

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7. [./scripts/cdrh/cfdocs/cfRL/r1.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9921057&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/r1.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9921057&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)

From: [CDRH Registration and Listing](#)
To: [Brenda Ammonette](#)
Subject: Registration Number 2182318: Successful 2021 Medical Device Establishment Registration
Date: Friday, December 4, 2020 6:55:58 PM
Attachments: [SignatureBlockLogo.png](#)



Dear Brenda Ammonette:

This e-mail provides confirmation that the annual registration for the following medical device establishment has been successfully completed for 2021:

Registration Number: 2182318
 Owner Operator Number: 9921057
 TIDI PRODUCTS, LLC
 570 Enterprise Dr
 NEENAH, WI 54956
 UNITED STATES

If you do not see a registration number assigned to the establishment and your establishment previously had one, please send an email to reglist@cdrh.fda.gov and include the registration number you believe is assigned to your establishment. We will review and determine if a duplicate registration has been created for your establishment.

Your registration is **valid until December 31, 2021**. Registration for 2022 will be conducted between October 1 and December 31, 2021.

Please note that registering your device facility and listing your devices does not, in any way, constitute FDA approval of your facility or your devices.

Should you have any questions, please send an e-mail to the CDRH Registration and Listing Helpdesk at reglist@cdrh.fda.gov.

CDRH Registration and Listing Helpdesk
 Imports & Registration and Listing Team
 Division 2 Establishment Support
 Office of Regulatory Programs
 Office of Product Evaluation and Quality
 Center for Devices and Radiological Health
 U.S. Food and Drug Administration

Tel: 301-796-7400, Option 1
 Email: reglist@cdrh.fda.gov



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Tel: 301-796-7400, Option 1
 Email: reglist@cdrh.fda.gov





POSEY PRODUCTS, LLC

Officers Information

Name and address of each member/officer:

Name: Kevin McNamara
Title: President and CEO
570 Enterprise Drive
Neenah, WI 54946

Name: James Rubright
Title: Chief Financial Officer
570 Enterprise Drive
Neenah, WI 54946

Owner Name:

TIDI Products, LLC

State of Incorporation:

Delaware

JOSEPH D. BAEHMAN

██████ Hillview Dr.
Appleton, WI 54913

Cell: ██████████
Email: ██████████

I am a highly detailed oriented individual with 15+ years of professional and military experience in supply chain and logistics management. I have experience with processing systems such as Oracle, Best Transportation, and MDSS II. I have led teams as large as 35 individuals and worked independently. I am driven by continual improvement and am not afraid to challenge the status quo.

EDUCATION

Rasmussen Collage - Green Bay, Wisconsin (June 2018)
❖ **Bachelor of Science: Supply Chain and Logistics Management (GPA: 3.05)**
Appleton East High School (June 2004)

EXPERIENCE

TIDI Products LLC – Neenah, Wisconsin (2021-Present)

Distribution Center Manager

- Provide leadership/direction to distribution center associates including determining job assignments, defining expectations, coaching, managing performance, and supporting individual development.
- Champion workplace safety practices and employee engagement in safety.
- Establish operational procedures and standard work for verification of incoming and outgoing shipments, handling and disposition of product, and keeping of warehouse inventory.
- Determines capacity and workflow within the distribution center assigning the appropriate staffing, equipment, space, and shipment schedules to complete shipments on time, accurate, and free of damage.
- Ensure the execution of appropriate inventory management practices for safe, damage free, and accurate keeping of inventory assets.
- Assist in the development of long-term plans for the distribution center, including expansion, layout, capital improvements/expenditures, stocking levels, distribution locations, and 3PLs.
- Demonstrate collaborative problem-solving behaviors.
- Lead the resolution of issues and discrepancies with internal and external stakeholders.
- Accountable for regulatory requirements involving both TIDI and Posey businesses.
- Set and manages annual expense budget for distribution center operations and facilities.

Neenah Inc. – Neenah, Wisconsin (2013-2021)

Logistics Facilities Supervisor

- Liaison between Neenah Inc. and 3PL warehouses.
- Assisted in contract negotiations for a multi-year agreement with largest 3PL.
- Manage monthly warehouse budget and account for accruals during month close.
- Deliver software expertise needed to manage WMS and TMS functions and transactions.
- Accountable for warehouse and distribution budget of \$10M annually.
- Supervise the Retail Compliance Program.
- Responsible to all inventory accuracy for 3PL warehouses.
- Provide SOX support.

United States Marine Corps (2005-2013)

Operations Manager - MCAS Cherry Point, NC

(2009-2013)

- Completed Logistics/Embarkation Non-Commissioned Officers Course.
- Completed Hazmat Certification Course.
- Completed Air Mobility Command Load Planners Course.
- Supervised the movements of personnel utilizing multiple modes of transportation.

- Responsible for supervising the loading, shipping, tracking, receiving, and distribution of cargo.
- Supervised the inspection of cargo, load plans, and administrative logistical paperwork.
- Lead, trained, and mentored 35 Marines.
- Lead in the implementation of the MDSS II 7.4 CK61 Hand Scanners.
- Subject matter expert for MDSS II.

Airfield Execution Supervisor - Bastion, Afghanistan

(2008)

- Executed external helicopter airlifts and operated as Safety NCO to ensure all procedures were followed.
- Ensured timely and accurate accountability and planning of passenger and cargo movements.
- Operated as Marine Logistics Liaison between British, Danish, and Estonian air movement planners and execution personnel.
- Prepared and transported external cargo loads for helicopter support team

Company Training Section Leader - Camp Pendleton, CA

(2007-2008)

- Created training schedules and published them to command staff.
- Maintained records for annual training, Professional Military Education Schools, and pre-deployment training for 150+ Marines.
- Scheduled, coordinated, and de-conflicted training events with all levels of staff.
- Reported all completed, pending, and missed training to higher headquarters.

WES Team & Exchange Media Lead - Fallujah, Iraq

(2007)

- Prepared mobile Marine Corps Exchange (MCX) for missions to various Forward Operating Bases in the surrounding area of Camp Fallujah.
- Increased sales by 17% for main store operations.
- Totaled \$185,000+ in sales for mobile store front.

Passenger/Manifesting Assistant Supervisor - Al Taqaddum, Iraq

(2006-2007)

- Assisted in the processing and movement of passengers and cargo on fixed and rotary winged aircraft.
- Organized, filed, and stored records for all aircraft missions.
- Supported Helicopter Support Teams for external airlifts to Forward Operating Bases.

Cargo Handler - March ARB, CA

(2005-2006)

- Inspected all cargo to ensure compliance with all air travel regulations.
- Supervised load teams to properly balance aircraft for flight.
- Liaised with Air Force personnel to track and report accurate flight information.
- Routinely calculated accurate weights to ensure proper placement of cargo aboard aircraft.

R I D E R

To be attached to and form part of:

Bond Number 1078959
 dated November 1, 2019
 issued by the THE HANOVER INSURANCE COMPANY
 (Surety)
 on behalf of POSEY PRODUCTS LLC
 (Principal)
 and in favor of STATE OF NEVADA AND TO THE NEVADA STATE BOARD OF
PHARMACY
 (Obligee)

Now therefore, it is agreed that in consideration of the premium charged, the attached bond shall be amended as follows:

The BOND AMOUNT shall be amended:

FROM: \$100,000.00

TO: \$125,000.00

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 27th day of February, 2020.

Signed, Sealed & Dated this 28th day of February, 2020.

POSEY PRODUCTS LLC
 (Principal)

By: _____

THE HANOVER INSURANCE COMPANY
 (Surety)

By: _____

Derek J. Elston, 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,

Susan A. Welsh, Christopher P. Troha, Sandra M. Winsted, Michelle D. Krebs, Sandra M. Nowak, Jeannette M. Davis, Salena Wood, Christina L. Sandoval, Derek J. Elston, Judith A. Lucky-Eftimov, Jennifer Williams, Bartłomiej Siepierski and/or Aerie Walton

Of AON Risk Services of Chicago, IL 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 Fifty Million and No/100 (\$50,000,000) in any single instance

That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, contracts of indemnity, waivers of citation and all other writings obligatory in the nature thereof, with power to attach thereto the seal of the Company. Any such writings so executed by such Attorneys-in-fact shall be binding upon the Company as if they had been duly executed and acknowledged by the regularly elected officers of the Company in their own proper persons.

RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all signatures therein were manually affixed, even though one or more of any such signatures thereon may be facsimile. (Adopted October 7, 1981 – The Hanover Insurance Company; Adopted April 14, 1982 – Massachusetts Bay Insurance Company; Adopted September 7, 2001 – Citizens Insurance Company of America)

IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 23rd day of February, 2018.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche

John C. Roche, EVP and President



The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 23rd 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
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 28th day of February 2020

CERTIFIED COPY

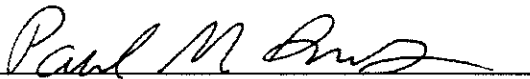
Theodore G. Martinez
Theodore G. Martinez, Vice President

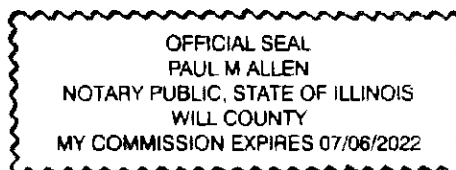
ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF WILL

On this 28th day of February, 2020, before me, Paul M Allen, a Notary Public, within and for said County and State, personally appeared Derek J. Elston to me personally known to be the Attorney-in-Fact of and for The Hanover 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 Will



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. 1085368

Application/License No. _____

POSEY PRODUCTS, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
570 Enterprise Drive Neenah, WI 54956, as
Address of Applicant/Principal
PRINCIPAL, and THE HANOVER INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of NH
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
440 Lincoln Street Worcester, MA 01653 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of 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 17, 2021.

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

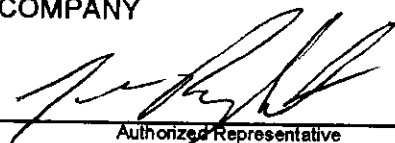
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

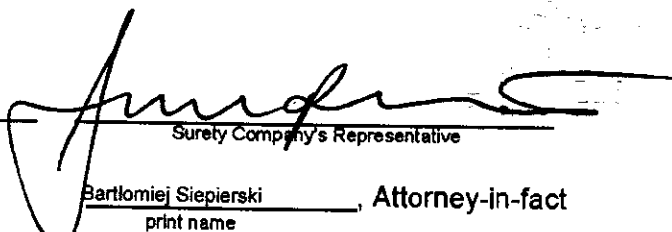
In witness whereof, each party to this bond has caused it to be executed on this 17th day of June, 2021.

APPLICANT/PRINCIPAL
POSEY PRODUCTS LLC

SURETY
THE HANOVER INSURANCE COMPANY

COMPANY


Authorized Representative


Bartłomiej Siepierski, Attorney-in-fact
print name

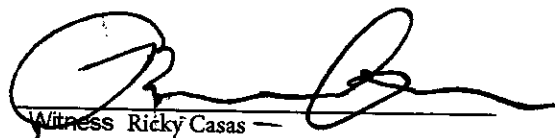
SIGNED and SEALED in the presence of:

Witness

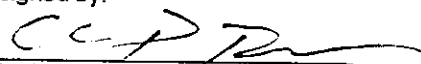
SIGNED and SEALED in the presence of:

Witness Rachel Fore


Witness


Witness Ricky Casas

Countersigned by:


Nevada Resident Agent Christopher P. Troha, Non-Resident Agent

Posted February 20, 2020

**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,

Susan A. Welsh, Christopher P. Troha, Sandra M. Winsted, Michelle D. Krebs, Sandra M. Nowak, Salena Wood, Christina L. Sandoval, Derek J. Elston, Judith A. Lucky-Eftimov, Aerie Walton, Bartlomiej Slepinski, Barbara Pannier Rachel Fore, Kristin L. Hannigan, Jennifer Williams and Samantha Chierici

Of AON Risk Services of Chicago, IL 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 Fifty Million and No/100 (\$50,000,000) 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:

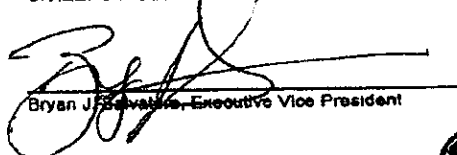
RESOLVED: That the President or any Vice President, in conjunction with any Vice President, be and they hereby are authorized and empowered to appoint Attorneys-in-fact of the Company, in its name and as it acts, to execute and acknowledge for and on its behalf as surety, any and all bonds, recognizances, 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.

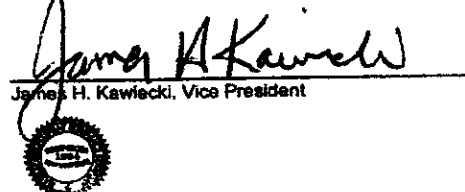
RESOLVED: That any and all Powers of Attorney and Certified Copies of such Powers of Attorney and certification in respect thereto, granted and executed by the President or Vice President in conjunction with any Vice President of the Company, shall be binding on the Company to the same extent as if all 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 and affirmed by each Company on March 24, 2014)

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 19th day of April, 2021.

**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**

**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**

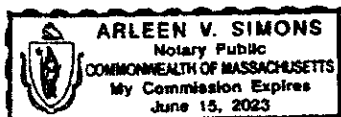

Bryan J. Salvatore, Executive Vice President

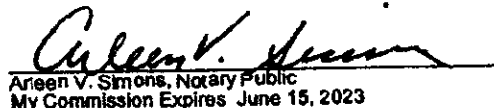

James H. Kawlecki, Vice President



THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 19th day of April, 2021 before me came the above named Executive Vice President and Vice President 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.




Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

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 17th day of June 2021.

CERTIFIED COPY

**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**

John A. Rowedder, Vice President

ACKNOWLEDGEMENT BY SURETY

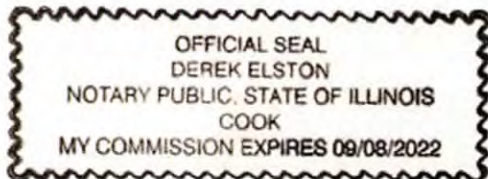
STATE OF ILLINOIS
COUNTY OF COOK

On this 17th day of June, 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 The Hanover 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



4L

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

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Stradis Medical, LLC d/b/a Stradis Healthcare

Physical Address: 3025 Northwoods Parkway

City: Peachtree Corners State: GA Zip Code: 30071

Telephone Number: 800-886-7257 Fax Number: 770-962-2391

Toll Free Number: 800-886-7257

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

Facility Manager: Patrick Walker

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

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: 3M Company

Address: PO Box 842689, Dallas, TX 75284-2689

Name: Becton Dickinson and Company

Address: 21588 Network Place, Chicago, IL 60673-1215

Name: Asia Dynamics Inc.

Address: 1565 South Shields Drive, Waukegan, IL 60085

Name: O&M Halyard, Inc.

Address: 1 Edison Drive, Alpharetta, GA 30004

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.

AS

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

Adam Sokol

Print Name of Authorized Person

Date

4/29/2021

Board Use Only

Date Processed: 6/10/2021

Amount:

\$500 Check # 66576673

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION N/A - Ownership is an LLCState of Incorporation: DEParent Company if any: HF Acquisition Co., LLCMailing Address: 3025 Northwoods PkwyCity: Peachtree Corners State: GA Zip: 30071Telephone: 800-886-7257

Fax: _____

Contact Person: Patrick Walker

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

1) List top 4 persons to whom the shares were issued by the corporation? Ownership is an LLC

a) Jeffrey Jacobs - Member, 3025 Northwoods Pkwy Peachtree Corners, GA 30071

Name

Business Address

b) Adam Sokol - Member, 3025 Northwoods Pkwy Peachtree Corners, GA 30071

Name

Business Address

c) David Landry - Member, 3025 Northwoods Pkwy Peachtree Corners, GA 30071

Name

Business Address

d) N/A

Name

Business Address

2) Provide the number of shares issued by the corporation. N/A - Ownership is an LLC3) What was the price paid per share? N/A - Ownership is an LLCA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors

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



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Wholesaler Pharmacy
 LICENSE NO. PHWH001779 Status: Active

Stradis Healthcare
 3025 Northwoods Pkwy
 Peachtree Corners GA 30071

Expires: 06/30/2023
 Issued: 02/14/2003

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

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

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

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



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Wholesaler Pharmacy
 LICENSE NO. PHWH001779 Status: Active
 Stradis Healthcare
 3025 Northwoods Pkwy
 Peachtree Corners GA 30071

Expires: 06/30/2023
 Issued: 02/14/2003

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



STATE OF GEORGIA
 Georgia Board of Pharmacy
 Manufacturing Pharmacy
 LICENSE NO. PHMA000609 Status: Active

Stradis Healthcare
 3025 Northwoods Pkwy
 Peachtree Corners GA 30071

Expires: 06/30/2023

Issued: 06/02/2021

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

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

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

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

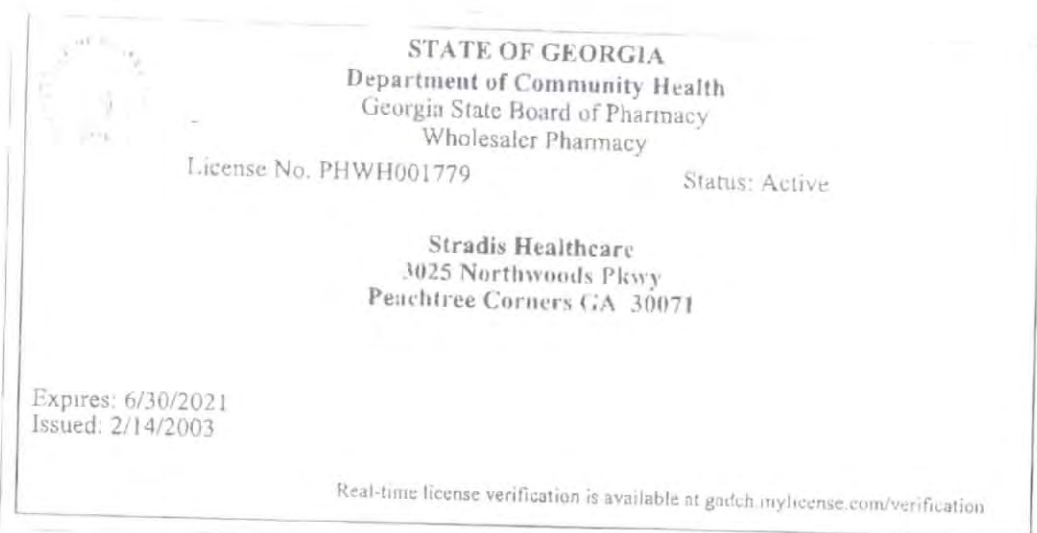


STATE OF GEORGIA
 Georgia Board of Pharmacy
 Manufacturing Pharmacy
 LICENSE NO. PHMA000609 Status: Active
 Stradis Healthcare
 3025 Northwoods Pkwy
 Peachtree Corners GA 30071

Expires: 06/30/2023

Issued: 06/02/2021

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

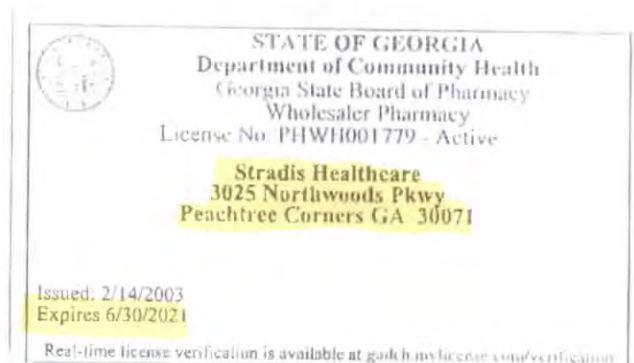


Above is your wall license to practice your profession. A pocket-sized license card is below.

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

Please notify the Board if you have a change of address or otherwise need to update your records.

*exp. 6/30/21





Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY

NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRADIS MEDICAL, 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-SEVENTH DAY OF APRIL, A.D. 2021.

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



4836932 8300

SR# 20211478924

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203072130

Date: 04-27-21



GEORGIA
CORPORATIONS
DIVISION

GEORGIA SECRETARY OF STATE
BRAD RAFFENSPERGER

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BUSINESS SEARCH

BUSINESS INFORMATION

Business Name:	STRADIS MEDICAL, LLC	Control Number:	21024292
Business Type:	Foreign Limited Liability Company	Business Status:	Active/Compliance
NAICS Code:	Any legal purpose	NAICS Sub Code:	
Principal Office Address:	3025 Northwoods Parkway, Peachtree Corners, GA, 30071, USA	Date of Formation / Registration Date:	1/28/2021
Jurisdiction:	Delaware	Last Annual Registration Year:	NONE
Principal Record Address:	3025 Northwoods Parkway, Peachtree Corners, GA, 30071, USA		

REGISTERED AGENT INFORMATION

Registered Agent Name: **National Registered Agents, Inc.**
Physical Address: **289 S Culver Street, Lawrenceville, GA, 30046, USA**
County: **Gwinnett**

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Stradis Medical, LLC dba Stradis Healthcare
Officers/Directors

Officer Name	Officer Title
Jeffrey Jacobs	Director
David Landry	Vice President
Adam Sokol	Vice President, Director
David Brous	Vice President, Director
Michael Ettinger	Vice President, Director
William Barr	Vice President, Director
Earl Greene	Vice President, Director

W Ontario Ave Sw,
Atl GA 30310

Patrick Walker

Highlights of Qualifications

- Ability to concurrently manage multiple products and projects, and interface with multiple teams and suppliers.
- Excellent leadership skills with ability to lead, develop, motivate, and retain a dynamic group of skilled professionals.
- Over 25 years of direct experience with process management, safety, training and emergency response of Hazardous Materials systems and knowledge of the Ethylene Oxide and Gamma Sterilization Process.
- ISO13485, IOS 11135-1 2007, ISO 11135-2 2008, 21 CFR part 820, Medical Device Directive (MDD – European), Canadian Medical Device Regulations (CMDR) and Ministry of Health, Labor and Welfare Ordinance No. 169 (JGMP – Japanese

Experience

Stradis Healthcare Peachtree corners Ga 2008 - Present

- Manage and direct day-to-day activities of Operations team. Hire, Train and Supervise staff as applicable including Quality Managers, Quality Techs, Production Manager Quality Specialists, Techs, Purchasing Specialist, and Incoming Inspectors Responsible for training of all employees on SOP's, GMP's and monthly training topics.
- Optimize, implement and successfully manage production efficiency and quality standards.
- Prepare operational analyses for the department.
- Seven years of direct experience with ethylene oxide sterilization process.
- Proven ability to troubleshoot issues, solve problems, address non-conformances, implement corrective actions, and drive continuous improvement efforts.
- Support the sterilization needs of R&D and new product development teams across the Medical Device Industry.
- Assists with other tasks and special projects as assigned by the CEO.
- Reviews and approves weekly payroll hours.
- Maintains proper documentation and adherence to requirements including physical counts, product segregation, palletizing patterns, special handling requirements, damage reports and company procedures.
- Provides direction and support for the process and/or shift supervisors, routine feedback on performance issues and information pertaining to the operation.
- Prepares month end reports that details system performance.
- Verifies that all instrumentation has been calibrated before use.
- Reviews all final processing data prior to release to ensure that cycle times or loading patterns are in compliance with sterilization cycle specifications.

2001–2008
Process Supervisor

Sterigenics

Smyrna, GA

- Responsible for training of all employees on SOP's, GMP's and monthly training topics.
- Proactively trouble shoots and resolves downtime issues.
- Identifies, recommends, and participates in continuous improvement programs and implements improvements in quality, safety, employee's development, production processes, and costs.
- Provide on-going support for manufacturing-related sterilization operations including: process improvements, troubleshooting sterilization equipment, process, and material-related issues.
- Optimize, implement and successfully manage production efficiency and quality standards.
- Prepare operational analyses for the department.
- Sixteen years of direct experience with ethylene oxide sterilization process.
- Proven ability to troubleshoot issues, solve problems, address non-conformances, implement corrective actions, and drive continuous improvement efforts.
- Support the sterilization needs of R&D and new product development teams across the Medical Device Industry.
- Execute installation qualification (IQ), Operational qualification (OQ) protocols.
- Develop, review, approve, and execute validation protocols.
- Analyze validation data, prepare, and review final validation reports.

Education

1989

Edward Waters College

Business Administration

Georgia:

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Establishment:

STRADIS HEALTHCARE

3025 Northwoods Pkwy

Peachtree Corners, GA 30071

Registration Number: 1055754

FEI Number*: 1000111025

Status: Active

Date Of Registration Status: 2021

Owner/Operator:

STRADIS HEALTHCARE

3025 Northwoods Parkway

Peachtree Corners, GA US 30071

Owner/Operator Number: 9005695

Official Correspondent:

Angela Oliphant

3025 Northwoods Pkwy

Peachtree Corners, GA 30071

Phone: 800-8867257-2270

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Establishment:
 STRADIS HEALTHCARE
 3025 Northwoods Pkwy
 Peachtree Corners, GA 30071
Registration Number: 1055754
FEI Number*: 1000111025
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
 STRADIS HEALTHCARE
 3025 Northwoods Parkway
 Peachtree Corners, GA US 30071
Owner/Operator Number: 9005695

Official Correspondent:
 Angela Oliphant
 3025 Northwoods Pkwy
 Peachtree Corners, GA 30071
Phone: 800-8867257-2270

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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 Verified M.H.
 06/27/2021

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015212115

Application/License No. _____

STRADIS MEDICAL, LLC, doing or intending to do business as
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
3025 Northwoods Parkway Peachtree Corners, GA 30071, as
Address of Applicant/Principal

PRINCIPAL, and LIBERTY MUTUAL INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of MA
State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
175 Berkeley Street Boston, MA 02116, as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 10, 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
10th day of May, 2021.

APPLICANT/PRINCIPAL
 STRADIS MEDICAL, LLC

[Signature]
 Authorized Representative

SURETY COMPANY
 LIBERTY MUTUAL INSURANCE COMPANY

[Signature]
 Surety Company's Representative

Sandra Diaz, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

[Signature]
 Witness

SIGNED and SEALED in the presence of:

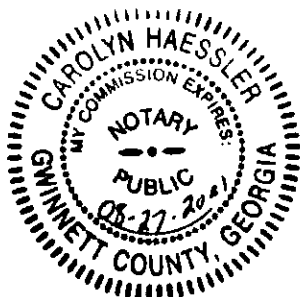
[Signature]
 Witness Grace Laterza

[Signature]
 Witness

[Signature]
 Witness Cynthia Farrell

Countersigned by:

[Signature]
 Nevada Resident Agent Aklima Noorhassan, AZ
 Non-Resident Lic. # 8640487



Posted February 20, 2020



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8201359-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Cynthia Farrell, Debra A. Deming, Sandra Diaz, Peter Healy, Pablo Garcia Horcajo, Jennifer L. Jakaitis, Francesca Kazmierczak, Aklima Nourhassan, Frances Rodriguez, Nancy Schnee, Valerie Spates, Susan A. Welsh

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 4th day of June, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY ss

On this 4th day of June, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 10th day of May, 2021.



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

To confirm the validity of this Power of Attorney call 1-610-832-8240 between 9:00 am and 4:30 pm EST on any business day.



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets		Liabilities	
Cash and Bank Deposits	\$2,058,007,542	Unearned Premiums	\$8,448,706,991
*Bonds — U.S Government	2,209,760,437	Reserve for Claims and Claims Expense	23,879,216,613
*Other Bonds	15,902,755,586	Funds Held Under Reinsurance Treaties	343,068,613
*Stocks	18,517,107,230	Reserve for Dividends to Policyholders	1,192,716
Real Estate	193,169,809	Additional Statutory Reserve	77,397,000
Agents' Balances or Uncollected Premiums	6,970,170,469	Reserve for Commissions, Taxes and	
Accrued Interest and Rents	118,399,147	Other Liabilities	6,279,510,804
Other Admitted Assets	12,079,597,645	Total	\$39,029,092,737
Total Admitted Assets	<u>\$58,048,967,865</u>	Special Surplus Funds	\$178,155,102
		Capital Stock	10,000,075
		Paid in Surplus	10,945,045,214
		Unassigned Surplus	7,886,674,737
		Surplus to Policyholders	19,019,875,128
		Total Liabilities and Surplus	<u>\$58,048,967,865</u>



- * Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

Tim Mikolajewski

Assistant Secretary



135 N. Pennsylvania Street
Suite 2400
Indianapolis, IN 46204
317-957-5000
Fax 317-957-5010
www.quarles.com

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

Writer's Direct Dial: 317-399-2849
E-Mail: katea.ravega@quarles.com

June 2, 2021

VIA UPS OVERNIGHT

Dave Wuest
Executive Director
Nevada Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

**RE: Stradis Medical, LLC d/b/a Stradis Healthcare – Peachtree Corners, GA
New License**

Dear Director Wuest,

Enclosed, please find a new Wholesaler Application for Stradis Medical, LLC d/b/a Stradis Healthcare. Stradis Healthcare is an FDA-registered manufacturer of convenience kits. These convenience kits may contain pharmaceutical drugs, but are classified as prescription devices under FDA guidelines. Stradis Healthcare does not handle any controlled substances.

If you have any questions, please contact me at 317-399-2849 or by email at Katea.Ravega@quarles.com.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Katea M. Ravega", is written over a faint, larger version of the same signature.

Katea M. Ravega

4M

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Stradis Medical, LLC d/b/a Stradis Healthcare

Physical Address: 3600 Bur Wood Drive

City: Waukegan State: IL Zip Code: 60085

Telephone Number: 847-887-8400 Fax Number: 770-962-2391

Toll Free Number: _____

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

Facility Manager: Lisa Simos

Professional qualifications and experience of facility manager: See attached.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Convenience kits (some of which may include pharmaceutical drugs but are classified and regulated as devices under the FDA)

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. As a new applicant, this facility purchases from the following suppliers:

Name: 3M COMPANY

Address: PO BOX 842689 DALLAS TX 75284-2689 United States

Name: BECTON DICKINSON AND COMPANY

Address: 21588 NETWORK PLACE CHICAGO IL 60673-1215 United States

Name: ASIA DYNAMICS INC.

Address: 1565 SOUTH SHIELDS DRIVE WAUKEGAN Illinois 60085 United States

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.

ASh

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

Adam Sokol

Print Name of Authorized Person

4/29/2021
Date

Board Use Only

Date Processed: *6/10/2021*

Amount: *\$500 Check #*

857659

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION N/A - Ownership is an LLCState of Incorporation: DEParent Company if any: HF Acquisition Co., LLCMailing Address: 3025 Northwoods PkwyCity: Peachtree Corners State: GA Zip: 30071Telephone: 800-886-7257

Fax: _____

Contact Person: Lisa Simos

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

1) List top 4 persons to whom the shares were issued by the corporation? Ownership is an LLC

a) Jeffrey Jacobs - Member, 3025 Northwoods Pkwy Peachtree Corners, GA 30071

Name

Business Address

b) Adam Sokol - Member, 3025 Northwoods Pkwy Peachtree Corners, GA 30071

Name

Business Address

c) David Landry - Member, 3025 Northwoods Pkwy Peachtree Corners, GA 30071

Name

Business Address

d) HF Acquisition Co., LLC - Member, 11629 49th PL W, Mukilteo, WA 98275

Name

Business Address

2) Provide the number of shares issued by the corporation. N/A - Ownership is an LLC3) What was the price paid per share? N/A - Ownership is an LLCA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors

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





Illinois Department of Financial and
Professional Regulation

Lookup Detail View

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
Stradis Medical LLC	Waukegan, IL 60085	.

License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
004004573	LICENSED WHOLESALE DRUG DISTRIBUTOR	ACTIVE	09/10/2018	11/02/2020	12/31/2022	N

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Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer

Casualty, Property

AKLIMA NOORHASSAN

165 BROADWAY

NEW YORK, NY 10006-1404

is authorized to transact business as described above

License No: 3163993

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

Generated by Sircon 191412208

Nevada Division of Insurance

THIS IS TO CERTIFY THAT

AKLIMA NOORHASSAN
165 BROADWAY, NEW YORK, NY 10006-1404

LICENSE NUMBER: 3163993



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 06-10-2016

Expiration Date: 07-01-2022

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STRADIS MEDICAL, 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-SEVENTH DAY OF APRIL, A.D. 2021.

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



4836932 8300

SR# 20211478924

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203072130

Date: 04-27-21

Stradis Medical, LLC dba Stradis Healthcare
Officers/Directors

Officer Name	Officer Title
Jeffrey Jacobs	Director
David Landry	Vice President
Adam Sokol	Vice President, Director
David Brous	Vice President, Director
Michael Ettinger	Vice President, Director
William Barr	Vice President, Director
Earl Greene	Vice President, Director

LISA J. SIMOS

SUMMARY

Proven with over 30 years of successful broad based experience and visible achievements in providing business solutions, customer service, sales, relationship management and oversight. Out of box thinker with visionary leadership strengths; resourceful team player characterized by innovative entrepreneurial spirit.

Successful track record in increasing and improving performance through partnerships, strategic planning, process design, training and technology innovation. Proficient in preparing and conducting presentations, developing educational materials and product demonstrations. Outstanding communication and client development skills.

PROFESSIONAL EXPERIENCE

STRADIS HEALTHCARE, Waukegan, IL
Vice President

2018 - present

Focused professional responsible for single use medical device contract manufacturing and contract packaging pursuant to ISO 13485:2016. Direct oversight of a 40,000 square foot facility, 110 employees running multiple shifts and generating over \$30M in private labeled medical devices.

STRADIS HEALTHCARE, Waukegan, IL
Director, Sales and Client Services

2016 - 2018

Focused professional responsible for single use medical device contract manufacturing and contract packaging pursuant to ISO 13485:2016. Coordination of sales team and client services team members to focus on private labeled custom contract packaging services and contract manufacturing through a nationwide distribution model for a \$25M private company. Innovator of reliable, high quality products to meet each customer's needs.

- Train, mentor and coach staff using solution selling techniques and personal development tools.
- Provide oversight and input to create operational efficiencies and streamlined processes.
- Oversight for Client Services, ensuring world class customer service techniques and professionalism are provided at all levels when working with internal and external customers.
- Accountable for ensuring KPIs are maintained and deficiencies are corrected to maintain 99% on-time performance of data entry, response time to inquiries and overall customer satisfaction.
- Key player of outside sales lead for high profile accounts. Responsible for negotiation and execution of contracts and stocking agreements with top management and key decision-makers.
- Responsible for growing existing business year over year by 15% while maintaining company profitability.
- Work collaboratively with Engineers and Quality Manager on complex projects requiring design, development, 510K submission filings, and drafting of testing protocols to take a concept from infancy to distribution.

CVS HEALTH, Northbrook, IL
Senior Advisor, Product Safety, Specialty Pharmacy

2014 - 2015

Team leader of newly developed department responsible for implementation and management of product and patient safety requirements. Coordination of all specialty pharmacy locations to ensure adherence to protocols and deliver consistent and compliant services to internal and external customers.

- Provide oversight for mandated training requirements as set forth by pharmaceutical manufacturer contractual requirements.
- Oversight for pharmaceutical audits relating to product safety, REMS requirements and overall contractual maintenance of more than 25 PHARMA companies across all specialty locations.
- Create, maintain and implement standard operating procedures to support all aspects of product safety and risk reporting.
- Work collaboratively with Program Management, Legal and Operations to ensure compliance with contractual requirements across 50 specialty pharmacy locations nationwide.
- Create trend analysis and implement deliverables for deviations across 50 pharmacy locations to improve performance.
- Support strategic initiatives through task force participation and implementation.

WALGREENS, Deerfield, IL

2009-2014

Product Manager**Health Solutions Group, Product Development**

2011-2014

Responsible for development and management of customer centric products to drive profitability, ensure competitiveness and achieve business objectives. Deliver products and services to generate an increase in production and market share through operations, technology, and marketing tactics through the delivery of \$1.3B gross profit goal with an increase in production year over year of 25%.

- Designed and built an integrated system which continues to generate over \$1B in profit each year.
- Define, create and facilitate business case discussions to support or negate business need for new product development. Coordinate with competitive intelligence, define proof of concept and analysis of business needs to assess appropriate courses of action. Partner with sales and marketing to determine marketability of said proof of concepts.
- Manage multi-channel projects through matrix environment, meeting deadlines and within budget.
- Build relationships, internally and externally, meet the needs of customers and deliver exceptional customer service.
- Coordinate efforts amongst cross functional teams to ensure tactical knowledge is leveraged to implement processes and programs effectively.

Senior Business Analyst

2009-2011

Corporate Innovation, Product Development

Influential in coordinating high profile system build requiring integration with multiple systems impacting over 8000 locations to ensure service within Pharmacy remained uninterrupted. Project led to record growth in prescriptions year over year. Critical team lead in building business cases for new product development as well as owner of all key processes and documentation to product development workflow, standards and product management.

- Formulate and document operational processes; influential in recommendations for improvements using benchmarking techniques and cost benefit analysis.
- Authored business and functional requirements that improve operational efficiencies and regulatory provisions.
- Implemented marketing campaigns for multi-million dollar product offering.

ADDITIONAL RELEVANT EXPERIENCE

Principal Consultant, Paragon Computer Professionals, Cranford, NJ
 Assistant Vice President, Broker Dealer, Bankers Life & Casualty, Chicago, IL
 Vice President, National Account Executive, Prudential Financial, Newark, NJ
 Director, Customer Management, Prudential Financial, Newark, NJ
 Manager, Compliance, Prudential Financial, Newark, NJ
 Associate Manager, Compensation, Prudential Financial, Newark, NJ
 Marketing Consultant, MetLife Brokerage, Princeton, NJ
 Senior Account Representative, MetLife Brokerage, Princeton, NJ

EDUCATION

Bachelor of Arts Degree, Social Sciences, State University of NY at Buffalo

PROFESSIONAL DESIGNATIONS

American College Chartered Life Underwriter (CLU)
 AIIM ERM and ECM Practitioner Certified



FDA Home³ Medical Devices⁴ Databases⁵

Establishment Registration & Device Listing

1 result found for State IN which Establishment is located : IL Establishment Registration or FEI Number : 1450943 Owner Operator Name : Stradis

New Search⁶

Establishment Name	▲ ⁷ ▼ ⁸	Registration Number	Current Registration Yr
STRADIS HEALTHCARE ⁹	IL/USA	1450943	2020
- Drape, Surgical¹⁰ Contract Manufacturer; Manufacturer - Set, Administration, Intravascular¹¹ Contract Manufacturer; Manufacturer - Wrap, Sterilization¹² Contract Manufacturer; Manufacturer - Drape, Surgical¹³ Contract Manufacturer; Manufacturer - Tube Tracheostomy And Tube Cuff¹⁴ Contract Manufacturer; Manufacturer - Catheter And Tip, Suction¹⁵ Contract Manufacturer; Manufacturer - Drape, Surgical¹⁶ Contract Manufacturer; Manufacturer - Dressing, Wound, Dry¹⁷ Contract Manufacturer; Manufacturer - Tray, Catheterization, Sterile Urethral With Or Without Catheter (Kit)¹⁸ Contract Manufacturer; Manufacturer - Tray, Catheterization, Sterile Urethral With Or Without Catheter (Kit)¹⁹ Contract Manufacturer; Manufacturer - Scissors, General, Surgical²⁰ Contract Manufacturer; Manufacturer - Patient Personal Hygiene Kit²¹ Contract Manufacturer; Manufacturer - Percutaneous Sheath Introducer Kit - 525-021 5FR MICRO INTRODUCER; 525-027 4FR MICRO INTRODUCER; 525-028 4FR MICRO INTRODUCER; 525-029 4FR MICRO INTRODUCER; 525-037 4FR MICRO INTRODUCER; 525-037NS 4FR MICRO INTRODUCER; 525-038 5FR MICRO INTRODUCER; 525-038SA 5FR MICRO INTRODUCER; 525-065 4FR MICRO INTRODUCER; 525-072 5FR MICRO INTRODUCER; 525-079 4FR MICRO INTRODUCER; 525-083 4FR MICRO INTRODUCER; 525-155 5FR MICRO INTRODUCER; 525-202 4FR MICRO INTRODUCER; 525-452 5FR MICRO INTRODUCER²² Manufacturer; Repackager/Relabeler - Drape, Surgical, Extremity - Surgical Drape²³ Contract Manufacturer; Contract Sterilizer - Stocking, Medical Support (For General Medical Purposes) - Compression Hose Kit²⁴ Repackager/Relabeler - Spill Kit - Spill Kit²⁵ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Chemotherapy Spill Clean-Up Kit - Chemo Spill Kit²⁶ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Wound Dressing Kit - Dressing Change Tray²⁷ Manufacturer - Wrap, Sterilization - Arterial Line Dressing Change Kit; Central Line Dressing Change Kit²⁸ Contract Manufacturer; Manufacturer - Prep Kit - Glove Pack²⁹ Contract Sterilizer; Repackager/Relabeler - Sound, Uterine³⁰ Repackager/Relabeler - IV, Start Kit - IV Start Kit³¹ Contract Manufacturer; Manufacturer - Dressing Change Tray - DRESSING CHANGE TRAY³² Contract Manufacturer; Manufacturer; Repackager/Relabeler - Suture Removal Kit - Suture Removal Kit³³ Contract Manufacturer; Manufacturer - Container, Liquid Medication, Graduated³⁴ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Camera, Surgical And Accessories - 1001B SANI SLEEVE N/S BULK; 1101S-SUB BARRIER PROTECTION³⁵ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Central Venous Catheter Tray³⁶ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Nerve Block Tray³⁷ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Peripheral Catheter Insertion Kit³⁸ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Central Venous Catheter Dressing Change Kit³⁹ Contract Manufacturer; Manufacturer; Repackager/Relabeler - Intervertebral Fusion Device With Bone Graft, Lumbar⁴⁰ Contract Manufacturer; Repackager/Relabeler			

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Page Last Updated: 11/30/2020

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NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 015214196

Application/License No. _____

 STRADIS MEDICAL, LLC
 Applicant/Principal
 doing or intending to do business as a
 pharmaceutical wholesaler, whose address for purposes of service is
 3600 Bur Wood Dr. Waukegan, IL 60085
 Address of Applicant/Principal
 as
 PRINCIPAL, and _____
 LIBERTY MUTUAL INSURANCE COMPANY
 Surety Company
 a
 corporation organized under the laws of the state of _____
 MA
 State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
 175 Berkeley Street Boston, MA 02116
 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 June 21, 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
21st day of June, 2021.

APPLICANT/PRINCIPAL
 STRADIS MEDICAL, LLC

SURETY COMPANY
 LIBERTY MUTUAL INSURANCE COMPANY

 Authorized Representative

Sandra Diaz
 Surety Company's Representative

Sandra Diaz, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

 Witness

Anne Potter
 Witness Anne Potter

 Witness

Francesca Kazmierczak
 Witness Francesca Kazmierczak

Countersigned by

Aklima Noorhassan
 Nevada Resident Agent Aklima Noorhassan, NV
 Non-Resident Lic. #
 3163993

Posted February 20, 2020



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8205735-015009**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint: Aklima Noorhassan, Anne Potter, Cynthia Farrell, Debra A. Deming, Frances Rodriguez, Francesca Kazmierczak, Jennifer L. Jakaitis, Kemal Brkanovic, Nancy Schnee, Pablo Garcia Horcajo, Peter Healy, Sandra Diaz, Susan A. Welsh, Valerie Spates

all of the city of New York state of NY each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 11th day of June, 2021



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA
County of MONTGOMERY SS

On this 11th day of June, 2021 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 21st day of June, 2021.



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary



LIBERTY MUTUAL INSURANCE COMPANY
FINANCIAL STATEMENT — DECEMBER 31, 2020

Assets		Liabilities	
Cash and Bank Deposits	\$2,058,007,542	Unearned Premiums	\$8,448,706,991
*Bonds — U.S Government	2,209,760,437	Reserve for Claims and Claims Expense	23,879,216,613
*Other Bonds	15,902,755,586	Funds Held Under Reinsurance Treaties	343,068,613
*Stocks	18,517,107,230	Reserve for Dividends to Policyholders	1,192,716
Real Estate	193,169,809	Additional Statutory Reserve	77,397,000
Agents' Balances or Uncollected Premiums	6,970,170,469	Reserve for Commissions, Taxes and	
Accrued Interest and Rents	118,399,147	Other Liabilities	6,279,510,804
Other Admitted Assets	12,079,597,645	Total	\$39,029,092,737
Total Admitted Assets	<u>\$58,048,967,865</u>	Special Surplus Funds	\$178,155,102
		Capital Stock	10,000,075
		Paid in Surplus	10,945,045,214
		Unassigned Surplus	7,886,674,737
		Surplus to Policyholders	19,019,875,128
		Total Liabilities and Surplus	<u>\$58,048,967,865</u>



* Bonds are stated at amortized or investment value; Stocks at Association Market Values.
The foregoing financial information is taken from Liberty Mutual Insurance Company's financial statement filed with the state of Massachusetts Department of Insurance.

I, TIM MIKOLAJEWSKI, Assistant Secretary of Liberty Mutual Insurance Company, do hereby certify that the foregoing is a true, and correct statement of the Assets and Liabilities of said Corporation, as of December 31, 2020, to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Seattle, Washington, this 25th day of March, 2021.

T. Mikolajewski

Assistant Secretary

4N

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) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☒ 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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>CTI BioPharma Corp.</u>	
Physical Address: <u>3101 Western Avenue, Suite #800</u>	
City: <u>Seattle</u>	State: <u>WA</u> Zip: <u>98121</u>
Mailing Address (if different from physical address): <u>N/A</u>	
City: _____	State: _____ Zip: _____
Telephone: <u>206-282-7100</u>	Website: <u>www.ctibiopharma.com</u>
Name of Designated Representative (DR): <u>Bruce J. Seeley</u>	
Licensing Company Email: <u>licensing@ctibiopharma.com</u> DR Email: <u>bseeley@ctibiopharma.com</u>	
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☒ Others: <u>Specialty Pharmacies and Specialty Distributors</u>	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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.		

Recv. 7/7/21

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: <u>N/A</u>			
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): _____

Corporation Name: CTI BioPharma Corp.

Mailing Address: 3101 Western Avenue, Suite #800

City: Seattle State: WA Zip: 98121

Telephone: 206-282-7100 Email: licensing@ctibiopharma.com

Contact Person Name: Kenny O. Rankin

Date of SEC Registration: _____	SEC Registration Number: _____	Stock Exchange Symbol: <u>CTIC</u>
---------------------------------	--------------------------------	------------------------------------

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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: _____

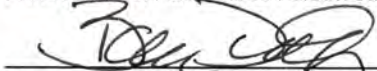
Section 8: NABP Accreditation/FDA Registration	Yes	No
Is your company Drug Distributor or VAWD Accredited by NABP? If yes, provide:		☒
1. Copy of Certification 2. Copy of a bond in an amount of \$25,000 made payable to the state of Nevada. This must be current to maintain a Nevada wholesaler registration. 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 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	Partnership	Sole Owner
• List of all Officers and Directors. I will prepare as part of the Description of Operations	✓	✓		
• List the top four corporation shareholders and their percent ownership. Discussed, please obtain.	✓			
• 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. Obtain from both Delaware and Washington	✓	✓	✓	✓
• 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 Not application to CTI	✓	✓	✓	✓
• Copy of current SEC 10K or 8K First 5 pages should be acceptable.	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. We have not provided this in the past, let me see what they accept.	✓	✓	✓	✓
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/bopnv.gov/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.

Bruce J. Seeley

Print Name of Authorized Person Submitting Application



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

24 JUNE 2021

Date

✓ processed 7/7/21

Board Use Only	Date Received: _____	Amount: <u>500</u> Check # <u>0030313392</u>
----------------	----------------------	--

Washington State Department of Health

This organization

CTI Biopharma Corp.

is authorized by RCW 18.64 to have a

Pharmaceutical Manufacturer License

Operated by: CTI Biopharma Corp.

Located at: 3101 Western Ave Ste 800
Seattle, WA 98121-4096

Secretary



Status

ACTIVE

Effective Date

04/12/2021

Credential Number

PHMF.FX.61154188

Expiration Date

09/30/2021

DOH Contact Information
www.doh.wa.gov/hsqa/default.htm

CTI Biopharma Corp.
3101 Western Ave Ste 800
Seattle, WA 98121-4096

6/7/2021

Facility Search



Facility Search

[Back](#) / [Home](#) / [About Us](#)

Search

Search

Facility Information

[NEW SEARCH](#) [RESULTS](#)
Facility Name: CTI Biopharma Corp.**Address:** 3101 Western Ave Ste 800, Seattle, WA, 98121-4096**Owner's Name:** CTI Biopharma Corp.**License #:** PHMF.FX.61154188**Facility Status:** ACTIVE**Facility Type:** Pharmaceutical Manufacturer License**License Expires On:** 09/30/2021

If you find any errors in this description, please complete the [Feedback](#) form and send it to us.

Contact Us

Agency Contacts

Locations and Directions

Consumer Assistance and Support

Email Consumer Assistance and Support

Main: (360) 236-4700

Fax: (360) 236-4818

Social Media



Notices

[Privacy Notice](#)[Copyright Statement](#)

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Alternate Format Requests

For people with disabilities, Web documents in other formats are available on request. To submit a request, please contact Consumer Assistance and Support.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CTI BIOPHARMA 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 SECOND DAY OF APRIL, A.D. 2021.

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

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



6662609 8300

SR# 20211159411

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



Jeffrey W. Bullock, Secretary of State

Authentication: 202884723

Date: 04-02-21



NEW BUSINESS HISTORY AFFIDAVIT FORM

Date Received

Office Use Only

☐ Applicant Business ☒ Business Entity Owner

Name:	CTI BioPharma Corp.			FEIN/TIN#	91-1522912
Address:	Number and Street	City	State	Zip	
	3101 Western Avenue, Ste 800	Seattle,	WA	98121	

1.	Has this entity or any Owner, Officer, Member, Director, Manager or Partner thereof been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	☐ Yes ☒ No
2.	Has this entity ever owned or now own in whole or part any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer and/or third-party logistics company? If so, has any license or permit issued to any described entity been surrendered or subject to discipline in connection with the activities of any such entity or charged and/or convicted of any felony or misdemeanor (excluding minor traffic violations that do not include drugs or alcohol)?	☐ Yes ☒ No ☐ Yes ☒ No
3.	Has this entity ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503 outsourcer and/or third-party logistics company?	☐ Yes ☒ No
4.	Has this entity ever withdrawn an application for a permit or surrendered a license once issued to any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer, and/or third-party logistics company?	☐ Yes ☒ No
5.	Has this entity ever owned in whole or in part or now own any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company?	☐ Yes ☒ No
6.	Has an FDA 483 or Warning Letter ever been issued to Applicant or to any entity in which any Owner, Officer, Member, Director, Manager, or Partner of the Applicant has been or is currently involved/affiliated?	☐ Yes ☒ No
7.	Has any final judgement been entered or settlement reached resulting from a claim or action for damages caused by any error, omission, or negligence in the performance of any pharmacy or pharmaceutical professional services by the Applicant or any Owner, Officer, Member, Director, Manager or Partner?	☐ Yes ☒ No

If you answered Yes to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, disciplinary orders, or court proceedings.

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Act, the Rules of the Board and all other applicable statutes and rules.

Signature Owner, Officer, or CEO only

EVP Chief Operating Officer

Title

Bruce J. Seeley

Printed Name

24 JUNE 2021

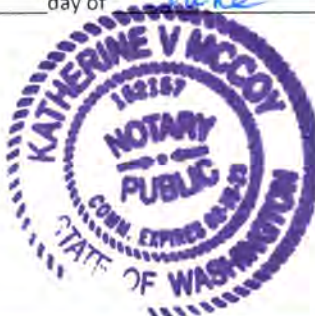
Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this 24th day of June, 2021 A.D.
APPLICATION MUST BE NOTARIZED

Notary Public (seal)

8/20



From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, August 1, 2018 6:20 AM
To: Tyavanagimatt, Shanthakumar <styavanagimatt@ctibiopharma.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 01-AUG-2018
Labeler DUNS: 788479103
Labeler Name: CTI BioPharma Corp.
Labeler Code: 72482

*Cannot
verify*

The Food and Drug Administration (FDA) has assigned the above Labeler Code to your firm. The number cannot be used until you have confirmed the assignment. Please revise and resubmit your Labeler Code Request SPL to include the assigned number above to complete the process. **To do this, open the previous Labeler Code Request SPL file and fill in the new information (your assigned Labeler Code) without changing the other existing information. Fill in a new root id and new version number with the original set id and the appropriate effective time.**

This Labeler Code should be used to create the NDC (National Drug Code) assigned to all drugs you manufacture or distribute for U.S. commercial distribution. The assignment of NDC is extensively discussed in Title 21 of Code of Federal Regulations (CFR) § 207.35. The NDC for each drug must be submitted as part of drug listing information submitted to FDA. Per 21 CFR Part 207, owners or operators of an establishment entering into the manufacture or processing of a drug or drugs shall drug list, every drug in commercial distribution within 5 days after the beginning of operation. Labeler Codes are assigned by FDA and may be inactivated at any time upon violation of the Federal Food, Drug and Cosmetic Act.

Note that receipt of this letter is not to be construed as Federal Government endorsement or approval of the establishment or its products.

For additional information please visit [Drug Registration and Listing System](#) or reply back to this email (edrls@fda.hhs.gov).



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

*PO Box 47852 • Olympia, Washington 98504-7852
Tel: 360-236-4946 • 711 Washington Relay Service*

April 06, 2021

CTI Biopharma Corp.
3101 Western Ave Ste 800
Seattle, WA, 98121-4096

Delivered via email to: Kenneth Rankin krankin@ctibiopharma.com and Lisa Erhardt
lisa.erhardt@d2rx.com

Subject: Inspection Number: X2021-94
Facility Type: Pharmaceutical Manufacturer
License Number: PHMF.FX.61154188
Inspection Type: NEW LICENSURE - INITIAL

Dear CTI Biopharma Corp.,

This letter contains information regarding the recent inspection of CTI Biopharma Corp., 3101 Western Ave Ste 800, Seattle, WA, 98121-4096 by the Washington State Department of Health. Your state licensing inspection was completed on 04/06/2021. Inspections represent the scope of practice observed during the inspection and may not be all inclusive.

During the initial licensing inspection process, the licensee met minimum required expectations for licensure.

Please contact me if there are questions regarding the inspection process. You may reach me at (253) 395-6718. I am also available by email at daniel.lari@doh.wa.gov.

Sincerely,
Daniel R Lari
Pharmacist Inspector

How was your pharmacy inspection experience?

Please take a few minutes to complete this brief survey. In order to provide you with the best possible service, we need your comments on how we do our job, especially if you can offer suggestions for improvement. Unless you choose to give us your contact information, this is an anonymous survey. The survey is voluntary and will not affect your current or future inspection results. All responses will be used solely to improve our pharmacy inspection service.

<https://fortress.wa.gov/doh/opinio/s?s=PharmacyInspectionSurvey>

Washington State Pharmacy Quality Assurance Commission Telephone Contact Numbers

Management and Other Resources

Lauren Lyles-Stolz, Executive Director	360-236-4853
Christie Strouse, Deputy Director	360-236-4988
Joanne Miller, Program Manager	360-236-4834
Amy Robertson, Program Support	360-236-4946

Facsimile	360-236-2260
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Pharmacist Inspector Supervisor

Vacant	360-236-2881
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Websites

Washington State Pharmacy Quality Assurance Commission
 Washington Pharmacy Quality Assurance Commission (email)
 Drug Enforcement Administration (DEA)
 Food & Drug Administration (FDA)
 Consumer Product Safety Commission
 U.S. Pharmacopeia (USP)

www.doh.wa.gov/pharmacy
WSPQAC@doh.wa.gov
www.deadiversion.usdoj.gov
www.fda.gov/cder
www.cpsc.gov
www.usp.org

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: 000-28386

CTI BIOPHARMA CORP.

(Exact name of registrant as specified in its charter)

Delaware

91-1533912

(State or other jurisdiction of incorporation or organization)

(I.R.S. Employer Identification Number)

3101 Western Avenue

Suite 800

Seattle

Washington

98121

(Address of principal executive offices)

(Zip Code)

Registrant's telephone number, including area code: (206) 282-7100

Securities registered pursuant to Section 12(b) of the Act:

<u>Title of each class</u>	<u>Trading Symbol(s)</u>	<u>Name of each exchange on which registered</u>
Common Stock, \$0.001 par value per share	CTIC	The Nasdaq Stock Market LLC

Securities registered pursuant to Section 12(g) of the Act:

None.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 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 equity held by non-affiliates was approximately \$77.3 million. Shares of common stock held by each executive officer and director and by each other person who may be deemed to be an affiliate of the registrant have been excluded from this computation. This determination of affiliate status for this purpose is not necessarily a conclusive determination for other purposes.

The number of outstanding shares of the registrant's common stock as of March 10, 2021 was 76,687,332.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement relating to its 2021 annual meeting of stockholders, or the 2021 Proxy Statement, are incorporated by reference into Part III of this Annual Report on Form 10-K where indicated. We expect to file the 2021 Proxy Statement with the U.S. Securities and Exchange Commission within 120 days after the end of the fiscal year to which this report relates.

40

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) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☒ 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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☐ No	

Section 1: General Information	
Facility Name: <u>Glaukos Corporation</u>	
Physical Address: <u>229 Avenida Fabricante</u>	
City: <u>San Clemente</u>	State: <u>CA</u> Zip: <u>92672</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>949-367-9600</u>	Website: <u>www.glaukos.com</u>
Name of Designated Representative (DR): <u>Matthew Young</u>	
Licensing Company Email: <u>dscherer@glaukos.com</u>	DR Email: <u>myoung@glaukos.com</u>
Entitles the Wholesaler will Serve ☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers ☒ Others:	Products to be Handled or Wholesaled ☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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: Stonecreek Surgery Center
 Address: 5915 S. Rainbow Blvd. City: Las Vegas State: NV Zip: 89118
 Name: Southwest Surgery Center
 Address: 2650 N. Tenaya Way City: Las Vegas State: NV Zip: 89128
 Name: Wellish Vision Institute
 Address: 2110 East Flamingo Road, Suite 210 City: Las Vegas State: NV Zip: 89119
 Name: Eye Surgery Center of N. Nevada
 Address: 5420 Kietzke Ln. City: Reno State: NV Zip: 89511

Section 4: Publicly Traded Corporation

State of Incorporation: Delaware
 Parent Company (if any): _____
 Corporation Name: Glaukos Corporation
 Mailing Address: 229 Avenida Fabricante
 City: San Clemente State: CA Zip: 92672
 Telephone: 949-367-9600 Email: dscherer@glaukos.com
 Contact Person Name: Diana Scherer
 Date of SEC Registration: 6-24-2015 SEC Registration Number: 001-37463 Stock Exchange Symbol: GKOS

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:			✓
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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> 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.

Diana Scherer

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 (CC) 7/23/21
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Board of Pharmacy



Wholesale Drug Permit

LICENSE NO. WLS 7810

ISSUE DATE DECEMBER 23, 2020

GLAUKOS CORPORATION

229 AVENIDA FABRICANTE
SAN CLEMENTE CA 92672

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

CORPORATION

MATTHEW DAVID YOUNG

EXEMPTEE IN CHARGE

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL DECEMBER 01, 2021

RECEIPT NUMBER 00689038

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

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is NONTRANSFERABLE and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

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

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



Secretary of State Certificate of Status

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

Entity Name: GLAUKOS CORPORATION
File Number: C2115019
Registration Date: 07/20/1998
Entity Type: FOREIGN STOCK CORPORATION
Jurisdiction: DELAWARE
Status: ACTIVE (GOOD STANDING)

As of June 20, 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 21, 2021.

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

Certificate Verification Number: RPW4JBZ

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.

NEVADA BOARD OF PHARMACY

WHOLESALE APPLICATION
GLAUKOS CORPORATION**Section 9. List of all Officers and Directors**Directors:

William J. Link, Ph.D
229 Avenida Fabricante
San Clemente, CA 92672

Thomas W. Burns
229 Avenida Fabricante
San Clemente, CA 92672

Mark J. Foley
229 Avenida Fabricante
San Clemente, CA 92672

Marc A. Stapley
229 Avenida Fabricante
San Clemente, CA 92672

Aimee S. Weisner
229 Avenida Fabricante
San Clemente, CA 92672

David F. Hoffmeister
229 Avenida Fabricante
San Clemente, CA 92672

Denice M. Torres
229 Avenida Fabricante
San Clemente, CA 92672

Leana S. Wen, MD
229 Avenida Fabricante
San Clemente, CA 92672

Gilbert H. Kliman, MD
229 Avenida Fabricante
San Clemente, CA 92672

Executive Officers:

Thomas W. Burns, President & CEO
229 Avenida Fabricante
San Clemente, CA 92672

Joseph E. Gilliam, Chief Financial Officer & Senior
Vice President
229 Avenida Fabricante
San Clemente, CA 92672

Chris M. Calcaterra, Chief Operating Officer
229 Avenida Fabricante
San Clemente, CA 92672

NEVADA BOARD OF PHARMACY

WHOLESALE APPLICATION
GLAUKOS CORPORATION**Section 9. List top four corporation shareholders
and their ownership percentage**

BlackRock, Inc.	15.1%
Brown Capital Management, LLC	14.1%
Baillie Gifford & Co (Scottish Partnership)	10.5%
The Vanguard Group	9.8%

NEVADA BOARD OF PHARMACY

WHOLESALE APPLICATION
GLAUKOS CORPORATION**Section 9. List of employees involved in
managing/overseeing manufacturing**

Matthew Young, Vice President, Global Operations

William Randles, Sr. Director, Operations

Mark Wilson, Sr. Supervisor, Manufacturing

Joe Tran, Sr. Supervisor, Manufacturing

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 No. 001-37463

GLAUKOS CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

33-0945406

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

229 Avenida Fabricante
San Clemente, California

(Address of principal executive office)

92672

(Zip Code)

(949) 367-9600

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock	GKOS	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None.

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the 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, or a smaller reporting company or an emerging growth company. (See definitions of "large accelerated filer", "accelerated filer", "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act).

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 last business day of the registrant's most recently completed second quarter, the aggregate market value of common stock held by non-affiliates of the registrant, based on the closing sales price for the registrant's common stock as reported on The New York Stock Exchange, was \$1,634 million.

The number of shares of the Registrant's common stock outstanding as of February 25, 2021 (latest practicable date) was 45,786,180 shares.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the Registrant's Proxy Statement for the 2021 Annual Meeting of Stockholders are incorporated herein by reference in Part III of this Annual Report on Form 10-K to the extent stated herein. Such Proxy Statement will be filed with the Securities and Exchange Commission within 120 days after the close of the registrant's fiscal year ended December 31, 2020.

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We use *Glaukos*, our logo, *iStent*, *iStent inject*, *iStent Infinite*, *iStent SA*, *iPrism*, *iDose*, *iPRIME*, *MIGS*, *Avedro*, *Photrex*, *iLink*, *KXL*, *Mosaic* and other marks as trademarks. This report contains references to our trademarks and service marks and to those belonging to other entities. Solely for convenience, trademarks and trade names referred to in this report, including logos, artwork and other visual displays, may appear without the ® or ™ symbols, but such references are not intended to indicate in any way that we will not assert, to the fullest extent under applicable law, our rights or the rights of the applicable licensor to these trademarks and trade names. We do not intend our use or display of other entities' trade names, trademarks or service marks to imply a relationship with, or endorsement or sponsorship of us by, any other entity.

References throughout this document to the "Company," "we," "us," "our," or "Glaukos" refer to Glaukos Corporation and its consolidated subsidiaries.

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS AND INDUSTRY DATA

This Annual Report on Form 10-K contains forward-looking statements within the meaning of Section 27A of the Securities Act of 1933, as amended (Securities Act), and Section 21E of the Securities Exchange Act of 1934, as amended (Exchange Act). These statements are based on management's beliefs and assumptions and on information currently available to management. Some of the statements under Item 1 - "Business," Item 1A - "Risk Factors," Item 7 - "Management's Discussion and Analysis of Financial Condition and Results of Operations" and elsewhere in this Annual Report on Form 10-K contain forward-looking statements. In some cases, you can identify forward-looking statements by the following words: "may," "will," "could," "would," "should," "expect," "intend," "plan," "anticipate," "believe," "estimate," "predict," "project," "potential," "continue," "ongoing" or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words.

These statements involve risks, uncertainties and other factors that may cause actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this Annual Report on Form 10-K, we caution you that these statements are based on a combination of facts and factors currently known by us and our projections of the future, about which we cannot be certain.

In addition, you should refer to the "Risk Factors" section of this Annual Report on Form 10-K for a discussion of important factors that may cause actual results to differ materially from those expressed or implied by the forward-looking statements. As a result of these factors, we cannot assure you that the forward-looking statements in this Annual Report on Form 10-K will prove to be accurate. Furthermore, if the forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all. We undertake no obligation to publicly update any forward-looking statements, whether as a result of new information, future events or otherwise, except as required by law.

This Annual Report on Form 10-K contains market data and industry forecasts that were obtained from industry publications. These data involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such information. Although we believe that the industry publications on which the market and industry statements are based are reliable and we are not aware of any misstatements regarding any market data or industry forecasts presented herein, we have not independently verified any of the third party information. Statements in this Annual Report on Form 10-K regarding our market position, market opportunity, market size and our general expectations involve risks and uncertainties and are subject to change based on various factors, including those discussed under Item 1A - "Risk Factors" and Item 7 - "Management's Discussion and Analysis of Financial Condition and Results of Operations" included elsewhere in this Annual Report on Form 10-K.

PART I

ITEM 1. BUSINESS

Overview

Glaukos is an ophthalmic medical technology and pharmaceutical company focused on developing novel therapies for the treatment of glaucoma, corneal disorders, and retinal disease. We developed Micro-Invasive Glaucoma Surgery (MIGS) to serve as an alternative to the traditional glaucoma treatment paradigm and launched our first MIGS device commercially in 2012. We have developed a proprietary bio-activated pharmaceutical therapy for the treatment of a corneal disorder, keratoconus, that was approved by the U.S. Food and Drug Administration (FDA) in 2016. We are also developing a pipeline of surgical devices, sustained pharmaceutical therapies, and implantable biosensors intended to treat glaucoma progression, corneal disorders such as keratoconus, dry eye and refractive vision correction, and retinal diseases such as neovascular age-related macular degeneration (AMD), diabetic macular edema (DME), and retinal vein occlusion (RVO).

Ophthalmic diseases and disorders are a national and global health concern and, as the population ages, the number of individuals with vision impairment and blindness is increasing. Moreover, improving access to cost-effective tools is increasing the diagnosis of sight-threatening ocular diseases globally and driving demand for innovative products, technologies, and therapies that improve clinical outcomes, and provide ease of use and reliability. In response to the significant unmet needs that exist within ophthalmology we have designed commercial and development-stage solutions to provide ophthalmologists with treatment options.

Our commercial solutions and development-stage product candidates include:

- MIGS products that primarily involve the insertion of a micro-scale device or drug delivery system designed to reduce intraocular pressure (IOP) by restoring the natural aqueous humor outflow pathways for patients suffering from glaucoma and MIGS biosensors to measure pressure within the eye;
- topical pharmaceuticals that are bio-activated on the eye by one of our proprietary systems intended to strengthen, stabilize, and reshape the cornea for patients impacted by corneal ectatic disorders or refractive disorders; and
- topical pharmaceuticals that are applied to the eyelid and meant to treat dry eye, glaucoma and other ocular surface diseases and disorders, and
- proprietary micro-invasive, bio-erodible sustained release drug delivery implants that are designed to elute pharmaceuticals over time to improve the vision of patients impacted by retinal diseases such as AMD, DME, RVO, and diabetic retinopathy (DR).

Impact of COVID-19 Pandemic and Current Economic Environment

In December 2019, a novel strain of coronavirus (COVID-19) emerged in Wuhan, Hubei Province, China. The World Health Organization declared COVID-19 to be a “pandemic,” spreading across the globe and impacting worldwide economic activity. In the U.S., certain federal, state and local governmental authorities issued stay-at-home and other orders, proclamations and/or directives, including restrictions on elective procedures and therapies, aimed at minimizing the spread of COVID-19. Although some of these governmental restrictions have since been lifted or scaled back, recent surges of COVID-19 have in some cases led, and future surges could lead, to the reinstitution of stay-at-home or other orders and may further result in restrictions being re-implemented in response to efforts to reduce the spread of COVID-19. Even if stay-at-home or other orders are removed, potential patients may elect to stay at home voluntarily. The COVID-19 pandemic and subsequent economic slowdown has materially impacted the global demand for our products, which are used in procedures and therapies that are considered elective. This decrease in demand was most significantly felt in the latter part of the quarter ended March 31, 2020 and the earlier part of the quarter ended June 30, 2020. Beginning in May 2020, we began to see an early recovery toward more normalized levels for cataract and

keratoconus procedures, a trend that continued through the quarter ended December 31, 2020. The ultimate impact of the COVID-19 pandemic on our operations going forward is unknown and will depend on future developments which are highly uncertain and cannot be predicted with confidence, including the duration and severity of the COVID-19 outbreak, the status of health and safety actions taken to contain its spread and any additional preventative and protective actions that governments, or we, may take, any future surges of COVID-19 that may occur, the dynamics associated with the rollout of the COVID-19 vaccines, and how quickly and to what extent economic and operating conditions normalize within the markets in which we operate. For additional information, see the section titled *Risks Related to Our Business* within Item 1A. Risk Factors of this Annual Report on Form 10-K.

We have taken a number of steps aimed at minimizing the spread of COVID-19 and protecting our employees, including shifting the majority of our workforce to remote operations, which continues through the date hereof. We have maintained streamlined manufacturing and assembly processes in order to consistently provide product to our customers who depend on us. In addition to other health and safety protocols that follow applicable guidance and regulations, employees involved in such operation-critical processes have been organized into a number of small shifts designed to minimize the time any one individual is required to be onsite. Further, in an effort to identify, and avoid further infection from, asymptomatic cases, we have offered periodic voluntary COVID-19 viral testing to on-site employees.

We also sought to preserve our cash position by instituting a number of cost saving initiatives, the majority of which have been reinstated, although we continue to carefully manage our discretionary spending. These actions were designed to preserve jobs and core research and development programs. Further, in June 2020, we issued an aggregate principal amount of \$287.5 million of 2.75% convertible notes due 2027 (the Convertible Notes), the net proceeds of which will be used for working capital and general corporate purposes. As of December 31, 2020, we had cash, cash equivalents, short-term investments, and restricted cash of approximately \$413.9 million, compared to \$183.3 million as of December 31, 2019.

We continue to actively assess the impact of COVID-19 on our clinical trials and other pipeline products. The closure of ophthalmic practices and deferral of elective procedures beginning in the first quarter of 2020 in response to COVID-19 disrupted new patient enrollment in our ongoing clinical trials. This disruption has continued even as facilities have reopened as doctors prioritize their standard procedures over clinical trial enrollment. In particular, patient enrollment for our *iDose* clinical trials remains impacted, which has delayed our estimated *iDose* approval timeline, where we now expect a potential FDA approval of this product in 2023.

Material Changes and Transactions

Glaukos was formed in 1998 with a focus on treating glaucoma progression, initially developing MIGS to serve as an alternative to traditional glaucoma treatment and management paradigms. We launched the *iStent*, our first MIGS device, in the U.S. in 2012, our next-generation *iStent inject* device in late 2018, and our latest *iStent inject W* device in the second half of 2020, while also developing a broader portfolio of development-stage product candidates designed to treat glaucoma progression. In recent years, we began to execute a long-term strategy that leverages our core competencies and extends our focus to include therapies for chronic eye diseases beyond glaucoma into corneal disorders and retinal health.

In June 2020, we issued \$287.5 million in aggregate principal amount of 2.75% convertible notes due 2027 (the Convertible Notes), the proceeds of which are expected to be used for working capital and general corporate purposes.

Products and Pipeline

The Company operates in one operating segment as our primary business activity is the development and commercialization of therapies across several end markets within ophthalmology. In an effort to provide greater visibility into our performance and progress, the following discussion is presented based on our three principal franchises: glaucoma, corneal disorders and retinal diseases.

Glaucoma

Glaucoma is a group of eye diseases characterized by progressive, irreversible and largely asymptomatic vision loss in which elevated levels of IOP are often associated with optic nerve damage that can cause blindness. While some glaucoma patients do not experience an increase in IOP, it is widely considered a major risk factor in glaucoma's progression, and reduction in IOP is the only clinically proven treatment for the disease. Elevated IOP occurs when aqueous humor is not circulating normally or properly draining from the front part of the eye.

We have three primary commercialized products designed to treat mild-to-moderate open-angle glaucoma, the *iStent*, the *iStent inject*, and the *iStent inject W*. The *iStent*, the *iStent inject*, and the *iStent inject W* are FDA-approved micro-bypass stents that improve aqueous humor outflow inserted through the small corneal incision made during cataract surgery. Our *iStent*, which reduces IOP by restoring the natural physiologic pathways for aqueous humor, was the first commercially available MIGS treatment solution. Our next generation *iStent inject* and *iStent inject W* devices include two stents pre-loaded in an auto-injection system designed to allow the surgeon to inject stents through a single corneal entry. The *iStent*, *iStent inject*, and *iStent inject W* procedures are currently reimbursed in the U.S. by Medicare and all major national private payors. The *iStent* and *iStent inject* technologies are commercially available in Japan, Brazil, Canada, Australia, and certain European Union (EU) and other countries, even though reimbursement may not always be available for all such procedures.

We are also developing several pipeline products, including the *iStent Infinite*, *iStent SA* and *iDose TR*, none of which have been commercialized. The *iStent Infinite* consists of three stents that are designed for use as a standalone procedure in patients with refractory glaucoma. In 2019, we completed patient enrollment of an IDE study of *iStent Infinite* in order to pursue future FDA clearance. Similar to the *iStent inject* and the *iStent inject W*, the *iStent SA* is a two-stent product that uses a different auto-injection inserter. However, the *iStent SA* is designed for use as a standalone glaucoma procedure. The *iDose* drug delivery system is a targeted injectable implant based on our micro-scale device-platform that is designed to continuously deliver therapeutic levels of medication from within the eye for extended periods of time. We commenced our Phase III IND clinical trial for *iDose TR* in 2018. Additionally, our glaucoma pipeline includes the extended release *iDose (TRES)*, *iDose (ROCK)*, *iPrime* and the IOP Sensor which are still in a research and development (R&D) stage.

In addition to our organic R&D efforts, in 2019 we entered into a multi-year agreement with Santen, which appointed us to serve as the exclusive U.S. partner for the sale of the Preserflo MicroShunt, which is currently being studied in an FDA pivotal study and has not yet been approved by the FDA. The MicroShunt is an ab-externo device being developed for treatment of glaucoma where IOP is uncontrolled with maximum tolerated medical therapy or where progression of the disease warrants surgery.

In addition, in 2018 we entered into a research and development collaboration agreement with D. Western Therapeutics Institute (DWTI) in which we are conducting the evaluation and development of novel intraocular products for the treatment of glaucoma using compounds from DWTI's proprietary Rho Kinase inhibitor compound library.

Corneal Disorders

The cornea, the eye's outermost layer, is a clear, dome-shaped surface that functions best as a lens when the cornea is strong and shaped properly. The cornea is responsible for the majority of the eye's total focusing power and corneal disorders, including ectasia, refractive vision errors and dry eye, among others, can cause vision impairment. Corneal ectatic disorders are comprised of a class of diseases characterized by an ectatic, or misshaped, cornea. Corneal ectasia is typically caused by a weakening of the cornea, which can be due to a number of factors, including genetic causes, adverse side effects from ophthalmic refractive procedures such as LASIK, or excessive eye rubbing. We are currently targeting two primary corneal ectatic disorders with our bio-activated pharmaceuticals: keratoconus and corneal ectasia following refractive surgery, although our therapies may also offer benefits to individuals with presbyopia and myopia. Keratoconus is mostly a hereditary, degenerative ectatic disease that is often first seen in older children or young adults in which the typically round, dome-shaped cornea progressively thins and weakens, causing a cone-like corneal bulge due to normal internal pressure of the eye. Corneal ectasia following refractive surgery is a serious complication that involves the cornea becoming weakened following a refractive procedure, such as LASIK, with symptoms similar to naturally occurring keratoconus. Refractive vision errors, or the inability of the cornea to

properly focus light, are prevalent in the U.S. and abroad and include disorders such as presbyopia and myopia. Presbyopia is a natural part of aging due to the hardening of the eye's crystalline lens over time, resulting in a loss of lens elasticity or the ability of the lens to change shape in order to focus incoming light on the retina. Myopia, or nearsightedness, is a vision condition in which close objects are seen clearly, but objects farther away appear blurred, and is usually caused by an elongation of the eyeball or a cornea having too much curvature. Presbyopia affects nearly everyone over the age of 40 while myopia first occurs in school-age children and typically progresses until about age 20.

Our pharmaceutical *iLink* therapies, a suite of novel single-use drug formulations that are bio-activated by our proprietary systems, address both keratoconus and corneal ectasia. These *iLink* therapies, bioactivated upon the delivery of ultraviolet A (UVA) light to the cornea induce a biochemical reaction called corneal collagen cross-linking, or corneal cross-linking (CXL). CXL strengthens, stabilizes and reshapes the cornea to treat corneal ectatic disorders. The KXL System, which delivers UVA light to a large portion of the cornea, is approved by the FDA for use in the U.S. following removal of the epithelium (often referred to as "*iLink* epi-off"), a procedure familiar to ophthalmologists. In May 2019, patient enrollment in a pivotal Phase 3 clinical trial was completed to evaluate the safety and efficacy of our latest pharmaceutical *iLink* therapeutic system for the treatment of keratoconus without the removal of the epithelium (often referred to as "*iLink* epi-on"). We now expect a potential approval of *iLink* epi-on product in 2023, with the delay being primarily the result of our decision to change contract drug manufacturers in advance of completing registration batches and, ultimately, commercialization. Outside the U.S., our pharmaceutical therapies can also be administered with the KXL System to address corneal weakening caused by refractive surgery such as LASIK. Our next generation systems are being developed to provide metered beams of UVA light to a targeted portion of the cornea. Our pharmaceutical products bio-activated by these systems may also offer a means of improving the vision of patients with presbyopia, myopia or other corneal diseases.

We have also entered into an exclusive global licensing arrangement with Intratus to research, develop, manufacture and commercialize a patented, non-invasive transdermal drug delivery platform designed for application on the eyelid in the treatment of dry eye disease, glaucoma, and other ocular surface diseases and disorders.

Retinal Diseases

Retinal diseases vary widely but universally affect the retina, a thin layer of tissue inside the back wall of the eye containing light-sensitive cells that convert light into neural signals. Most retinal diseases cause visual impairment, including blurred or distorted vision and vision loss. Our R&D efforts in our retinal franchise are focused on treating AMD, DME, RVO, and other retinal diseases. AMD is a progressive disease that occurs when the macula, the central portion of the retina, is impaired, which can result in severe vision problems. DME is highly prevalent among individuals with type 2 diabetes and is associated with DR, the impairment of small blood vessels in the retina caused by increased glucose levels. Advanced DR can lead to fluid leaking into the macula, which causes DME and severe vision impairment. RVO occurs when the flow of blood from the retina is blocked, often due to a blood clot blocking the retinal vein, which can result in severe vision problems.

We are developing sustained release pharmaceutical retinal platforms leveraging our expanded pharmaceutical and sustained drug delivery R&D capabilities, including Triamcinolone Acetonide SR, Multi-Kinase Inhibitor SR and Anti-VEGF SR. If commercialized, these platforms would be designed to treat AMD, DME, RVO, and other retinal diseases. The focus of our retinal research and development efforts is to develop potential treatment options with a longer duration-of-effect than current standards of care products.

Research & Development

We devote significant resources to our R&D efforts, which are focused on developing new products, and enhancing the effectiveness, ease of use, safety, and reliability of our commercialized products. Our R&D objectives are:

- to advance glaucoma patient care through continuous improvement of our MIGS technologies;
- to further enhance treatment options for keratoconus, while expanding *iLink* and CXL indications to include treatment for certain refractive and other corneal conditions and developing pharmaceutical therapies for dry eye disease and other corneal disorders; and

- to leverage our expertise in sustained pharmaceutical systems to identify and develop viable treatment options for retinal diseases such as AMD, DME and RVO.

A considerable portion of our R&D investment includes clinical trials and the collection of evidence that provide data for use in regulatory submissions and required post-market approval studies involving applications of our products. We expect our R&D and clinical expenditures to increase as we continue to devote significant resources to clinical trials and regulatory approvals of our pipeline products. We currently conduct R&D activities primarily in the U.S. but are expanding our clinical capabilities to sites outside the U.S.

Sales and Marketing

Our global sales efforts and promotional activities are currently aimed at ophthalmic surgeons and other eye care professionals and our primary customers include ambulatory surgery centers, hospitals and physician private practices. In the U.S., we sell our products through a direct sales organization. Outside the U.S., we sell our products through direct sales organizations in sixteen countries and a network of distribution partners in other markets where we do not have a direct commercial presence or maintain a modest commercial presence. In 2020, sales to customers inside and outside the U.S. accounted for 77% and 23% of our net sales, respectively. No single customer or distributor accounted for more than 10% of our total net sales in 2020. For the year ended December 31, 2020, our *iStent* technologies, the *iStent*, the *iStent inject*, and the *iStent inject W* and related accessories, which comprise our key product family, accounted for approximately 80% of our net sales, while our *iLink* therapies accounted for approximately 20% of our net sales.

Competition

The medical technology and pharmaceutical industries are highly competitive. We may compete with many companies, including divisions of companies much larger than us that may have greater resources and name recognition, and smaller companies that compete against specific products or in certain geographies. Furthermore, new product development, discoveries, and technological change characterize the areas in which we compete. Our present or future products could be rendered obsolete as a result of advances by one or more of our present or future competitors or by other surgical or pharmaceutical therapy development. We must continue to develop and commercialize new products, technologies, and therapies to remain competitive in the ophthalmology industry. We believe that we compete primarily on the basis of clinical superiority supported by extensive data, and innovative features that enhance patient benefit, product performance, and safety.

The ophthalmic segment of the medical technology and pharmaceutical industries is dynamic and subject to significant change due to cost-of-care considerations, regulatory reform, industry and customer consolidation, and evolving patient needs. The ability to provide products, technologies, and therapies that demonstrate value, are reimbursed through government or third-party payors, improve clinical outcomes and provide ease of use and reliability is becoming increasingly important for companies within ophthalmology.

In glaucoma, our MIGS offerings primarily compete against Ivantis, however there are a considerable number of large and small companies providing more invasive surgical glaucoma technologies, laser-based therapies, and pharmaceuticals that may provide indirect competition or with whom we may compete should our broad clinical development pipeline be approved and commercialized. In corneal disorders, we have, under an orphan drug designation, the only FDA approved bio-activated pharmaceutical therapy for the treatment of keratoconus, but globally we compete against numerous providers of corneal crosslinking therapies such as PeschkeTrade GmbH. Our corneal disorder pipeline, if approved, would vastly expand our competition to numerous large companies such as AbbVie Inc., Alcon and Johnson & Johnson, and small companies that provide medical technology and pharmaceutical therapies for several areas including dry eye and refractive conditions. Our retinal health pipeline, if approved, may face substantial competition from large pharmaceutical companies such as AbbVie Inc., Novartis AG, Genentech/Roche, Regeneron, and Bayer, and there are also a considerable number of large and small companies with development efforts in the field.

Facilities, Manufacturing and Distribution

Our corporate headquarters and our manufacturing operations for the *iStent*, *iStent inject* and *iStent inject W* are located in an approximately 98,000 square foot campus in San Clemente, California which is comprised of two main buildings. Our pharmaceutical therapies for keratoconus are primarily manufactured and supplied by third parties in the U.S. and Germany. We lease approximately 27,000 square feet of office and laboratory space in Waltham, Massachusetts, and our manufacturing operations for the majority of our proprietary systems are located in Burlington, Massachusetts, with some limited manufacturing operations in Dublin, Ireland. In the fourth quarter of 2018, we entered into an office building lease pursuant to which we lease one property containing three existing office buildings, comprising approximately 160,000 rentable square feet of space, located in Aliso Viejo, California (Aliso Facility). The term of the Aliso Facility lease commenced on April 1, 2019 and will continue for thirteen years, with an option to extend the lease for two additional five-year periods at market rates. We intend to relocate our corporate administrative headquarters, along with certain laboratory, research and development and warehouse space previously based in San Clemente, to the Aliso Facility. We currently intend to maintain manufacturing facilities for the *iStent*, *iStent inject*, and *iStent inject W* at our San Clemente location for the foreseeable future. Our international subsidiaries also lease facilities in Australia, Brazil, Canada, Germany, Japan and the United Kingdom.

Intellectual Property

The strength of our competitive position depends substantially upon our ability to obtain and enforce intellectual property rights protecting our technology both domestically and internationally. We rely on a combination of intellectual property rights, including patents, trademarks, service marks, copyrights, trade secrets and other similar intellectual property, as well as customary contractual protections and security measures used to protect our proprietary, trade secret information.

In the aggregate, our intellectual property assets are of material importance to our business. We are significantly dependent on our patent and other intellectual property rights and the failure to protect such rights could negatively impact our ability to sell current or future products or prohibit us from enforcing our patents or other intellectual property rights against others. For additional information see the section titled *Risks Related to Our Intellectual Property* within Item 1A. Risk Factors of this Annual Report on Form 10-K.

As of December 31, 2020, we owned or exclusively licensed in certain fields of use over 300 issued patents, pending U.S. patent applications, issued foreign patents and pending foreign patent applications. We may, from time to time, choose to acquire or license additional patents and patent applications, or we may choose to abandon, sell, or license certain Company patents and patent applications, depending on our needs. The issued patents that protect our commercial products and current product pipeline expire between 2021 and 2038.

Government Regulation

Our products and operations are subject to extensive and rigorous regulation by federal, state, and local authorities, as well as foreign regulatory authorities. These governmental agencies regulate, among other things, the research, development, testing, manufacturing, approval, labeling, storage, recordkeeping, advertising, promotion and marketing, distribution, post approval monitoring and reporting, and import and export of medical devices and drugs (including drug/device combination products) in their respective jurisdictions to assure the safety and effectiveness of medical products and pharmaceuticals for their intended use. In general, there has been a trend of increased regulation of medical device and drug products, which has resulted in, and will likely continue to result in, increased prices to bring new products to market.

Regulation & Reimbursement in the United States

The FDA has broad regulatory authority over medical devices and drugs in the U.S. The FDA regulates, among other things, product safety, efficacy, manufacturing, advertising, labeling and safety reporting.

Medical Device Requirements

Each medical device commercially distributed in the United States requires one of the following: (i) clearance under a 510(k) premarket notification; (ii) approval under a Premarket Approval (PMA) application; (iii) approval of a de-novo classification petition; or (iv) approval under an IDE.

The FDA classifies devices into one of three classes—Class I, Class II or Class III—depending on the degree of risk associated with each medical device and the extent of manufacturing and regulatory control needed to ensure its safety and effectiveness. Class III devices, which include our *iStent* products that produce the majority of our revenue, are deemed to pose the greatest risk, such as life-sustaining, life-supporting or implantable devices and devices deemed not substantially equivalent to a predicate device. Class III devices require FDA approval of the more demanding PMA application before marketing of a Class III device can proceed.

PMA Approval Pathway

Class III devices typically require a PMA before they can be marketed. In a PMA, the manufacturer must demonstrate that the device is safe and effective for its intended use, and the PMA must be supported by extensive data, including data from preclinical studies and human clinical trials. If the FDA accepts the application for review, it has 180 days under the FDCA to complete its review of a PMA, although in practice, the FDA's review can take up to several years. The FDA will generally conduct a pre-approval inspection of the applicant or its third-party manufacturers' or suppliers' manufacturing facility or facilities to ensure compliance with the QSR. Even after a PMA approval, the FDA may require post-approval conditions to ensure the safety and effectiveness of the device, including additional clinical studies or post-market surveillance. Failure to comply with the conditions of approval can result in material adverse enforcement action, including withdrawal of the approval. Certain changes to an approved device, such as changes in manufacturing facilities, methods, or quality control procedures, or changes in the design performance specifications, which may affect the safety or effectiveness of the device, require submission of a PMA supplement.

Clinical Trials of Medical Devices

Clinical trials are almost always required to support a PMA for a Class III device. All clinical investigations must be conducted in accordance with the FDA's IDE regulations. If the device presents a "significant risk," to human health, as defined by the FDA, the FDA requires the device sponsor to submit an IDE application to the FDA, showing with appropriate data that it is safe to test the device in humans and that the testing protocol is scientifically sound.

Regardless of the degree of risk presented by the medical device, clinical studies must be approved by, and conducted under the oversight of, an Institutional Review Board (IRB) for each clinical site, which is responsible for the initial and continuing review of the IDE. During a study, the sponsor and any clinical investigators are required to comply with the applicable FDA requirements. After a trial begins, the sponsor, the FDA or the IRB could suspend or terminate a clinical trial at any time for various reasons, including a belief that the risks to study subjects outweigh the anticipated benefits.

Post-Market Regulation

After a device is approved for marketing, numerous and pervasive regulatory requirements continue to apply. These include:

- Establishment registration and device listing with the FDA;
- QSR requirements, which require manufacturers, including third-party manufacturers, to follow stringent design, testing, control, documentation and other quality assurance procedures during all aspects of the design and manufacturing process;

- Labelling, advertising and promotion regulations, which require that promotion is truthful, not misleading, fairly balanced and provide adequate directions for use and that all claims are substantiated, and also prohibit the promotion of products for unapproved or “off-label” uses and impose other restrictions on labeling;
- Approval of product modifications of approved devices that affect safety or effectiveness or that would constitute a major change in intended use of an approved device;
- Medical device reporting regulations, which require that a manufacturer report to the FDA if a device it markets may have caused or contributed to a death or serious injury, or has malfunctioned and the device or a similar device that it markets would be likely to cause or contribute to a death or serious injury, if the malfunction were to recur;
- Correction, removal and recall reporting regulations, which require that manufacturers report to the FDA field corrections and product recalls or removals if undertaken to reduce a risk to health posed by the device or to remedy a violation of the FDCA that may present a risk to health; and
- Post-market surveillance activities and regulations, which apply when deemed by the FDA to be necessary to protect the public health or to provide additional safety and effectiveness data for the device.

The FDA has broad regulatory compliance and enforcement powers. If the FDA determines that we failed to comply with applicable regulatory requirements, it can take a variety of compliance or enforcement actions, which may result in any of the following sanctions:

- warning letters, untitled letters, fines, injunctions, consent decrees and civil penalties;
- recalls, withdrawals, or administrative detention or seizure of products;
- operating restrictions or partial suspension or total shutdown of production;
- refusing or delaying requests for approvals of new products or modified products;
- withdrawing 510(k) clearances or PMA approvals that have already been granted;
- refusal to permit the export or import of our products; or
- criminal prosecution.

Drug Requirements

The development and commercialization of drug products is subject to extensive regulation by governmental authorities in the U.S. and other countries. Before marketing in the U.S., a drug must undergo rigorous preclinical and clinical studies and an extensive regulatory approval process implemented by the FDA under the FDCA.

Before commencing clinical studies in humans in the US, we must submit to the FDA an investigational new drug application (IND) that includes, among other things, the general investigational plan and protocols for specific human studies and the results of preclinical studies. Once clinical studies have begun under the IND, they are usually conducted in three phases and under FDA oversight. These phases generally include the following:

Phase 1. Introduction into patients or healthy human volunteers and is tested for safety, dose tolerance and pharmacokinetics.

Phase 2. Introduction into a limited patient population to assess the efficacy of the drug in specific, targeted indications, assess dosage tolerance and optimal dosage, and identify possible adverse effects and safety risks.

Phase 3. Expansion to further demonstrate clinical efficacy, optimal dosage and safety within an expanded patient population.

The results of drug development, preclinical studies and clinical studies must be submitted to the FDA as part of a New Drug Application (NDA). The NDA also must contain extensive manufacturing information. The Prescription Drug User Fee Act (PDUFA) establishes timeframes for FDA review of NDAs and the 2007 Food and Drug Administration Amendments Act gave the FDA authority to require implementation of a formal Risk Evaluation and Management Strategy to ensure that the benefits of a drug outweigh its risks. At the end of the review period, the FDA communicates either approval of the NDA or a complete response listing the application's deficiencies.

Once approved, the FDA may require post-marketing studies, sometimes referred to as Phase 4 studies, to monitor the safety and effectiveness of approved drugs, and may limit further marketing of the drug based on the results of these post-marketing studies.

If regulatory approval for a drug is obtained, the clearance to market the drug will be limited to those diseases and conditions approved by FDA and for which the drug was shown to be effective, as demonstrated through clinical studies and specified in the drug's labeling. Even if this regulatory approval is obtained, a marketed drug, its manufacturer and its manufacturing facilities are subject to continual review and periodic inspections by the FDA. The FDA ensures the quality of approved drugs by carefully monitoring manufacturers' compliance with its current Good Manufacturing Practice ("cGMP") regulations, which contain minimum requirements for the methods, facilities, and controls used in manufacturing, processing, and packaging of a drug. The FDA may withdraw drug approval if compliance with post-marketing regulatory standards is not maintained or if safety or quality issues are identified after the drug reaches the marketplace.

We are also subject to various laws and regulations regarding laboratory practices, the experimental use of animals and the use and disposal of hazardous or potentially hazardous substances in connection with our research. In each of these areas, as above, the FDA and other regulatory authorities have broad regulatory and enforcement powers, including the power to withdraw approvals.

Health Care Regulatory Laws

Additional laws and regulations also govern our business operations and products in the U.S., including among others:

- the federal health care Anti-Kickback Statute which prohibits, among other things, persons from knowingly and willfully soliciting, receiving, offering or paying remuneration, directly or indirectly, in cash or in kind, to induce or reward either the referral of an individual for, or the purchase, lease, order, arrangement for, or recommendation of, items or services for which payment may be made, in whole or in part, under federal health care programs;
- the federal civil False Claims Act prohibits, among other things, knowingly presenting or causing the presentation of a false or fraudulent claim for payment of government funds, or knowingly making, using, or causing to be made, a false record or statement material to a false or fraudulent claim to avoid, decrease or conceal an obligation to pay money to the federal government. False Claims Act liability is significant in the healthcare industry because the statute provides for treble damages and significant mandatory penalties per false claim or statement for violations (adjusted annually for inflation);
- federal and state laws and regulations that govern the collection, dissemination, security, use, disclosure and confidentiality of patient-identifiable health and other proprietary and personally-identifiable information, in particular, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended by the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH). HIPAA created federal criminal statutes that prohibit, among other actions, knowingly and willfully executing, or attempting to execute, a scheme to defraud any healthcare benefit program; and

- the Physician Payments Sunshine Act, which requires applicable manufacturers like us to report annually to the Centers for Medicare and Medicaid Services (CMS) information related to payments and other "transfers of value" made to physicians and teaching hospitals, and ownership and investment interests held by physicians and their immediate family members. Beginning in 2022, applicable manufacturers also will be required to report information regarding payments and transfers of value provided (starting in 2021) to physician assistants, nurse practitioners, clinical nurse specialists, certified nurse anesthetists, and certified nurse-midwives.

Certain states also mandate implementation of corporate compliance programs, require compliance with the industry's voluntary compliance guidelines, impose restrictions on manufacturer marketing practices, require registration or licensing of manufacturers and their sales representatives, and/or require tracking and reporting of gifts, compensation, and other remuneration to healthcare professionals and entities. Some states have proposed or enacted legislation that will create new data privacy and security obligations for certain entities, such as the California Consumer Privacy Act that went into effect January 1, 2020. Violations of these laws may subject us to administrative, civil, and criminal penalties, including imprisonment of individuals, the imposition of significant fines, monetary penalties, and damages, exclusion from participation in (or reimbursement for our products from) federal health care programs like Medicare or Medicaid, imposition of compliance obligations or monitoring, curtailment or restructuring of our operations, and damage to our reputation.

Reimbursement

Ambulatory surgery centers, hospitals and physician private practices that purchase our products typically bill various third-party payors, such as government programs, private insurance plans and managed care programs, to cover all or a portion of the costs and fees associated with the therapeutics or procedures in which our products are used and bill patients for any applicable deductibles or co-payments. In the U.S., physicians are typically paid separately from the facility for surgical procedures involving our products; however, there is no published Medicare payment schedule at the national level for physician payment amounts. The physician payment rate is left to the discretion of the regional Medicare Administrative Contractors (MACs), with each MAC separately determining coverage and no assurance that coverage and adequate reimbursement will be obtained from, or maintained by, the MACs. MACs have in the past, and may in the future, change coverage terms.

In the U.S., no uniform policy of coverage and reimbursement exists among third-party payors; coverage and reimbursement can differ significantly from payor to payor. In addition, payors continually review new products for possible coverage and existing products for changes in coverage and can, without notice, deny coverage.

One key aspect of reimbursement in the U.S. are the distinct billing codes that are used by healthcare providers to report the provision of medical procedures and the use of supplies for specific patients to payors. There are different categories of Current Procedural Terminology (CPT) codes (Category I, II and III) based on the procedure or supply. Although we have received a permanent healthcare common procedure coding system J code for our *Photrex* pharmaceutical therapies, we have only obtained temporary Category III CPT codes for the professional fees associated with CXL and *iStent*-related procedures. Prior to expiration, there are two options: submit an application to convert a temporary code to a permanent code or submit an application for a five-year extension of the temporary code. With the approaching expiration of our temporary Category III CPT code for the professional fees associated our *iStent*-related procedures, we have applied for a permanent Category I CPT code. In connection with this transition to a permanent code, both the physician fee and facility fee associated with the procedures using our *iStent* products will be reevaluated. In some cases, the physician fees and/or facility fees have been decreased at the time codes are transitioned from temporary to permanent. Further, even when a permanent billing code has been assigned to a product, there is no guarantee that coverage will be provided.

Regulation & Reimbursement outside the U.S.

In addition to regulations in the U.S., we are subject to a variety of regulations in other jurisdictions governing clinical trials, commercial sales and distribution of our products and reporting of payments to physicians. Whether or not we obtain FDA approval for a product, we must obtain authorization before commencing clinical trials or obtain marketing authorization or approval of a product under the comparable regulatory authorities of countries outside the

U.S. The approval process varies from country to country and the time may be longer or shorter than that required for FDA approval. The requirements governing the conduct of clinical trials, product licensing, pricing and reimbursement vary greatly from country to country. In addition, certain countries have adopted transparency legislation that requires us to report contracts with or payments made to physicians in those countries and many have enacted anti-kickback laws and regulations, which generally prohibit the offer, receipt, or payment of remuneration in exchange for or to induce the use of our products.

Similar to the trend within the U.S., other major international markets are also moving toward more stringent regulatory frameworks for medical device and drug products. For example, in May 2017, the EU adopted a new regulatory scheme for medical devices under the Medical Device Regulation (MDR). The MDR is expected to become fully effective in May 2021 and will bring significant new requirements for many medical devices, including enhanced requirements for clinical evidence and documentation, increased focus on device identification and traceability, and additional post-market surveillance and vigilance, which could result in substantial additional expense.

The EU has also adopted increasingly stringent data protection and privacy rules that have and will continue to have a substantial impact on the use of patient data across the healthcare industry. The EU General Data Protection Regulation, or GDPR, became effective in May 2018 and applies across the EU and includes, among other things, a requirement for prompt notice of data breaches to data subjects and supervisory authorities in certain circumstances and significant fines for non-compliance.

Reimbursement

Outside the U.S., reimbursement levels vary significantly by country and by region within some countries. Reimbursement is obtained from a variety of sources, including government-sponsored and private health insurance plans, and combinations of both. Some countries require additional clinical data before granting or expanding coverage and reimbursement for our products. In general, obtaining broad-based reimbursement and adequate payment for new technologies is more difficult in these markets than in the U.S. Many countries require new medical technologies to not only be safe and effective, but also to be able to demonstrate clinical benefits that outweigh the costs when compared to the standard of care. As in the U.S., reimbursement decisions can change, resulting in the elimination or reduction of reimbursement payments, which could adversely affect our financial results and our ability to invest in and grow our business.

Other

Our operations and many of the products we manufacture or sell are subject to extensive regulation by numerous other governmental agencies, both within and outside the U.S. In the U.S., apart from the agencies discussed above, our facilities, operations, employees, products (their manufacture, sale, import and export) and services are regulated by the Environmental Protection Agency, the Occupational Health & Safety Administration, the Department of Labor, Customs and Border Protection, the Department of Commerce, the Department of Treasury, the Department of Justice and others. State agencies also regulate our facilities, operations, employees, products and services within their respective states. Government agencies outside the U.S. also regulate public health, product registration, manufacturing, environmental conditions, labor, exports, imports and other aspects of our global operations.

These regulatory agencies and any current or future legislation could impact our business operations, reimbursement for our products, and the healthcare environment generally, which could adversely affect our ability to operate our business and our financial results. Compliance with these regulations has not had a material effect on our capital expenditures, earnings, or competitive position to date, but current or new legislation could have such an effect in the future. We cannot estimate the expenses we may incur to comply with potential new laws or changes to existing laws, or the other potential effects these laws may have on our business.

Human Capital Management

Glaukos is committed to developing a comprehensive, cohesive and positive employee experience. We consider talent attraction, development, engagement and retention a key driver of our business success. As of December 31, 2020, we had 653 full-time employees. Our Board of Directors, through the Compensation, Nominating and Governance

Committee, retains direct oversight of our human capital management process, including demographics, talent development, employee retention, material aspects of employee compensation as well as diversity and inclusion recruitment, retention and compensation efforts. Additionally, the Compensation, Nominating and Governance Committee assists management with the implementation of the Company's diversity strategy. We report on human capital matters at each regularly scheduled Board of Directors meeting and periodically throughout the year. The most significant human capital measures or objectives that we focus on in managing our business and our related human capital initiatives include the following:

- **Workforce Diversity:** We believe that truly innovative companies must find new ways to address the marketplace's needs and the most effective innovation happens when our workforce represents a diversity of ideas and experiences. We embrace diversity in our employee recruiting, hiring, and development practices. Our workforce was made up of 37% female employees and 39% racially or ethnically diverse employees as of December 31, 2020, with 34% and 23% of management positions being filled by female and racially or ethnically diverse individuals, respectively. During 2020, of the promotions that were earned within our workforce, 37% were earned by female employees and 32% were earned by racially or ethnically diverse employees.
- **Inclusion and Belonging:** We strive to create a work environment that emphasizes respect, fairness and dignity and do not tolerate discrimination or harassment. Individuals are evaluated based on merit, without discrimination, including discrimination based on race, color, religion, national origin, citizenship, marital status, gender (including pregnancy), gender identity, gender expression, sexual orientation, age, disability, veteran status, or other characteristics protected by law. We are committed to providing equal opportunities to every member of our workforce.
- **Health, Safety, and Wellness:** Above all else, we are dedicated to the safety and wellbeing of our employees. As the COVID-19 pandemic unfolded in 2020, we quickly shifted to a remote work environment and provided employees with the resources necessary to effectively perform their job responsibilities. Additionally, we implemented changes to our manufacturing and distribution operations to include the use of personal protective equipment and ensure social distancing. In an effort to identify, and avoid further infection from, asymptomatic cases, we have offered periodic voluntary COVID-19 viral testing to on-site employees. Further, we adopted COVID-19 pay policies that provide our employees up to ten additional days of paid leave if they experience COVID-19 exposure or illness or to need time to care for exposed or ill family members.
- **Philanthropy and Volunteerism:** We created the Glaukos Charitable Foundation to assist the company in its philanthropic endeavors. Glaukos has donated over \$10 million worth of its products to assist individuals in need. Additionally, we regularly hold local volunteer events and fundraising campaigns, over 20 total in 2020, to encourage our employees to give back to our communities, a commitment that we further support by offering employees paid time off for charitable volunteering. One of our more impactful volunteer events involved Glaukos employees adopting over 50 disadvantaged families globally to help provide a more special holiday experience.
- **Training and Development:** Employees receive regular development feedback through quarterly management reviews during which they are encouraged to cultivate new skills and opportunities. We coach our leaders to facilitate effective conversations and measure the effectiveness of these conversations by surveying our employees. In addition to training and development opportunities, all new employees are required to participate in substantial training seminars to introduce them to Glaukos' business, pipeline and position within ophthalmology. We value knowledge and continuous improvement and conduct frequent informational sessions to further expose our employees to different departments, projects and business priorities.
- **Compensation and Benefits:** To attract, retain and recognize talent, we aim to ensure merit-based, equitable compensation practices and strive to provide competitive compensation and benefit packages to our workforce. Employees at all levels are eligible for discretionary cash bonuses. To align employees

4P

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Almirall, LLC Virtual Manufacturer

Physical Address: 707 Eagleview Boulevard, Suite 200

City: Exton State: Pennsylvania Zip Code: 19341

Telephone Number: (610) 644-7000 Fax Number: _____

Toll Free Number: _____

E-mail: US.licensing@almirall.com Website: almirall.us

Facility Manager: Pablo Alvarez

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Allergan Sales, LLC

Address: 8301 Marx Dr. Waco, Tx 76712

Name: DPT Labs Ltd.

Address: 307 E. Josephine St San Antonio, Tx 78215

Name: Teva / Actavis Laboratories

Address: 577 S. Chipeta Way Salt Lake City, UT 84108

Name: Athenex Pharma Solutions, LLC

Address: 11342 Main Street Clarence, NY 14031

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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


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

Jason Orso
Print Name of Authorized Person

26 Feb 2021
Date

Board Use Only

Date Processed: _____

Amount:

\$500

Check # 0000107962

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
 Parent Company if any: Almirall SA
 Corporation Name: Almirall, Inc , Almirall, LLC
 Mailing Address: 707 Englewood Blvd. Suite 200
 City: Exton State: PA Zip: _____
 Telephone: (610) 644-7000 Fax: _____
 Contact Person: Jason Orso US.licensing @ almirall.com

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

Date of Incorporation: 12/2/2013 , Delaware File# 5440792

Registration number issued: ISIN: ESO157097017

Stock Exchange: Bolsa de Madrid

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

Include with the application for a publicly traded corporation

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

List of officers and directors.

Pennsylvania Department of Health
Drug, Device and Cosmetic Program
Public Lookup

Enter the 10-digit Certificate Number or Registrant's Name (or first few letters).

Lookup

Description of Certificate Categories

You may contact our office at (717) 787-4779 if the Certificate Number/Registrant you are researching is not found.

Certificate(s): **9500000055** issued: 6/11/2014 expires: 6/30/2022

Almirall, LLC 707 Eagleview Boulevard Suite 200; Exton, PA 19341

[Back to DD&C Home](#)

[Home](#) : [Press Releases](#) : [Office of the Secretary](#)
[Bureau of Community Program Licensure and Certification](#) : [Drug, Device and Cosmetic Program](#) : [Quality Assurance](#)

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Assembly
Version
4.0.18274.4
Database
Version Could
not retrieve
database
version.
Check that
the database
is registered
as a Data-tier
Application.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

06/29/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Almirall, LLC

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

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



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

A handwritten signature in cursive script, reading "Veronica W. Despres".

Acting Secretary of the Commonwealth

Certification Number: TSC210629131707-1

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



June 19, 2020

717.787.4779

Almirall, LLC
 707 Eagleview Boulevard
 Suite 200
 Exton, PA 19341

Dear Sir or Madam:

The Pennsylvania Department of Health, Drug, Device & Cosmetic Program acknowledges that the company, Almirall, LLC, is an entity within the Commonwealth that is performing business activities related to the pharmaceutical, medical device, or cosmetic industry at the stated address. The company is not engaging in the physical manufacture, storage, distribution or retailing of product at this address.

The company has voluntarily provided information and has attested that no pharmaceutical product, medical device or cosmetic of any kind is physically manufactured, stored, distributed or retailed at the address stated above. This information serves only to place the company at the specified location, on file as a courtesy and does not subject it to any on-site inspection or regulatory requirements under the purview of this office. The information is recorded under record number #9500000055 and reviewed annually.

If at any time the business function changes and pharmaceutical product, medical devices or cosmetics are physically manufactured, stored, distributed or retailed at the address stated above, an application for registration/licensure will be required by Department of Health and the facility would be subject to all laws and regulations applicable to those activities. You may visit our website at <https://apps.health.pa.gov/ddc/> or contact our office for additional information.

Sincerely,

Theresa A. Ritchie, R.Ph.
 Drug & Device Program Specialist
 Division of Home Health

Almirall LLC – 100% owned by Almirall, Inc.

Almirall, LLC Officers

Pablo Alvarez, President and General Manager
pablo.alvarez@almirall.com

Francisco Tellols, Chief Financial Officer
Francisco.tellols@almirall.com

Esteve Conesa, Chief Human Resource Officer
Esteve.conesa@almirall.com

Address:

707 Eagleview Blvd., Suite 200
 Exton, PA 19341
 Phone: 610-644-7000
 Fax: 610-644-1985

Almirall, LLC – Incorporated in Pennsylvania

Almirall, Inc. Officers

Peter Guenter, Chairman
Peter.guenter@almirall.com

Mike McClellan, CFO
Mike.mcclellan@almirall.com

Amita Kent
Amita.kent@almirall.com

Address:

General Mitre Street,
 151 08022
 Barcelona, Spain.

Almirall, Inc. – Incorporated in Delaware

Pablo Alvarez PhD



Pharmaceutical executive with a strong **commercial** trajectory, in **established and emerging** markets (**Europe, USA, LatAm and China**), including **product launches, organization builds & turnarounds, P&L responsibilities, expansion to new geographies and strategy development**. I have worked in roles across different organizational levels (**country/region/global**) in **McKinsey, GSK, BMS and AZ**. My education includes a PhD from UCM, postdoctoral research at MIT and executive training from IESE. Fluent in **Spanish and English**.

EDUCATION

- | | | |
|-----------|---|----------------------|
| 2002-2003 | IESE Business School-University of Navarre | Madrid |
| | <ul style="list-style-type: none"> Executive Education-PDD sponsored by GSK | |
| 1995-1997 | Massachusetts Institute of Technology (MIT) | Cambridge-USA |
| | <ul style="list-style-type: none"> Postdoctoral researcher at the Center for Cancer Research sponsored by the Foundation Ramón Areces (Spain), scientific work published in peer review journals. | |
| 1985-1995 | Complutense University (UCM) | Madrid |
| | <ul style="list-style-type: none"> Ph.D. Microbiology- "Extraordinary Award"; one patent granted, and research work published in scientific peer review journals. PharmD, major with honors | |

EXPERIENCE

- | | | |
|-----------|---|--|
| 2019- | Almirall | Zug, Switzerland & Barcelona, Spain |
| | <ul style="list-style-type: none"> Nov 20 General Manager USA Exton, USA
Responsible for the operations of the US Affiliate. July 19-Oct 20 Global Commercial Operations Director Switzerland & Spain
Commercial Responsible for managing (i) commercial operations in an EU cluster (UK/IE, France, BENELUX, Nordics & CEE), (ii) the partners business in RoW, (iii) the Strategic Alliances and (iv) Global Commercial Excellence function. An exciting and demanding role combining P&L anagement in conutries plus commercial strategy and support at global level to all the company affiliates. | |
| 2007-2019 | AstraZeneca | Several locations |
| | <ul style="list-style-type: none"> 2018-July 19 CVRM Commercial Head Europe Zug, Switzerland
Commercial Leadership of the Cardiovascular Renal and Metabolic Portfolio in Europe, a \$1.3bn franchise including brands like Forxiga & Brilique. One of three AZ franchises and key growth driver with five launches up to 2021. Jul 15-18 Global Commer. Head - Global Products & Portfolio Strategy Gaithersburg-USA
Global Commercial Leader for oral FDCs in the Diabetes Portfolio, responsible in coordination with R&D to develop, file, approve and commercialize new assets. EU & US approvals achieved and launch readiness and execution rolled out in H1 18 2018. 2013-2015 Business Unit Head Diabetes Shanghai-China
Leader of the Marketing and Sales organization for the Diabetes portfolio in the China Operation. Launch, management and business development of the portfolio, including the integration of the Diabetes business acquired from BMS in December 2013. Onglyza highest market share worldwide. Strong focus on capability building and succession planning and connecting AZ China with the Global functions. | |

- **2010-2012 Commercial Senior Director Latin America** **Miami & Wilmington-USA**

Member of the LatAm Leadership Team. Responsible for the whole AZ portfolio (PC and SP Care) and commercial capabilities in LatAm working with 9 affiliates, P&L of 1.3bn and double-digit growth for 3 consecutive years. Additional work included organizational turnaround and expansion to new geographies.

- **2009 Global Brand Director-Diabetes** **Wilmington-USA**

Launch readiness of Onglyza, first AZ launch in last 5 years, in the Diabetes Global Marketing Team and EU representative in the Alliance Team with BMS.

- **(Sep 2007-2008) Business Strategy and Licensing Head** **Madrid-Spain**

Reshape of the strategy planning and business long range process and acceleration of the local licensing network.

2005-2007 **Bristol-Myers Squibb** **Madrid & Lisbon**

- **Business Unit Director Iberia (Spain & Portugal)**

Sales & Marketing Head in Spain & Portugal for the Hepatitis Franchise, part of an EU Business Division. Build and lead a Specialty Care organization to launch in a new market, Hepatitis. Fast market access achieved by listing product in guidelines prior to launch and by developing specific hospital management plans with a single point accountability model.

1999-2005 **GlaxoSmithKline** **Madrid**

- **Group Product Leader for Cardiovascular/Metabolism**

Several commercial roles across CV, CNS, HTA, Metabolic and HIV. Three launches in both primary care and specialty care. Sales assignment.

- **Country President Project Manager Office**

Coordinate and support all the internal and external activities of the Country President of the Spanish Affiliate working as his direct report.

1997-1999 **McKinsey & Company** **Madrid**

- **Associate Consultant**

Projects in Organizational Management, Value Creation and Commercial Excellence This job represented my transition from the academy into the business world. Worked across several industries, i.e. Utilities, Telecoms and Pharma.

PERSONAL

- Family (wife & 3 daughters)
- Enjoy hiking & tennis
- Spanish citizen

Maria Herrera

From: Surety Bonds Direct <service@suretybondsdirect.com>
Sent: Wednesday, May 26, 2021 4:35 AM
To: Jesse Martinez
Subject: Your Pharmaceutical Wholesaler Bond - \$25,000 Receipt - Order#: WYFE957E69

CAUTION: This email originated from outside Almirall. Do not click any link or open attachments unless you recognize the sender and know the content is safe.



Jesse,

We received the following payment from you.

Bond	Pharmaceutical Wholesaler Bond - \$25,000
Payment Amount	\$1,250.00
Payment Date	May 26, 2021
Order Number	WYFE957E69

What's Next?

1. Please do not forget to submit any additional documents that may have been requested by your bond specialist. If anything else is required to finalize your order, your bond specialist will be in touch.
2. Once all documents are received in our office, **please allow up to 5 business days for processing with the surety (unless you selected express shipping)** to generate your official bond documents.
3. When permitted by the state or other authority requiring the bond, we will email the official bond documents to you for signature or electronically file them directly. If this is not permitted, expect to receive your bond documents through the shipping method you selected at purchase. If you elected US mail, please allow up to 7 business days for mailing time.

If anything is unclear, we're here to help you. You may reply to this email, or call us at 1-800-608-9950.

Yours Truly,
Surety Bonds Direct Service Team

*** CONFIDENTIAL COMMUNICATION ***

This message from Surety Bonds Direct, LLC is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient (or authorized to act on behalf of the intended recipient) of this message, please notify us immediately by return e-mail and delete the original message from your e-mail system.

service@suretybondsdirect.com | 1-800-608-9950
997 Morrison Dr. STE 200 Charleston, SC 29403

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pennsylvania *Pennsylvania Department of Health*
DEPARTMENT OF HEALTH Drug, Device and Cosmetic Program

Version 4.0.0

Shown below is the data currently on file. Please review each section for information accuracy and completeness. Use the appropriate links for revising any of the application sections. For example, to **Amend** current registration category: Click on **Add/Revise Enterprise Type**. Once the information is complete/updated, click **Submit Changes** button located at the bottom of the screen.

To cancel the changes you have made, click on **Cancel Changes** button.

IMPORTANT NOTE - Change of Ownership: You must complete a new application. Cancel the existing registration/license and reapply. (To reapply Click on **Submit a New Registration** found on the **Main Menu** screen.)

Applicant: Pablo Alvarez, President & GM
 707 Eagleview Blvd
 Suite 200
 Exton, PA 19341
 us.licensing@almirall.com

Type of Enterprise: (95): Fee-Exempt: Certificate of Record

[Add/Revise Enterprise Type](#)

Facility: Almirall, LLC
 707 Eagleview Boulevard
 Suite 200
 Exton, PA 19341
 Chester County
 610-644-7000
 FID# 75-3175208

Bill To:
 Same as above

[Revise Facility Info Or Billing Info](#)

Contact: Joshua Wingenroth
 707 Eagleview Blvd
 Suite 200
 Exton, PA 19341
 610-644-7000

[Revise Contact](#)

Ownership: Corporation/LLC
 Incorporated in PA
 Incorporated 11/2004

Officers: Pablo Alvarez, President / CEO
 Francisco Tellols, Treasurer / CFO
 Esteve Conesa, Other

Trade Names:

[Revise Ownership](#)

Officers, Or
Trade Names

Submit Changes

Cancel Changes

.....
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[Bureau of Community Program Licensure and Certification](#) : [Drug, Device and Cosmetic Program](#) : [Quality Assurance](#)

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Assembly
Version
4.0.18274.4
Database
Version Could
not retrieve
database
version.
Check that
the database
is registered
as a Data-tier
Application.



*The National Association of Boards of Pharmacy[®]
hereby awards*

*Verified-Accredited Wholesale Distributors[®]
Accreditation*

to

Amival, LLC

located at

707 Eagleview Blvd, Suite 200, Exton, PA 19341

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

October 22, 2018 - October 21, 2021

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Leecharville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

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. 5307014

Application/License No. _____

Almirall LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
707 Eagleview Blvd, Suite 200 Exton, PA 19341, as
Address of Applicant/Principal
 PRINCIPAL, and SureTec Insurance Company, a
Surety Company
 corporation organized under the laws of the state of Texas
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
2103 CityWest Boulevard, Suite 1300 Houston, TX 77042 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on June 2, 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.

Bond No. 5307014

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
15th day of June, 2021.

APPLICANT/PRINCIPAL
 Almirall LLC

SURETY COMPANY
 SureTec Insurance Company



[Signature]
 Authorized Representative

[Signature]
 Surety Company's Representative

Eric Fauerbach, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

[Signature]
 Witness

SIGNED and SEALED in the presence of:

[Signature]
 Witness

Witnessed before me [Signature]
Kathy Clark
 Kathy Clark, Notary Public

Witness [Signature]

Countersigned by:

Commonwealth of Pennsylvania - Notary Seal
 Kathy L. Clark, Notary Public
 Chester County
 My commission expires September 22, 2024
 Commission number 1375742
 Member, Pennsylvania Association of Notaries

[Signature]
 Nevada Resident Agent

My Commission expires September 22, 2024

POA #: 5307014

SureTec Insurance Company

LIMITED POWER OF ATTORNEY

Know All Men by These Presents, That SURETEC INSURANCE COMPANY (the "Company"), a corporation duly organized and existing under the laws of the State of Texas, and having its principal office in Houston, Harris County, Texas, does by these presents make, constitute and appoint

Eric Fauerbach

its true and lawful Attorney-in-fact, with full power and authority hereby conferred in its name, place and stead, to execute, acknowledge and deliver any and all bonds, recognizances, undertakings or other instruments or contracts of suretyship to include waivers to the conditions of contracts and consents of surety for:

Principal: Almirall LLC
Obligee: Nevada State Board of Pharmacy
Amount: \$25,000.00

and to bind the Company thereby as fully and to the same extent as if such bond were signed by the President, sealed with the corporate seal of the Company and duly attested by its Secretary, hereby ratifying and confirming all that the said Attorney-in-Fact may do in the premises. Said appointment is made under and by authority of the following resolutions of the Board of Directors of the SureTec Insurance Company:

Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and of behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached. (Adopted at a meeting held on 20th of April, 1999.)

In Witness Whereof, SURETEC INSURANCE COMPANY has caused these presents to be signed by its President, and its corporate seal to be hereto affixed this 27th day of October, A.D. 2020.

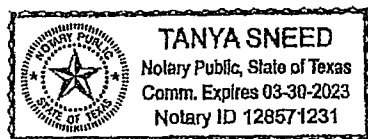
SURETEC INSURANCE COMPANY

By: Michael C. Keimig
 Michael C. Keimig, President

State of Texas ss:
 County of Harris



On this 27th day of October, A.D. 2020 before me personally came Michael C. Keimig, to me known, who, being by me duly sworn, did depose and say, that he resides in Houston, Texas, that he is President of SURETEC INSURANCE COMPANY, the company described in and which executed the above instrument; that he knows the seal of said Company; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said Company; and that he signed his name thereto by like order.



Tanya Sneed
 Tanya Sneed, Notary Public
 My commission expires March 30, 2023

I, M. Brent Beaty, Assistant Secretary of SURETEC INSURANCE COMPANY, do hereby certify that the above and foregoing is a true and correct copy of a Power of Attorney, executed by said Company, which is still in full force and effect; and furthermore, the resolutions of the Board of Directors, set out in the Power of Attorney are in full force and effect.

Given under my hand and the seal of said Company at Houston, Texas this 2nd day of June, 2021, A.D.

M. Brent Beaty
 M. Brent Beaty, Assistant Secretary

Any instrument issued in excess of the penalty stated above is totally void and without any validity.
 For verification of the authority of this power you may call (713) 812-0800 any business day between 8:30 am and 5:00 pm CST.

4Q

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Alpine Health LLC

Physical Address: 601 Penhorn Ave, Unit 1

City: Secaucus State: NJ Zip Code: 07094

Telephone Number: 201-540-1575 Fax Number: N/A

Toll Free Number: N/A

E-mail: nvora@alpinehealth.com Website: N/A

Facility Manager: Nisarg Vora

Professional qualifications and experience of facility manager: Bachelors of Science and 14+ years of industry experience

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Perrigo Pharmaceuticals

Address: 515 Eastern Ave., Allegan, MI 49010

Name: Taro Pharmaceuticals USA, Inc.

Address: 3 Skyline Drive, Hawthorne, NY 10532

Name: Camber Pharmaceuticals Inc.

Address: 1031 Centennial Ave. Piscataway, NJ 08854

Name: Valeant Pharmaceuticals

Address: 400 Somerset Corporate Blvd., Bridgewater, NJ 08807

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.

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

Nisarg Vora

Print Name of Authorized Person

Date

01/20/2021

Board Use Only

Date Processed: _____

Amount: 500.00

4/5/21

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

Owner's Name: Nisarg Vora
 Business Name: Alpine Health LLC
 Current Business Address: 601 Penhorn Ave, Unit 1
 City: Secaucus State: NJ Zip Code: 07094
 Telephone: 201-540-1575 Fax: N/A

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

Include with the application for a sole owner

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

***If your company is **not** VAWD certified by NABP, or an FDA registered manufacturer you will need to complete the following:

- Submit fingerprints – Please refer to Fingerprint Submission Instructions

<http://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/7.1.2019.Fingerprint%20Submission%20Instructions.pdf>.

- Submit a list containing each employee(s) who handle the drugs on a daily basis.
- Copy of a bond in an amount of \$100,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

ALPINE HEALTH LLC

0600322963

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Ohio Foreign Limited Liability Company was registered by this office on April 03, 2008.

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:

C T CORPORATION SYSTEM
820 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 19th day of July, 2021

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6121216481

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

0742086

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 accompany such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:
601 PENHORN AVE - UNIT #1 AVE SECAUCUS, NJ 07094-
601 PENHORN AVE UNIT 1 SECAUCUS, NJ 07094-

Reg. No. 5003652
ALPINE HEALTH LLC
ATTN: NISARG VORA, CEO
601 PENHORN AVE - UNIT #1 AVE
SECAUCUS, NJ 07094-

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 1/18/2021

Registration Number: 5003652

Registered as: Wholesale

Parent Company Name: ALPINE HEALTH LLC

Trade Name:

Original Issue Date: 09/16/2008

Expiration Date: 01/31/2022

Current Issue Date: 11/20/2020

Disciplines: No



601 Penhorn Ave, Unit #1
Secaucus, NJ 07094
Phone: 1-866-992-8979
Fax: 1-866-884-8814
www.alpinehealth.com

To: Nevada State Board of Pharmacy

Subject: : List of Owners & Officers

Dear Nevada State Board of Pharmacy,

Alpine Health LLC is owned by Nisarg Vora, CEO (100%) as its sole member.

In addition to Nisarg Vora, we have the following 2 employees that perform a critical role in the Rx supply chain.

1. Kushal Trivedi
 - a. Title: Director, Purchasing & Business Development
 - b. Address: ■ E. Burgess Drive, Piscataway, NJ 08854
2. Ismael Cardona
 - a. Title: Operations Manager
 - b. Address: ■ Gena Ct, Hamilton, NJ 08690

Please let us know if you have any questions.

Thank you,

Nisarg Vora

CEO

Alpine Health

Corporate Office: 601 Penhorn Ave | Unit 1 | Secaucus | NJ | 07094

Phone: 201.540.1575 | Fax: 866.884.8814

Email: nvora@alpinehealth.com | Web: <http://www.alpinehealth.com>

Areas of Strength

- Business Development
- Strategy Implementation
- Lean Six Sigma
- Price Optimization
- Project Management
- Analytics

Education

The Ohio State University, Columbus, OH
 Bachelor of Science in Business Administration, December 2005
 Major: Finance GPA: 3.60

Professional Experience**Alpine Health
CEO**

April '08 – Present
 Secaucus, NJ

- Responsible for all day-to-day activities of a generic drug distribution company
- Managed a team of 80+ employees worldwide
- Responsible for all compliance and licensing related activities
- Managed accounting and finance activities on a day to day basis
- Created a network of 3000+ active independent pharmacies
- Manage 50+ vendor relationships

**Cardinal Health, Generic Business Unit
Sr. Program Analyst**

March '07 – April '08
 Dublin, OH

- Responsible for executing strategy and pricing programs for independent and hospital pharmacies
- Execute pilot programs to test new strategies and present results to senior management
- Respond to RFP's to win new business and prepare strategic impact analysis
- Identify opportunities for customers and prepare savings analysis
- Prepare and present quarterly business review for Kmart
- Coordinate projects measuring and tracking customer profitability and market share
- Measure the impact of competitor programs and suggest changes
- Completed Kaizen training and co-lead an event to proactively expedite ordered products
- Winner of the **2007 Chairman's Award** for excellence in EPPIC core values

**Cardinal Health, Generic Business Unit
Program Analyst**

January '06 – February '07
 Dublin, OH

- Conducted competitive analysis on generic drugs and suggested price movement
- Prepared pilot contracts for independent pharmacies to increase market share and margin
- Developed parameters to identify and remove low margin independent pharmacies from pilot programs
- Analyzed the margin impact of adding new generic drugs at discounted prices on pilot programs
- Organized conference calls with the sales team to report customer performance on pilot programs
- Executed and reported on value added programs to increase customer loyalty
- Coached analysts with generic drug business and systems knowledge (Access & MicroStrategy)

Leadership

- Director, Diversity Programming (Undergraduate Student Government)
 - Managed a budget of \$24,000+ for key diversity related initiatives
- Treasurer, Indian Students Association
 - Lead the finance team of the organization in managing budgets for all events



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

Whine Health LLC

located at

601 Penhorn Ave, Unit 1, Secaucus, NJ 07094

This facility has met all the Verified-Accredited Wholesale Distributors (VAD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Carizone

Carmen A. Carizone, Executive Director/Secretary

January 1, 2019 - December 31, 2021
Period of Accreditation

**NABP**National Association of
Boards of Pharmacy

847/391-4406

Fax: 847/375-1114

1600 Feehanville Dr

Mount Prospect, IL 60056

help@nabp.pharmacy

November 14, 2019

Nisarg Vora
Alpine Health, LLC
601 Penhorn Ave, Unit 1
Secaucus, NJ 07094

Dear Mr Vora:

On behalf of the National Association of Boards of Pharmacy® (NABP®) and Verified-Accredited Wholesale Distributors® (VAWD®) staff, I would like to take this opportunity to thank you and the team members at your facility for the hospitality extended to Kenny Rodgers during the recent VAWD Compliance survey.

Information provided by the surveyor indicates your facility is operating in compliance with program criteria. NABP will conduct a final assessment of all reaccreditation materials, survey findings, and responses to confirm if your facility continues to meet VAWD program criteria. The Accreditation Committee will then render a decision on reaccreditation. NABP would like to assure you that we will move through the process as expediently as possible.

Thank you for your continued support of the VAWD program and for the courtesy you and your staff have extended during the process. If you have questions or concerns, feel free to contact VAWD staff via email at vawd@nabp.pharmacy.

Sincerely,

Dawn Bibbs-Morrissey
Accreditation Senior Manager

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. 404004995

Application/License No. _____

Alpine Health LLC, doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

601 Penhorn Ave., Unit 1, Secaucus, NJ 07094, as

Address of Applicant/Principal

PRINCIPAL, and The Ohio Casualty Insurance Company, a

Surety Company

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

175 Berkeley Street, Boston Massachusetts. as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on January 20, 2021.

Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
20 day of January, 20 21.

APPLICANT/PRINCIPAL

SURETY COMPANY

M. Wore

Authorized Representative

David G. Galla

Surety Company's Representative

David G. Galla, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Antony

Witness

David G. Galla

Witness

W. J. J.

Witness

Patricia J. J. J.

Witness

Countersigned by:

David G. Galla
Nevada Resident Agent



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: **8200422-973235**

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Kathleen V. DePolis; David G. Galla; Patricia L. Zeczkowski

all of the city of Grayslake state of IL each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 30th day of January, 2019.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By:

David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 30th day of January, 2019 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV – OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII – Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation – The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization – By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 20th day of JANUARY, 2021.



By:

Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual-value guarantees.

To confirm the validity of this Power of Attorney call 1-810-832-8240 between 9:00 am and 4:30 pm EST on any business day.

4R

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) ☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☐ 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)
* If making a change, provide current license number: WH 02514	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>MedMax Rx, Inc.</u>	
Physical Address: <u>48 South Mall</u>	
City: <u>Plainview</u>	State: <u>NY</u> Zip: <u>11803</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>516-931-2000</u>	Website: <u>www.medmaxrx.com</u>
Name of Designated Representative (DR): <u>Robert Bisogno</u>	
Licensing Company Email: <u>compliance@medmaxrx.com</u>	DR Email: <u>rbisogno@medmaxrx.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☒ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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: IPD Pharmaceuticals
 Address: 703 S. Salisbury St. City: Lexington State: NC Zip: 27292
 Name: Amerisource-Bergen
 Address: 6001 Global Distribution Way, Ste.102 City: Louisville State: KY Zip: 40228
 Name: Masters Pharmaceuticals
 Address: 4200 Binion Way, Ste.100 City: Mason State: OH Zip: 45036
 Name: Parmed Pharmaceuticals
 Address: 5960 E Shelby Dr City: Memphis State: TN Zip: 38141

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: New York
 Parent Company (if any): MainPointe Pharmaceuticals, LLC
 Corporation Name: MedMax Rx, Inc.
 Mailing Address: 48 South Mall
 City: Plainview State: NY Zip: 11803
 Telephone: 516-931-2000 Email: rbisogno@medmaxrx.com
 Contact Person Name: Robert Bisogno

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	Partnership	Sole Owner
• ✓ List of <u>all</u> Officers and Directors.	✓	✓		
• ✗ List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• ✗ List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• ✗ List of <u>all</u> 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/bopnv.gov/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 Bisogno

Print Name of Authorized Person Submitting Application

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

Date

Board Use Only	Date Received: _____	Amount: \$500 Check # 1415
----------------	----------------------	-----------------------------------

7-1-21
 ✓ processed
 7/21/21

State of New York
 Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MEDMAX RX, INC. was filed on 06/14/2016, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal
 of the Department of State at the City of
 Albany, this 23rd day of April two
 thousand and twenty-one.

Brendan C. Hughes

Brendan C Hughes
 Executive Deputy Secretary of State



Office of the Professions

Verification Searches

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

Pharmacy Establishment Information *

06/29/2021

Type : WHOLESALER

Legal Name : MEDMAX RX INC.

Trade Name :

Street Address :

48 SOUTH MALL

PLAINVIEW, NY 11803-0000

Registration No : 034891

Date First Registered : 09/13/16

Registration Begins : 09/01/19

Registered through : 08/31/22

Supervisor : BISOGNO ROBERT

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.



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RM0582278	01-31-2022	\$1850
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	12-18-2020
MEDMAX RX, INC. 48 SOUTH MALL PLAINVIEW, NY 118034208		

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
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48 South Mall Plainview, NY 11803
844-777-4700
www.medmaxrx.com

June 23, 2021

Re: Non-Resident Wholesale Distributor Change in Ownership

Dear Sir/Madam:

As requested, this letter serves as your notification that the attached application is for a change in ownership of MedMax Rx, Inc. As the current and sole owner of MedMax Rx, Inc., an S-Corp located in NY, I am selling my business to MainPointe Pharmaceuticals, LLC located in KY effective June 30, 2021. The facility location, operations, and personnel will continue unchanged for the foreseeable future; as MedMax Rx will be a wholly owned subsidiary of MainPointe Pharmaceuticals.

Sincerely,

Jessica Askari
CEO/President/Owner
MedMax Rx, Inc.
48 South Mall, Plainview, NY 11803
516-931-2000
516-931-2001 (fax)
jaskari@medmaxrx.com
www.medmaxrx.com

48 SOUTH MALL
PLAINVIEW, NY 11803

[Subsidiary of MainPointe Pharmaceuticals, LLC- Parent Corporation and 100% Owner]

[illegible]

429



The National Association of Boards of Pharmacy®

hereby awards

Verified-Accredited Wholesale Distributors®

Accreditation

to

MedMax Rx, Inc

located at

48 South Mall, Plainview, NY 11803

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

January 30, 2020 - January 29, 2023

Period of Accreditation

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 MedMax Rx, Inc.
 Physical Address 48 South Mall
 City Plainview State NY Zip 11803
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 516-931-2000 Website www.medmaxrx.com
 Licensing Company Email compliance@medmaxrx.com

Section 2: Personal Information

First Robert Middle Michael Last Bisogno
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Hunter Place
 City Smithtown State NY Zip 11787
 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.)		NA
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.)		NA
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.)		NA
Date of Service: From: <u>n/a</u> 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

RB

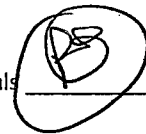
Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name See attached		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			
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
01/85-present	■ Hunter Place	Smithtown	NY	11787
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 MedMax Rx, Inc.		From - To (MM/YY – MM/YY) 08/18-present	
Business Address 48 South Mall		City Plainview	State NY
Phone 516-931-2000	Title Compliance Mgr./Designated Representative		Zip 11803
Number of Employed Hours 6192			
Description of Duties Manage the distribution and compliance functions of the Company.			

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

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

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

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

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



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 manufacture 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:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials



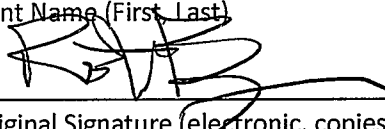
Robert Bisogno
 I, _____, certify that as the designated representative for
 MedMax Rx, Inc.

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

Robert Bisogno

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

1-1-21
 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.

Robert Bisogno

Print (Name First, Last)

Robert Bisogno

Original Signature (electronic copies or stamps not accepted)

Date

7-1-21

Please have this section completed in the presence of a Notary Public.

State of New York, ss. County of Nassau

I, Robert Bisogno, 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

07/01/2021

Subscribed and Sworn to before me this 01st day of July, 2021

Notary Public Signature

TONY JOSEPH
Notary Public, State of New York
No. 01JO6171935
Qualified in Queens County
Commission Expires July 30, 2023

(Seal)

Applicant's initials

RB

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. 45BSBHW5686

Application/License No. _____

Medmax RX Inc., doing or intending to do business as a

Applicant/Principal

pharmaceutical wholesaler, whose address for purposes of service is

90 Alpha Plaza, Hicksville, NY 11801

as

Address of Applicant/Principal

PRINCIPAL, and Hartford Fire Insurance Company, a

Surety Company

corporation organized under the laws of the state of Connecticut

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

One Hartford Plaza, Hartford, CT 06155

as

Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on May 1, 2018

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.

45BSBH5686

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
1st day of April, 2018.

APPLICANT/PRINCIPAL

Medmax RX Inc.,

[Signature]
 Authorized Representative

SURETY COMPANY

Hartford Fire Insurance Company

Rosalie S. Smith
 Surety Company's Representative

Rosalie S. Smith, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

Nirvan Bickram
 Witness

Nirvan Bickram
 Witness

SIGNED and SEALED in the presence of:

Tisha Ray
 Witness Tisha Ray

Gary Smith
 Witness Gary Smith

Countersigned by:

N/A
 Nevada Resident Agent

POWER OF ATTORNEY

Direct Inquiries/Claims to:

THE HARTFORD

BOND, T-12

One Hartford Plaza

Hartford, Connecticut 06155

Bond.Claims@thehartford.com

call: 888-266-3488 or fax: 860-757-5836

Agency Name: AMERICAN CONTRACTING SVCS. INC
Agency Code: 45-450324

PERSONS BY THESE PRESENTS THAT:

- ☐ Hartford Fire Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Casualty Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Accident and Indemnity Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Hartford Underwriters Insurance Company, a corporation duly organized under the laws of the State of Connecticut
- ☐ Twin City Fire Insurance Company, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of Illinois, a corporation duly organized under the laws of the State of Illinois
- ☐ Hartford Insurance Company of the Midwest, a corporation duly organized under the laws of the State of Indiana
- ☐ Hartford Insurance Company of the Southeast, a corporation duly organized under the laws of the State of Florida

having their home office in Hartford, Connecticut (hereinafter collectively referred to as the "Companies") do hereby make, constitute and appoint Rosalie S. Smith

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. 498888888888

Naming Medmax RX, Inc. as Principal,

and Nevada State Board of Pharmacy as Obligees,

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 6, 2015 the Companies have caused these presents to be signed by its Senior Vice President and its corporate seals to be hereto affixed, duly attested by its Assistant Secretary. Further pursuant to Resolution of the Board of Directors of the Companies, the Companies hereby unambiguously affirm that they are and will be bound by any mechanically applied signatures applied to this Power of Attorney.



John Gray, Assistant Secretary

M. Ross Fisher, Senior Vice President

STATE OF CONNECTICUT

COUNTY OF HARTFORD

ss. Hartford

On this 5th day of January, 2018, before me personally came M. Ross Fisher, to me known, who being by me duly sworn, did depose and say that he resides in the County of Hartford, State of Connecticut; that he is the Senior Vice President of the Companies, the corporations described in and which executed the above instrument; that he knows the seals of the said corporations; that the seals affixed to the said instrument are such corporate seals; that they were so affixed by authority of the Boards of Directors of said corporations and that he signed his name thereto by like authority.



CERTIFICATE

Kathleen T. Maynard
Kathleen T. Maynard
Notary Public
My Commission Expires July 31, 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 April 17, 2018.
Signed and sealed at the City of Hartford.



Kevin Hackman, Assistant Vice President

California State Board of Pharmacy
1625 N. Market Blvd, Suite N219

Sacramento, CA 95834

Hudson Insurance Company
1035 Greenwood Blvd, Suite 265
Lake Mary, FL 32746
Telephone (888) 400-5505

Bond Rider

To be attached to and form part of:

Bond Number: 10066844
issued to: Medmax RX, INC.
in favor of: California State Board of Pharmacy
described as: CA Pharmaceutical Bond \$100k

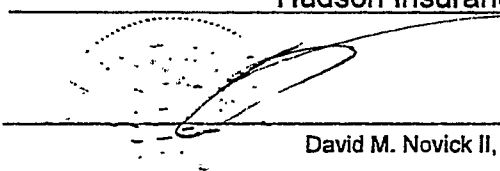
Effective date of Rider: October 16, 2019

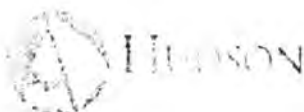
It is understood and agreed that the bond is changed or revised as described below:

☒ Address changed:
☐ Name changed:
☐ Bond term changed: From:
☐ Other change: 90 Alpha Plaza
Hicksville, NY 11801
To:
48 Southmall
Plainview, NY 11803

Said bond shall be subject to all its terms, conditions and limitations, except as herein expressly modified.

In witness whereof, Hudson Insurance Company has caused its corporate seal to be hereunto affixed this 16th day of October 2019.

Hudson Insurance Company
By: 
David M. Novick II, Attorney-In-Fact



Bond Number: 10066844

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

David M. Novick II

of the State of CA

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as 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 shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

One Hundred Thousand Dollars (\$100,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly authorized, on this 16th day of November, 20 17 at New York, New York.

(Corporate seal)



Attest: Dina Daskalakis
Dina Daskalakis
Corporate Secretary

HUDSON INSURANCE COMPANY

By: Michael P. Cifone
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK SS.

On the 16th day of November, 20 17 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by like order.

(Notarial Seal)



Ann M. Murphy
ANN M. MURPHY
Notary Public, State of New York
No. 01MU6067543
Qualified in Nassau County
Commission Expires December 10, 2021

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK

The undersigned Dina Daskalakis hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOLVED, that the signature of any such Officer of the Company and the Company'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 seal when so used whether heretofore or hereafter, 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."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

Witness the hand of the undersigned and the seal of said Corporation this 16th day of October, 20 19

(Corporate seal)



By: Dina Daskalakis
Dina Daskalakis, Corporate Secretary

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 MedMax Rx, Inc.

Physical Address 48 South Mall

City Plainview

State NY

Zip 11803

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 516-931-2000

Website www.medmaxrx.com

Licensing Company Email compliance@medmaxrx.com

Section 2: Personal Information

First Robert

Middle Michael

Last Bisogno

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

Date of Birth [REDACTED]

SSN or ITIN [REDACTED]

Sex ☒ M ☐ F ☐ X

Mailing Address [REDACTED] Hunter Place

City Smithtown

State NY

Zip 11787

Telephone [REDACTED]

Email rmbisogno@medmaxrx.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.)

6/3

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.)

8/3

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

[Signature]

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 See attached list		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			

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
01/85-present	■ Hunter Place	Smithtown	NY	11787
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 See attached list		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			
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			

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:

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.

Robert Bisogno

Print Name (First, last)

Original Signature (electronic, copies or stamps not accepted)

Date

7-1-21

Please have this section completed in the presence of a Notary Public.

State of NEW YORK, ss. County of NASSAU

I, ROBERT BISOGNO, 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

7-1-21

Subscribed and Sworn to before me this 1st day of July, 2021

Notary Public Signature

TONY JOSEPH
Notary Public, State of New York
No. 01JO6171935
Qualified in Queens County 2023
Commission Expires July 30, 2023

(Seal)

Applicant's initials

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) ☐ New Wholesaler ☒ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☐ 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)
* If making a change, provide current license number: WH 01824	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Safecor Health, LLC</u>	
Physical Address: <u>4060 Business Park Drive</u>	
City: <u>Columbus</u>	State: <u>OH</u> Zip: <u>43204</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>614-351-6117</u>	Website: <u>www.safecorhealth.com</u>
Name of Designated Representative (DR): <u>Stephen Fischbach</u>	
Licensing Company Email: <u>licensing@nabp.solutions</u>	DR Email: <u>sfischbach@safecorhealth.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☒ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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: 71 Mil Acres Drive City: Wheeling State: WV Zip: 26003
 Name: Amerisource Bergen
 Address: 6305 La Salle Drive City: Lockbourne State: OH Zip: 43137
 Name: McKesson Corporation
 Address: 3000 Kenskill Avenue City: Washington Court House State: OH Zip: 43160
 Name: Arbor Pharmaceuticals
 Address: Six Concourse Pkwy Suite 1800 City: Atlanta State: GA Zip: 30328

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: Delaware
 Parent Company (if any): VSCP SH Intermediate, LLC
 Corporation Name: Safecor Health, LLC
 Mailing Address: 4060 Business Park Drive
 City: Columbus State: OH Zip: 43204
 Telephone: 614-351-6117 Email: sfischbach@safecorhealth.com
 Contact Person Name: Stephen Fischbach

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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> 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/bopnv.gov/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.

Stephen Fischbach

Print Name of Authorized Person Submitting Application

Stephen Fischbach

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

6.19.21

Date

Board Use Only	Date Received: <u>7/21/2021</u>	Amount: <u>\$ 500 Check # 101128</u>
----------------	---------------------------------	--------------------------------------

Officers

Name: Stephen Fischbach

Title: CEO

Address: 4060 Business Park Drive
Columbus, OH 43204

Name: Ryan O'Dell

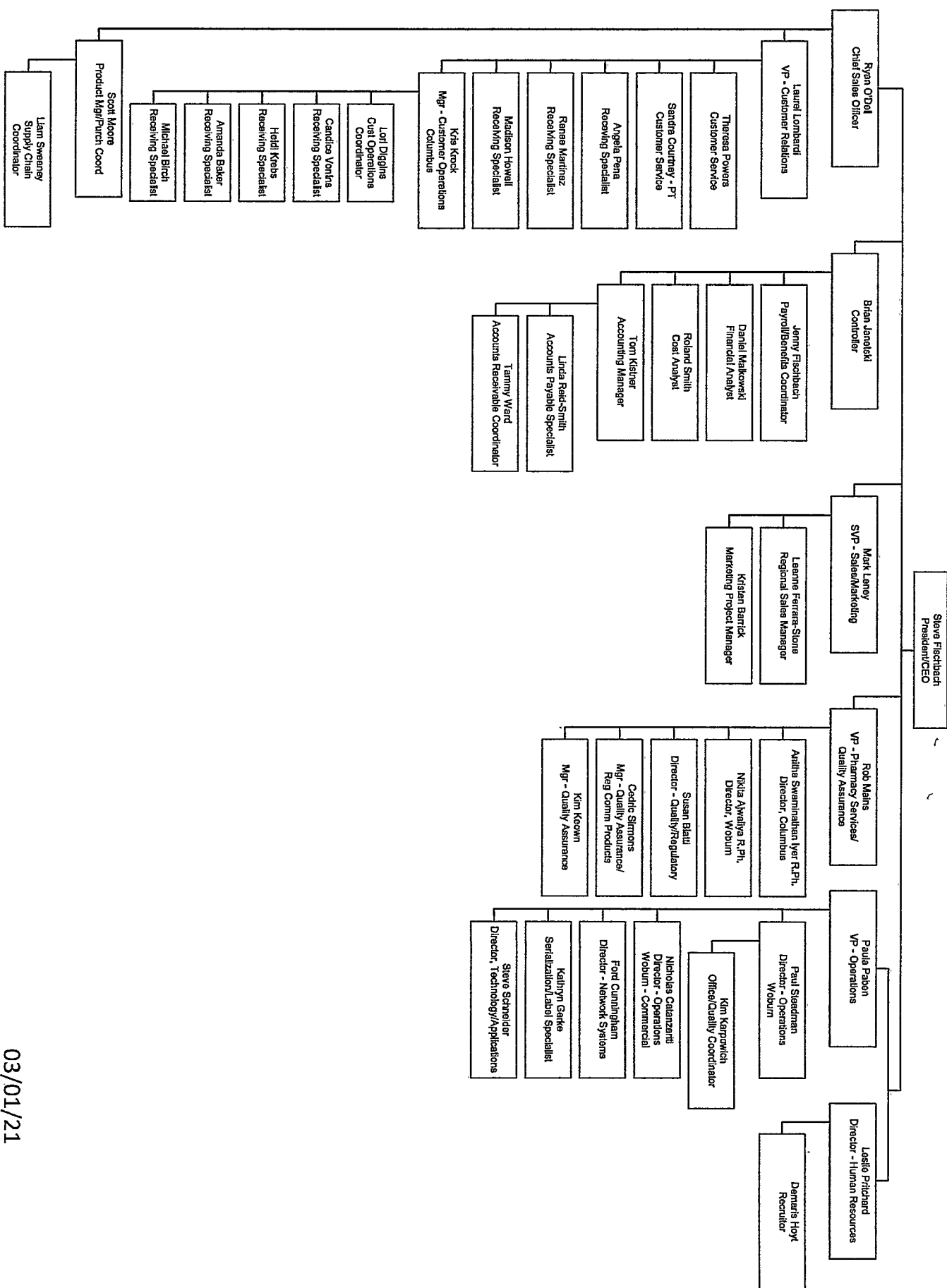
Title: President

Address: 4060 Business Park Drive
Columbus, OH 43204

List of all corporation shareholders and their percent ownership

VSCP SH Intermediate LLC holds 100% of the shares of Safecor Health, LLC.

Safecor Health Corporate



03/01/21

License Look Up

7/21/2021 10:32 AM

SAFECOR HEALTH, LLC

Status	Active
Sub-Status	
Board	Board of Pharmacy
License Type	Wholesaler - Category 3
License Number	012659400
License Issue Date	10/30/2017
License Expiration Date	06/30/2023
License Effective Date	07/01/2021
Street Address	4060 BUSINESS PARK DRIVE
City	COLUMBUS
State	OH
Zipcode	43204
Country	United States
Board Action	No

Supervised By:

Supervisor Name	Supervisor License	Status	Start Date	End Date
		Active		

Current date & time: 7/21/2021 10:32 AM

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAFECOR HEALTH, 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 JULY, A.D. 2021.



4494176 8300

SR# 20212608314

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203588867

Date: 07-02-21



1:7
21/656
SAFECOR HEALTH, LLC
4060 BUSINESS PARK DR
COLUMBUS, OH 43204-5046



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0409424	02-28-2022	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,L1	MANUFACTURER	01-19-2021
SAFECOR HEALTH, LLC SAFECOR HEALTH 4060 BUSINESS PARK DR COLUMBUS, OH 43204-5046		

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
RS0409424	02-28-2022	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,L1	MANUFACTURER	01-19-2021
SAFECOR HEALTH, LLC SAFECOR HEALTH 4060 BUSINESS PARK DR COLUMBUS, OH 43204-5046		

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DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RS0409424	02-28-2022	\$3699
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,L1	MANUFACTURER	01-19-2021
SAFECOR HEALTH, LLC SAFECOR HEALTH 4060 BUSINESS PARK DR COLUMBUS, OH 43204-5046		

**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, 1200, 1205, 1210, 1225, 1228, 1615, 1620, 1630, 1631, 1645, 1647, 1724, 2100, 2120, 2125, 2126, 2135, 2165, 2175, 2185, 2200, 2271, 2280, 2305, 2315, 2316, 2320, 2324, 2325, 2327, 2329, 2330, 2335, 2510, 2575, 2600, 2605, 2610, 4000, 7285, 7295, 7369, 8112, 8113, 9010, 9020, 9041, 9050, 9058, 9059, 9080, 9104, 9120, 9143, 9150, 9170, 9171, 9190, 9193, 9196, 9197, 9210, 9220, 9226, 9230, 9240, 9250, 9254, 9260, 9300, 9329, 9334, 9630, 9652, 9668, 9715, 9730, 9732, 9733, 9737, 9739, 9740, 9780, 9800, 9801, 9802

Drug Establishments Current Registration Site

f [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

t [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

±

e [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for **safecor health**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Safecor Health, LLC	1218914	078805287	MANUFACTURE; RELABEL; REPACK;	317 N. Boston St., Suite 100, Woburn, Massachusetts (MA) 01801, United States (USA)	12/31/2021
Safecor Health, LLC	3008841077	828269675	RELABEL; REPACK;	4060 Business Park Drive, Suite B, Columbus, Ohio (OH) 43204, United States (USA)	12/31/2021

Showing 1 to 2 of 2 entries

[Previous](#)[Next](#)

Data Current through: Thursday, Jun 17, 2021

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

NABP ACCREDITED

DRUG DISTRIBUTOR

Safecor Health, LLC

located at

4060 Business Park Dr, Columbus, OH 43204

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



2/9/2021 - 2/8/2024

Period of Accreditation

Maria Herrera

From: Courtney K. Lee <c.lee@pharmacy.nv.gov>
Sent: Tuesday, September 8, 2020 10:56 AM
To: Stephen Fischbach
Cc: Mark I. Sedar
Subject: RE: DSCSA law text and USC reference

Good morning Steve. I thought that this was resolved. Upon renewal, please provide proof of security bond in another state, and that bond shall be deemed acceptable.

Please contact me with any questions.

Courtney K. Lee
 General Counsel
 Nevada State Board of Pharmacy
 1050 E. Flamingo Road E217
 Las Vegas, NV 89119
 Phone: (702) 486-6420 Ext. 151
 Fax: (702) 486-7903
 Email: c.lee@pharmacy.nv.gov
 Website: bop.nv.gov



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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.

From: Stephen Fischbach <sfischbach@safecorhealth.com>
Sent: Tuesday, September 1, 2020 1:02 PM
To: Courtney K. Lee <c.lee@pharmacy.nv.gov>
Subject: RE: DSCSA law text and USC reference

Ms. Lee,

Did you come to any final conclusion on this?

I would like to process our renewal soon and wanted to check in.

Thanks,

Steve

From: Courtney K. Lee <c.lee@pharmacy.nv.gov>
Sent: Tuesday, August 25, 2020 5:18 PM
To: Stephen Fischbach <sfischbach@safecorhealth.com>
Subject: RE: DSCSA law text and USC reference

Received, thank you.

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy
1050 E. Flamingo Road E217
Las Vegas, NV 89119
Phone: (702) 486-6420 Ext. 151
Fax: (702) 486-7903
Email: c.lee@pharmacy.nv.gov
Website: bop.nv.gov



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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.

From: Stephen Fischbach <sfischbach@safecorhealth.com>
Sent: Tuesday, August 25, 2020 1:32 PM
To: Courtney K. Lee <c.lee@pharmacy.nv.gov>
Subject: RE: DSCSA law text and USC reference

Ms. Lee,

One other item I neglected to provide from the law. In the document, Page 53 provides the requirement that from the date of the Act, no state can have a regulation that is inconsistent with the section referenced below. That section references USC 360eee-4 which is linked below.

<https://uscode.house.gov/view.xhtml?hl=false&edition=prelim&req=granuleid%3AUSC-prelim-title21-section360eee-4&num=0&saved=%7CZ3JhbnVsZWlkOIVTQy1wcmVsaW0tdGI0bGUyMS1zZWNOaW9uMzYwZWVILTE%3D%7C%7C%7C0%7Cfalse%7Cprelim>

From: Stephen Fischbach
Sent: Tuesday, August 25, 2020 4:16 PM
To: c.lee@pharmacy.nv.gov
Subject: DSCSA law text and USC reference

Ms. Lee

Thank you for the call. Attached is the law text from the 2013 final law. In that law text on page 48 is a reference to 21 USC 360eee-2. I have attached a link to that USC section as well.

<https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title21-section360eee-2&num=0&edition=prelim>

Please let me know your thoughts.

Thanks,

Steve

Steve Fischbach
President and CEO
Safecor Health
614-338-9028

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MISSISSIPPI BOARD OF PHARMACY

6360 1-55 North, Suite 400

Jackson, MS 39211

Office: 601-899-8880

Fax: 601-899-8851

www.mbp.state.ms.us

PHARMACEUTICAL DRUG FACILITY SURETY BOND

Surety Bond No. 100332725

SAFECOR HEALTH, LLC

(Applicant's/Principal's name as it appears on the permit),

doing business as a pharmaceutical drug facility, whose address for purposes of service of process is

60 BUSINESS PARK DR SUITE B COLUMBUS, OH, 432, as Principal, and

American Contractors Indemnity Company (Surety's name), a corporation organized under the laws of the State of

California and authorized to transact a general surety business in the State of Mississippi, whose address for purposes of service of process is 601 S. Figueroa St., Suite 1600, Los Angeles, CA 90017 as Surety,

are indebted and held firmly bound to the State of Mississippi and to the Mississippi Board of Pharmacy (MBP) for the sum

of: (check one)

☒ One Hundred Thousand Dollars (\$100,000.00)

☐ Ten Thousand Dollars (\$10,000.00)

for which payment Principal and Surety bind ourselves and our legal representatives and successors, jointly and severally.

The purpose of this surety is to ensure compliance with the requirements of the Mississippi Pharmacy Practice Act,

Mississippi Code Annotated §§ 73-21-71, et seq., and the rules and regulations adopted there under, and to secure payment of

any administrative penalties imposed by the MBP, and any fees and costs incurred by the MBP in relation to enforcing the

rules and regulations of the MBP upon the Principal's permit and which the Principal fails to pay thirty (30) days after the

fine or costs become final.

This Bond is subject to the following conditions:

1. This bond and the obligation under the bond shall be deemed to run continuously and shall remain in full force and effect and the MBP may make claim against this surety bond until one year after the Principal's permit issued by the MBP ceases to be valid or until ninety (90) days after any administrative or legal proceeding which involved the Principal is concluded, including any appeal, whichever occurs later.
2. The total aggregate liability of the bond shall be limited to the amount as indicated above in this document.

3. A claim by the MBP may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any claim shall be made payable to the Mississippi Board of Pharmacy.
4. Surety reserves the right to cancel this bond at any time upon sixty (60) days written notice by certified or registered mail to the MBP. The liability of Surety on this bond shall cease sixty (60) days after receipt of the termination notice by the MBP or on the filing and acceptance of a new bond whichever occurs first, except any liability or other obligation incurred before the effective date of termination.
5. This bond shall be governed by the laws of the State of Mississippi.

This bond shall become effective as of the 1st day of December, 2016.

In witness whereof, each party to this bond has caused it to be executed on this 5th day of December, 2016.

Principal's Authorized Representative:

Printed Name: Stephen Fischbach

Signature: Stephen Fischbach

Signed and Sealed in the presence of:

Witness: Ryan P. O'Dell

Witness: _____

Surety Company's Representative:

Printed Name: TONY PAINTER

Signature: Tony Painter

Signed and Sealed in the presence of:

Witness: Tony Painter

Witness: _____





**TOKIO MARINE
HCC**

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That American Contractors Indemnity Company of the State of California, a California corporation, does hereby appoint,

TONY PAINTER

its true and lawful Attorney-in-Fact, with full authority to execute on its behalf bond number 100332725, issued in the course of its business and to bind the Company thereby, in an amount not to exceed One hundred thousand and 00/100 (\$100,000.00).

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following resolutions adopted by the Board of Directors of AMERICAN CONTRACTORS INDEMNITY COMPANY at a meeting duly called and held on the 1st day of September, 2011.

"Be it Resolved, that the President, any Vice-President, any Assistant Vice-President, any Secretary or any Assistant Secretary shall be and is hereby vested with full power and authority to appoint any one or more suitable persons as Attorney(s)-in-Fact to represent and act for and on behalf of the Company subject to the following provisions:

Attorney-in-Fact may be given full power and authority for and in the name of and on behalf of the Company, to execute, acknowledge and deliver, any and all bonds, recognizances, contracts, agreements or indemnity and other conditional or obligatory undertakings, including any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts, and any and all notices and documents canceling or terminating the Company's liability thereunder, and any such instruments so executed by any such Attorney-in-Fact shall be binding upon the Company as if signed by the President and sealed and effected by the Corporate Secretary.

Be it Resolved, that the signature of any authorized officer and seal of the Company heretofore or hereafter affixed to any power of attorney or any certificate relating thereto by facsimile, and any power of attorney or certificate bearing facsimile signature or facsimile seal shall be valid and binding upon the Company with respect to any bond or undertaking to which it is attached."

The Attorney-in-Fact named above may be an agent or a broker of the Company. The granting of this Power of Attorney is specific to this bond and does not indicate whether the Attorney-in-Fact is or is not an appointed agent of the Company.

IN WITNESS WHEREOF, American Contractors Indemnity Company has caused its seal to be affixed hereto and executed by its President on this 1st day of December 2014.

State of California
County of Los Angeles SS:



AMERICAN CONTRACTORS INDEMNITY COMPANY
By: Maria S. Pessin
Adam S. Pessin, President

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.

On this 1st day of December 2014, before me, Maria G. Rodriguez-Wong, a notary public, personally appeared Adam S. Pessin, President of American Contractors Indemnity Company, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of CALIFORNIA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature] (seal)



I, Kio Lo, Assistant Secretary of American Contractors Indemnity Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said Company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand this 5th day of December, 2016

Bond No. 100332725

Agency No. 13408



[Signature]
Kio Lo, Assistant Secretary



October 19, 2020

Thank you for renewing your bond. Print a copy of the continuation certificate for your records.

Contact suretyrenewals@tmhcc.com if an original continuation certificate is required by the obligee or should you have any further questions.

Bond Summary

Principal Name SAFECOR HEALTH, LLC
Bond Number BNDAC100332725
Indemnitor Name STEPHEN FISCHBACH
License Number
Bond Description MS PHARMECEUTICAL SALES BOND
Bond Amount \$100,000.00
Premium \$1,000.00
Term Date 12/1/2020 to 12/1/2021

Payment Summary

Payment Type American Express, Last 4 digits 1289
Amount Received \$1,000.00
Reference ID *6589503066
Authorization Date 10/19/2020
Charged By ADRIAN LOO

Agent Information

SURETY SUPPORT SERVICES , LLC
3006 N. HIGH ST., SUITE A3
COLUMBUS , OH, 43204
(614) 754-8088

Contact your agent at the number provided for any questions.

Thank you.



**TOKIO MARINE
HCC**

American Contractors Indemnity Company
801 S. Figueroa St., Suite 700 Los Angeles, CA 90017
main (310) 649 0990 facsimile (310) 645 9274

Monday, October 19, 2020

CONTINUATION CERTIFICATE

BOND NUMBER	BOND DESCRIPTION	BOND AMOUNT	EFFECTIVE DATE	EXPIRATION DATE
100332725	MS / PHARMECEUTICAL SALES BOND	\$100,000.00	12/1/2020	12/1/2021

Principal:

SAFECOR HEALTH, LLC
4060 BUSINESS PARK DR SUITE B
COLUMBUS , OH 43204

Obligee:

MISSISSIPPI BOARD OF PHARMACY
6360 1-55 NORTH SUITE 400
JACKSON , MS 39211

THIS BOND CONTINUES IN FORCE TO THE ABOVE EXPIRATION DATE CONDITIONED AND PROVIDED THAT THE LOSSES OR RECOVERIES IN IT AND ALL ENDORSEMENTS SHALL NEVER EXCEED THE PENALTY SET FORTH IN THE BOND AND WHETHER THE LOSSES OR RECOVERIES ARE WITHIN THE FIRST AND/OR SUBSEQUENT OR WITHIN ANY EXTENSION OR RENEWAL PERIOD, PRESENT, PAST OR FUTURE. ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

Signed and dated this 19th day of October, 2020.



American Contractors Indemnity Company

ADRIAN LOO , Attorney in Fact

Agent:

SURETY SUPPORT SERVICES , LLC
3006 N. HIGH ST., SUITE A3
COLUMBUS , OH 43204



June 22, 2021

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

**RE: Safecor Health, LLC (Non-Resident Wholesaler License No. WH01824)
CHange of Ownership**

VIA FEDERAL EXPRESS

To whom it may concern,

Please find enclosed a Nevada Wholesale Application for Safecor Health, LLC, who is undergoing a change of ownership with a proposed closing date of August 18, 2021. This application includes all required supporting documentation and payment for the Application fee.

Specifically, enclosed please find:

- Checks made payable to Nevada State Board of Pharmacy in the amount of \$500.00 for the Nevada Wholesaler Application;
- Completed and executed Nevada Wholesaler Application;
- Proof of VAWD Accreditation;
- Proof of surety bond in the amount of \$25,000;
- Copy of FDA Registration;
- List of Officers;
- List of all Corporation Shareholders;
- List of Employees;
- Copy of DE Certificate of Good Standing; and
- Copy of DEA Registration.

Please feel free to contact me with any questions regarding the application at licensing@nabp.solutions or 847-220-4645. Thank you for your attention to this matter.

Sincerely,


Shelley Capelle
NABP Solutions

PO Box 597
Mount Prospect, IL 60056

nabp.solutions
info@nabp.solutions

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 Safecor Health, LLC
 Physical Address 4060 Business Park Drive
 City Columbus State OH Zip 43204
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone 614-351-6117 Website www.safecorhealth.com
 Licensing Company Email sfischbach@safecorhealth.com

Section 2: Personal Information

First Stephen Middle Todd Last Fischbach
 Alias(es, nicknames, name changes, etc.) N/A
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] N. 6th Street
 City Columbus State OH Zip 43215
 Telephone [REDACTED] Email sfischbach@safecorhealth.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? <u>N/A</u>		

Applicant's initials SO

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 Kellogg Graduate School of Management		From - To (MM/YY - MM/YY) 1993-1995	
Address 2211 Campus Drive	City Evanston	State IL	Zip 60208
Diploma/Degree obtained, if any MBA in Marketing and Finance			
School Name Depauw University		From - To (MM/YY - MM/YY) 1985-1989	
Address 313 S Locust Street	City Greencastle	State In	Zip 46135
Diploma/Degree obtained, if any B.A. in Economics and Management			
School Name Paul Harding High School		From - To (MM/YY - MM/YY) 09/83 -06/85	
Address 6501 Wayne Trace	City Fort Wayne	State IN	Zip 46816
Diploma/Degree obtained, if any			
School Name Warsaw High School		From - To (MM/YY - MM/YY) 09/81 -06/83	
Address 1 Administration Drive	City Warsaw	State IN	Zip 46580
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) ?/19-Present	Address ██████ N. 6th Street	City Columbus	State OH	Zip 43215
From - To (MM/YY - MM/YY) 6/09-?/19	Address 1080 Rutland Way	City Worthington	State OH	Zip 43085
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 Safecor Health, LLC		From - To (MM/YY – MM/YY) 2007-Present	
Business Address 4060 Business Park Drive		City Columbus	State OH
Phone 614-351-6117	Title President and CEO	Number of Employed Hours 32,480	
Description of Duties Manage all day-to-day 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			
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

STR

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			

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?		✓

Applicant's initials

STF

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)

6.21.21

Date

Applicant's initials 80 7

Stephen Fischbach

I, _____, certify that as the designated representative for

Safecor Health, 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

Stephen Fischbach

Print Name (First, Last)

Stephen Fischbach

Original Signature (electronic, copies or stamps not accepted)

6.19.21

Date

Applicant's initials

Stf

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 Fischbach

Print Name (First, Last)

Stephen Fischbach

Original Signature (electronic, copies or stamps not accepted)

6.21.21

Date

Please have this section completed in the presence of a Notary Public.

State of OHIO, ss. County of Franklin

I, Stephen Fischbach, 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 Fischbach

Original Signature

6.21.21

Date

Subscribed and Sworn to before me this 21st day of June 2021

Sanjiv M. Twitty

Notary Public Signature



Applicant's initials SF

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAFECOR HEALTH, 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 SIXTEENTH DAY OF OCTOBER, A.D. 2020.



4494176 8300

SR# 20207878491

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

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

Authentication: 203882841

Date: 10-16-20

4T

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

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Arcutis Biotherapeutics, Inc.

Physical Address: 3027 Townsgate Road, Suite #300

City: Westlake Village State: CA Zip Code: 91361

Telephone Number: (805) 418-5006 Fax Number: _____

Toll Free Number: _____

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

Facility Manager: Dale Schleich

Professional qualifications and experience of facility manager: Dale Schleich is at least 21 years of age and has been employed full-time for at least 3 years in a pharmacy or with a wholesale distributor in a capacity related to the dispensing and distribution of, and recordkeeping relating to, prescription drugs. Dale Schleich is currently employed by Arcutis Biotherapeutics, Inc. full time in a managerial level and is actively involved in and aware of the actual daily operation of the wholesale distributor. Dale Schleich is physically present at the facility during regular business hours, except when an absence has been authorized.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Specialty Pharmacies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☒ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: N/A

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: N/A

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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

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

Keith Klein

Print Name of Authorized Person

April 14, 2021

Date

Board Use Only

Date Processed: _____

Amount: 500 Check # 3543411

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: N/ACorporation Name: Arcutis Biotherapeutics, Inc.Mailing Address: 3027 Townsgate Road, Suite #300City: Westlake Village State: CA Zip: 91361Telephone: (805) 418-5006 Fax: _____Contact Person: Dale Schleich

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

Date of Incorporation: 1/30/2020Registration number issued: CIK: 0001787306Stock Exchange: ARQT

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

Include with the application for a publicly traded corporation

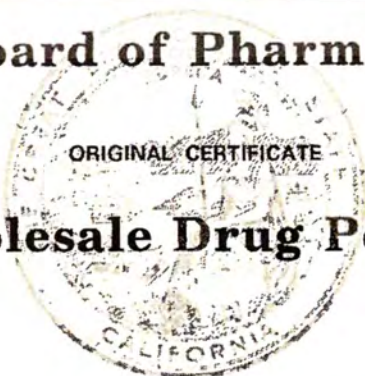
Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



Board of Pharmacy

Wholesale Drug Permit



LICENSE NO. WLS 7888

ISSUE DATE JANUARY 28, 2021

ARCUTIS BIOTHERAPEUTICS INC

3027 TOWNSGATE RD STE 300
WESTLAKE VILLAGE CA 91361

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

CORPORATION

FRANK MICHAEL POMPILIO

EXEMPTEE IN CHARGE

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 00000000

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

In accordance with section 4060 of the Business and Professions Code, the business named above is hereby licensed at the above address, and is subject to the rules and regulations of the California State Board of Pharmacy.

This permit is **NONTRANSFERABLE** and must be renewed annually on or before the indicated date. Contact the California State Board of Pharmacy within 30 days when there is a change of ownership, location, corporate officer, shareholder (more than 10 percent share change), designated representative-in-charge, manager or vice president of operations. If you are planning to change location or designated representative-in-charge, the approval must be in advance of the change.

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

5/13/21

5/13/21

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARCUTIS BIOTHERAPEUTICS, 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 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 SAID "ARCUTIS BIOTHERAPEUTICS, INC." WAS INCORPORATED ON THE FIRST DAY OF JUNE, A.D. 2016.

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



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SR# 20211609430

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203133676

Date: 05-05-21



Description of Operations

Arcutis Biotherapeutics (Nasdaq: ARQT) is a late-stage biopharmaceutical company focused on developing and commercializing treatments for unmet needs in immune-mediated dermatological diseases and conditions, or immuno-dermatology. We are focused on filling the innovation gap in medical dermatology drug development by applying our deep clinical, product development and commercial expertise in dermatology to develop best-in-class therapies against biologically validated targets.

Arcutis Biotherapeutics, Inc. ("Arcutis") is a Virtual Manufacturer located at 3027 Townsgate Rd, Suite #300, Westlake Village, CA 91361. Arcutis's hours of operation are 9:00am-5:00pm Eastern Standard Time.

Contract Manufacturer

Arcutis uses the following contract manufacturer to produce product. At no time does any contract manufacturer own Arcutis' product, contract with Arcutis' customers, invoice or sell Arcutis' product.

DPT Laboratories, Ltd.
307 E. Josephine St.
San Antonio, TX 78215
FDA Establishment Number: 1628114

Third Party Logistics

Arcutis' products are distributed to customers by their third-party logistics provider ("3PL"), Specialty Pharmaceutical Services, Cardinal Health (SPS). Arcutis utilizes the following SPS location for storage and distribution of their product:

Cardinal Health
15 Ingram Blvd. Suite 100
LaVergne, TN 37086
Contact: Christie Stewart
615-287-0483
Christie.stewart@cordlogistics.com

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Name

Johnson & Johnson Consumer Inc.

Slate Pharmaceuticals, Inc

PortionPac Chemical Corporation

Avik Pharmaceuticals Limited

Physicians Wellness Group Inc

Drake's Organic Spirits, LLC

JFL ENTERPRISES, INC

Irisys LLC

A&S PHARMACEUTICAL CORPORATION

TENSproducts, Inc.

Flavor Producers, LLC

QNT Anderson, LLC

Carib Sales LLC

BSP Pharmaceuticals Srl

Essco

Arcutis Biotherapeutics, Inc.

MarcasUSA, LLC

Jansy Packaging LLC

Valley Medical Shoppe

PICO INC.

Zynherba Pharmaceuticals, Inc.

1

Labeler

Firm

Name

Johnson & Johnson Consumer Inc.

Slate Pharmaceuticals, Inc

PortionPac Chemical Corporation

Avik Pharmaceuticals Limited

Physicians Wellness Group Inc

Drake's Organic Spirits, LLC

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574560927

574643624

574778928

574880610

574975940

575077945

575165468

575278082

575369495



Product List

Product Name: ARQ-151 (molecular name)

Dosage Form: Cream or Foam

Labeler Code: 80610

From: [Curtis Ecalnea](#)
To: [Ami DeAngelo](#); [Kristie Russ](#)
Cc: [Alisha Nielsen](#)
Subject: RE: Arcutis Labeler Code
Date: Friday, October 23, 2020 5:38:41 PM
Attachments: [image005.png](#)
[image004.png](#)
[image007.png](#)

Greetings Ami,

I have obtained the FDA Labeler Code for Arcutis Biotherapeutics, Inc.

Below is the Notification Charlotte Merritt provided Two Labs upon receipt of the approval.

From: edrls@fda.hhs.gov <edrls@fda.hhs.gov>
Sent: Wednesday, September 16, 2020 4:38 PM
To: Charlotte Merritt <cbmerritt@arcutis.com>
Subject: Labeler Code Request Approved

eDRLS - Electronic Drug Registration & Listing System

Current Date: 16-SEP-2020
Labeler DUNS: 080642948
Labeler Name: Arcutis Biotherapeutics, Inc.
Labeler Code Assigned: 80610

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



Company Information

Arcutis Biotherapeutics, Inc.
 3027 Townsgate Road, Suite #300
 Westlake Village, CA 91361
 (805) 418-5006
www.Arcutis.com
Licensing@arcutis.com

State of Formation: Delaware
 Date Incorporated: 06/01/2016
 File Number: 6056855

Ownership Information

Arcutis Biotherapeutics, Inc. is a Publicly Traded company on the {NASDAQ stock exchange under the symbol ARQT.

Officers

Todd Franklin Watanabe, President and CEO

3027 Townsgate Road, Suite #300
 Westlake Village, CA 91361
 Ownership %: 3.5%

Scott Burrows, Chief Financial Officer

3027 Townsgate Road, Suite #300
 Westlake Village, CA 91361
 Ownership %: 0%

Patrick Burnett, Chief Medical Officer

3027 Townsgate Road, Suite #300
 Westlake Village, CA 91361
 Ownership %: 0%

Keith Klein, Secretary, General Counsel

3027 Townsgate Road, Suite #300
 Westlake Village, CA 91361
 Ownership %: 0%

Dale R. Schleich, CPIM, MBA

Thousand Oaks, CA 91362 • [REDACTED] • [REDACTED] • [linkedin.com/in/dale-schleich-cpim](https://www.linkedin.com/in/dale-schleich-cpim)

SUPPLY CHAIN EXECUTIVE DIRECTOR/DIRECTOR

Supply Chain Executive experienced in pharmaceuticals, biotechnology, autologous and allogeneic CAR-T cell therapy. Able to focus recommendations to implement best practices, improve productivity, quality, and efficiency. Impactful leader with significant management experience and leadership experience/capabilities.

- Highly analytical • Demand Planning • Supply Planning • Sales, Inventory and Operations Planning
- Clinical IP Planning • Experienced with 6 recent start-up and 4 virtual pharma companies • Quality focused
- Inventory Management • 3PL Selection and Warehouse Management • Vendor Selection and Management
- Excellent verbal and written communication skills • Collaborative & Influencing skills • Financial Analyses
- Operations Management • Knowledgeable of cGMP and ICH regulatory requirements • APICS CPIM

EXPERIENCE

ARCUTIS BIOTHERAPEUTICS, INC., Westlake Village, CA

08/2019 – Present

Independent Supply Chain Consultant

Provided Supply Chain consulting services to start-up, virtual, clinical-stage pharmaceutical company in the areas of clinical supply chain management, production planning and inventory planning management.

- Implemented manual production planning and GMP compliant inventory management process in advance of commercialization.
- Developed planning model reporting structure to provide inputs to company's long range planning model.

ALLOGENE THERAPEUTICS, INC., South San Francisco, CA

01/2019 – 05/2020

Independent Supply Chain Consultant

Provided Supply Chain consulting services to start-up, clinical-stage allogeneic CAR-T therapy company in the areas of organizational design and strategic direction, production planning, and inventory management.

- Created Supply Chain organizational design for VP Supply Chain providing guidance of functions required to support projected company growth and construction of CAR-T manufacturing facility.
- Implemented manual production planning process and GMP compliant inventory management process.
- Authored 12 SOPs and 18 other GMP documents to support warehouse management, material management and material handling functions in paper-based manufacturing facility start-up.

SIENNA BIOPHARMACEUTICALS, INC., Westlake Village CA

07/2018 – 01/2019

Director Supply Chain

Start-up, virtual, clinical-stage pharmaceutical company. Executed clinical IP planning and management, submission and analysis of Operations Department long-range financial plans, annual/quarterly budgets.

- Negotiated critical supply agreements with API vendors and managed API supply.
- Managed import / export of materials including liaison with freight forwarders, and customs brokers, and CBP recordkeeping requirements, preventing over \$500K in fines by ensuring compliance.

KITE PHARMA (acquired by Gilead Sciences, Inc.), Santa Monica, CA

10/2016 – 07/2018

Director Supply Chain

Start-up, autologous CAR-T therapy company. Managed and provided guidance to eight staff responsible for Oracle EBS production master data management, inventory management, material planning, GMP procurement and clinical sales order processing. Prioritized team tasks, ensuring deadlines were met.

- Implemented automated Kinaxis RapidResponse MRP system in 16 weeks, including design, data clean-up and validation, staff training, and user acceptance testing to manage over 100 raw materials.
- Implemented outside third party logistics warehouse for GMP raw material storage and sampling to accommodate increased material inventory for risk mitigation prior to product approval and launch.

PORTOLA PHARMACEUTICALS, INC., South San Francisco, CA**04/2016 – 10/2016****Independent Supply Chain Consultant**

Provided Supply Chain consulting services to start-up, virtual clinical-stage biotechnology company in the areas of inventory management, production planning, and serialization strategy and implementation.

- Independently developed and implemented paper-based, FDA compliant, inventory management system prior to FDA approval and product launch.

KYTHERA BIOPHARMACEUTICALS, INC. (acquired by Allergan plc), Westlake Village, CA**10/2013 – 03/2016****Associate Director Supply Chain**

Start-up, virtual pharmaceutical company. Executed planning, submission and analysis of Operations Department long-range financial plans, annual and quarterly budgets, spend vs. budget, accruals, and Cost of Goods.

- Created, implemented, and executed commercial supply planning process.
- Designed and implemented Microsoft Dynamics AX ERP system as Supply Chain super-user.
- Developed and executed Requests for Proposal (RFPs) for Specialty Distribution services, Third Party Logistics provider and Transportation Services. Part of the team to evaluate proposals, select vendor and execute establishment of services.
- Implemented state distribution licensing program that allowed Kythera to distribute Kybella® following FDA approval, including licensing as Designated Representative by California State Board of Pharmacy.

AMGEN INC., Thousand Oaks, CA**11/2002 – 10/2013****Senior Project Manager, 08/2009 – 10/2013**

Mature biotechnology company. Created and matured the Global Product Protection Program, integrating four separate initiatives into a single program, focusing efforts to better secure and strengthen supply chain security.

- Identified two root causes and established corrective actions for a multi-year, unresolved Epogen® product complaint issue by investigating the extended product supply chain from manufacturing and warehousing to wholesaler activities and through end-user receipt and handling.

Supply Chain Senior Manager, 06/2004 – 08/2009

Supervised activities of 3 Production Planners in the performance of their duties across 5 products.

- Enabled Enbrel® product sales growth of 50% (\$1.9 billion to \$2.9 billion) from 2004 to 2006 on sustained low inventories by managing all aspects of the company's most complex supply chain.
- Supported SAP ERP system design and implementation as Supply Chain super-user.

Production Planner II, 11/2002 – 06/2004

Maintained target inventory levels for both commercial and clinical products by balancing demand and supply.

ADDITIONAL RELEVANT EXPERIENCE

CLOROX CO., Oakland CA - Production Planner and Filling Line Supervisor

U.S. NAVY, Groton CT, Naples Italy, San Diego CA - Nuclear Submarine Officer

EDUCATION

Master of Business Administration in Financial Management, National University, San Diego, CA

Bachelor of Science in Construction Engineering, The Ohio State University, Columbus, OH

CERTIFICATIONS

APICS CPIM Certification # 1277222

TECHNICAL SKILLS

Oracle • RapidResponse • Dynamics AX • SAP ECC • JD Edwards

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549

Form 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For the fiscal year ended December 31, 2019

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**
For transition period from to
Commission File Number: 001-39186

ARCUTIS BIOTHERAPEUTICS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or Other Jurisdiction of Incorporation or Organization)
2945 Townsgate Road, Suite 110
Westlake Village, California
(Address of Principal Executive Offices)

81-2974255
(I.R.S. Employer Identification Number)
91361
(Zip Code)

(805) 418-5006
(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

<u>Title of each class</u>	<u>Trading Symbol</u>	<u>Name of each exchange on which registered</u>
Common Stock, par value \$0.0001	ARQT	The Nasdaq Global Select Market

Securities registered pursuant to section 12(g) of the Act: None

Indicate by a check mark if the Registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☐ No ☒

Indicate by check mark if the Registrant is not required to file reports pursuant to Section 13 or Section 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the Registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the Registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☐ No ☒

Indicate by check mark whether the Registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the Registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer	☐	Accelerated filer	☐
Non-accelerated filer	☒	Smaller reporting company	☐
Emerging growth company	☒		

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

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

The registrant was not a public company as of the last business day of its most recently completed second fiscal quarter and therefore, cannot calculate the aggregate market value of its voting and non-voting common equity held by non-affiliates as of such date.

The number of shares of the registrant's Common Stock outstanding as of March 1, 2020 was 38,088,959.

DOCUMENTS INCORPORATED BY REFERENCE:

None.

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SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS

This Annual Report on Form 10-K, including the sections entitled "Risk Factors," "Management's Discussion and Analysis of Financial Condition and Results of Operations," and "Business" contains forward-looking statements. The words "believe," "may," "will," "potentially," "estimate," "continue," "anticipate," "intend," "could," "would," "project," "plan," "expect" and similar expressions that convey uncertainty of future events or outcomes are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

The forward-looking statements in this Annual Report on Form 10-K include, among other things, statements about:

- the success, cost and timing of our plans to develop and commercialize immune-dermatology drugs, including our current products, ARQ-151, ARQ-154, ARQ-252 and ARQ-255 for indications including psoriasis, atopic dermatitis, scalp psoriasis, seborrheic dermatitis, hand eczema, vitiligo and alopecia areata;
- the anticipated impact of the COVID-19 outbreak on our ongoing and planned clinical trials and other business operations, including any potential delays, halts or modifications to our clinical trials and other potential changes to our clinical development plans or business operations;
- our ability to obtain funding for our operations, including funding necessary to complete further development and commercialization of our product candidates;
- the timing of and our ability to obtain and maintain regulatory approvals for ARQ-151, ARQ-154, ARQ-252 and ARQ-255;
- future agreements, if any, with third parties in connection with the commercialization of our product candidates;
- the success, cost and timing of our product candidate development activities and planned clinical trials;
- the rate and degree of market acceptance and clinical utility of our product candidates;
- the potential market size and the size of the patient populations for our product candidates, if approved for commercial uses;
- our commercialization, marketing and manufacturing capabilities and strategy;
- the success of competing therapies that are or may become available;
- our ability to attract and retain key management and technical personnel;
- our expectations regarding our ability to obtain, maintain and enforce intellectual property protection for our product candidates; and
- our estimates regarding expenses, future revenue, capital requirements and needs for additional financing.

These forward-looking statements are subject to a number of risks, uncertainties and assumptions, including those described in "Risk factors" and elsewhere in this Annual Report on Form 10-K. Moreover, we operate in a competitive and rapidly changing environment, and new risks emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed in this Annual Report on Form 10-K may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements.

You should not rely upon forward-looking statements as predictions of future events. Although we believe that the expectations reflected in the forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances reflected in the forward-looking statements will be achieved or occur. We undertake no obligation to update publicly any forward-looking statements for any reason after the date of this Annual Report on Form 10-K to conform these statements to actual results or to changes in our expectations, except as required by law.

You should read this Annual Report on Form 10-K we have filed with the Securities and Exchange Commission with the understanding that our actual future results, levels of activity, performance and events and circumstances may be materially different from what we expect.

TRADEMARKS

The mark "Arcutis" and the Arcutis logo are our registered trademarks, and all product names are our common law trademarks. All other service marks, trademarks and trade names appearing in this Annual Report on Form 10-K are the property of their respective owners. Solely for convenience, the trademarks and tradenames referred to herein 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 the right of the applicable licensor to these trademarks and tradenames.

MARKET AND INDUSTRY DATA

This Annual Report on Form 10-K contains estimates, projections and other statistical data and information concerning our industry, our business and the markets for our product candidates. Some data and statistical information contained herein, including market size and opportunity figures for our product candidates, are based on management's estimates and calculations, which are derived from our review and interpretation of the independent sources, our internal research and knowledge of the industry and market in which we operate. Some data and statistical information are based on independent reports from third parties, including DR/Decision Resources, LLC, or Decision Resources Group, and Adelphi Group Limited, or Adelphi Group, as well as reports that we commissioned from third parties. Decision Resources Group makes no representation or warranty as to the accuracy or completeness of the data, or DR Materials, set forth herein and shall have, and accept, no liability of any kind, whether in contract, tort (including negligence) or otherwise, to any third party arising from or related to use of the DR Materials by us. Any use which we or a third party makes of the DR Materials, or any reliance on it, or decisions to be made based on it, are the sole responsibilities of us and such third party. In no way shall any data appearing in the DR Materials amount to any form of prediction of future events or circumstances and no such reliance may be inferred or implied.

This information, to the extent it contains estimates or projections, involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates or projections. Industry publications and other reports we have obtained from independent parties generally state that the data contained in these publications or other reports have been obtained in good faith or from sources considered to be reliable, but they do not guarantee the accuracy or completeness of such data. The industry in which we operate is subject to risks and uncertainties due to a variety of factors, including those described in the section entitled "Risk Factors." These and other factors could cause results to differ materially from those expressed in these publications and reports.

Part I

Item 1. BUSINESS

Overview

We are a late-stage biopharmaceutical company focused on developing and commercializing treatments for dermatological diseases with high unmet medical needs. Our current portfolio is comprised of topical treatments with significant potential to address immune-mediated dermatological diseases and conditions, or immuno-dermatology. Our strategy is to identify and develop treatments against validated biological targets in dermatology that deliver a differentiated clinical profile that addresses major shortcomings of existing therapies in our targeted indications. We believe this strategy uniquely positions us to rapidly progress towards our goal of bridging the treatment innovation gap in dermatology, while maximizing our probability of technical success and financial resources.

Our lead product candidate, ARQ-151, is in Phase 3 clinical trials in plaque psoriasis. ARQ-151 is a topical cream formulation of roflumilast, a highly potent and selective phosphodiesterase type 4, or PDE4, inhibitor, which we are developing for the treatment of plaque psoriasis, including psoriasis in intertriginous regions such as the groin, axillae, and inframammary areas, as well as atopic dermatitis. PDE4 is an established biological target in dermatology, with multiple PDE4 inhibitors approved by the U.S. Food and Drug Administration, or FDA. We have successfully completed a Phase 2b study of ARQ-151 in plaque psoriasis, demonstrating potential symptomatic improvement and favorable tolerability of ARQ-151 in this population. We have initiated three Phase 3 studies in plaque psoriasis, with topline data expected in the first half of 2021. We have also completed enrollment in a long-term safety study of ARQ-151 in plaque psoriasis patients, and expect to report topline data in the first half of 2021. We also completed a Phase 2 proof of concept study of ARQ-151 in atopic dermatitis and plan to initiate a Phase 2b study in the second half of 2020, with topline results expected in the second half of 2021.

In addition, we are developing ARQ-154, a topical foam formulation of ARQ-151, and have initiated a Phase 2 proof of concept study in seborrheic dermatitis and a Phase 2b study in scalp psoriasis. We expect to report topline data in the second half of 2020 with respect to seborrheic dermatitis and in Q4 2020/Q1 2021 with respect to scalp psoriasis. Beyond this, in 2020 we also plan to initiate clinical studies of ARQ-252, a potent and highly selective topical janus kinase type 1, or JAK1, inhibitor for the treatment of hand eczema and vitiligo. Additionally, we have formulation and preclinical efforts underway for ARQ-255, an alternative topical formulation of ARQ-252 designed to reach deeper into the skin in order to potentially treat alopecia areata.

Dermatological diseases such as psoriasis, atopic dermatitis, seborrheic dermatitis, hand eczema, alopecia areata, and vitiligo affect hundreds of millions of people worldwide each year, impacting their quality of life, and physical, functional and emotional well-being. There are many approved treatments for these conditions, but a large opportunity remains due to issues with existing treatments. Topical treatments are used for nearly all patients, but are limited by one or more of the following: modest response rates, side effects, patient adherence, application site restrictions, and limits on duration of therapy. Topical corticosteroids, or TCS, are commonly used as the first-line therapy for the treatment of inflammatory skin conditions such as psoriasis and atopic dermatitis. While many patients see improvements, long term TCS treatment carries the risk of a variety of significant side effects. As a result, TCS are typically used intermittently, which can lead to disease flares. In psoriasis, vitamin D analogues have demonstrated lower response rates than TCS and are frequently irritating. In atopic dermatitis, topical calcineurin inhibitors, or TCIs, and Eucrisa, a topical non-steroidal PDE4 inhibitor, have lower response rates than TCS and are associated with application site burning. TCIs also have a boxed warning for cancer risk.

Biologic and systemic therapies are also available, but are indicated for a small percentage of the affected population. Biologics for psoriasis and atopic dermatitis have shown impressive response rates but are only indicated for the minority of patients with moderate-to-severe forms of disease, are expensive, and often face reimbursement and access restrictions. Use of oral systemic therapies such as methotrexate and Otezla are also limited to more severe psoriasis patients and have significant side effect risks. Additionally, many patients on biologic and systemic therapies still require adjunctive topical therapy.

Given the limitations associated with TCS, other topical therapies, biologics, and systemic therapies, we believe patients with inflammatory skin conditions are dissatisfied with their current treatment options. We believe that there is a significant opportunity to leverage developments in other fields of medicine, particularly inflammation and immunology, to address the significant need for effective chronic treatments in immuno-dermatology. Our initial focus is to address patients' significant need for innovative topical treatments that directly target molecular mediators of disease, have the potential to show significant symptomatic improvement, maintain a low risk of toxicity or side effects, and are suitable for chronic use on all areas of the body.

We are developing ARQ-151 for the treatment of plaque psoriasis and atopic dermatitis. High-potency steroids are the current standard of care for plaque psoriasis, and low- to mid-potency steroids are the current standard of care for atopic dermatitis, but steroids are associated with suppression of the hypothalamic-pituitary-adrenal axis, or HPA axis (one of the body's four neuroendocrine systems, playing a central role in regulating portions of the metabolic, cardiovascular, immune, reproductive and central nervous systems), skin atrophy (thinning), striae (stretch marks), and telangiectasias (spider veins), among other side effects. Furthermore, some of these side effects (e.g., striae) are irreversible, persisting even after therapy is discontinued. Based on market research and our internal estimates, we estimate the population of patients treated with prescribed topical therapies in the United States is approximately 2.5 million patients and 5.4 million patients for psoriasis and atopic dermatitis, respectively. We estimate our addressable market opportunity, which focuses on patients treated by dermatologists with topical therapies, for each of psoriasis and atopic dermatitis is 2.0 million patients and 1.0 million patients, respectively.

We cannot at this time predict the specific extent, duration, or full impact that the COVID-19 outbreak will have on our ongoing and planned clinical trials and other business operations. We do, however, believe that there will be an impact on the clinical development of our product candidates, which may include potential delays, halts or modifications to our ongoing and planned trials.

Our Pipeline

The following charts summarize our product pipeline, including our lead product candidate, ARQ-151, and our upcoming anticipated milestones:

	Preclinical	Phase 1	Phase 2	Phase 3	Commercial Rights
ARQ-151 Cream (PDE4 Inhibitor)	Plaque Psoriasis				Worldwide
	Atopic Dermatitis				Worldwide
ARQ-154 Foam (PDE4 Inhibitor)	Seborrheic Dermatitis				Worldwide
	Scalp Psoriasis				Worldwide
ARQ-252 Cream (JAK1 Inhibitor)	Hand Eczema				U.S., EU, Japan, Canada
	Vitiligo				U.S., EU, Japan, Canada
ARQ-255 Suspension (JAK1 Inhibitor)	Alopecia Areata				U.S., EU, Japan, Canada



Our Strategy

Our strategy is to leverage recent innovations in inflammation and immunology to identify molecules against validated biological targets in dermatology, and to develop and commercialize best-in-class products that address significant unmet needs in immuno-dermatology. Key elements of our strategy include:



May 6, 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 Arcutis Biotherapeutics, Inc. ("Arcutis"), attached is Arcutis's initial application.

Arcutis Biotherapeutics is a late-stage biopharmaceutical company focused on developing and commercializing treatments for unmet needs in immune-mediated dermatological diseases and conditions, or immuno-dermatology. Arcutis is focused on filling the innovation gap in medical dermatology drug development by applying deep clinical, product development and commercial expertise in dermatology to develop best-in-class therapies against biologically validated targets.

Arcutis is a "Virtual Manufacturer". Their product is manufactured by a contract manufacturer and distributed by a Third-Party Logistics Provider, who meets licensure requirements to ship pharmaceutical products into your state. Therefore, at no time does Arcutis physically manufacture or distribute product. Arcutis's product is not a controlled substance. Accordingly, Arcutis is not required to obtain a DEA registration.

I hope this narrative is helpful as you review Arcutis's application. If you have a question regarding this application, please contact me at 216-406-0178 or via email at cheryl.midian@twolabs.com. Please also address all written communication to me. My address is 4967 Cadogan Place, New Albany, OH 43054.

Thank you in advance for your consideration.

Cheryl Midian
Licensing Analyst
PharmaLicense

BOARD OF PHARMACY LICENSING DETAILS FOR: WLS 7888

NAME: ARCUTIS BIOTHERAPEUTICS INC

LICENSE TYPE: WHOLESALER

LICENSE STATUS: CLEAR

ADDRESS

3027 TOWNSGATE RD STE 300
WESTLAKE VILLAGE CA 91361
VENTURA COUNTY

ISSUANCE DATE

JANUARY 28, 2021

EXPIRATION DATE

MAY 15, 2021

CURRENT DATE / TIME

MAY 3, 2021
11:41:49 AM

LICENSE RELATIONSHIPS

NAME: POMPILO, FRANK MICHAEL

ADDRESS NOT DISCLOSED

LICENSE/REGISTRATION TYPE: REGISTERED

PHARMACIST

LICENSE NUMBER: 43927 **PRIMARY STATUS:** CLEAR

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 ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☒ 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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Inogen, Inc.</u>	
Physical Address: <u>600 Shiloh Road</u>	
City: <u>Plano</u>	State: <u>TX</u> Zip: <u>75074</u>
Mailing Address (if different from physical address): <u>Inogen, Inc. c/o State License Servicing, 1751 State Route 17A, Suite 3</u>	
City: <u>Florida</u>	State: <u>NY</u> Zip: <u>10921</u>
Telephone: <u>(845) 544-2482</u>	Website: <u>www.inogen.com</u>
Name of Designated Representative (DR): <u>Bart Ben Sanford</u>	
Licensing Company Email: <u>IGN@slny.com</u>	DR Email: <u>licensing@inogen.net</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers ☒ Others: <u>Manufacturers, Distributors, Patients</u>	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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- Inogen does not manufacture/distribute 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: DE

Parent Company (if any): Publicly Traded: INGN

Corporation Name: Inogen, Inc.

Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3

City: Florida State: NY Zip: 10921

Telephone: (845) 544-2482 Email: IGN@slsny.com

Contact Person Name: Jennifer Schneider

Date of SEC Registration: 02/12/2014 SEC Registration Number: 333-192605 Stock Exchange Symbol: INGN

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:			☒
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/ .			

N/A Inogen IS Publicly traded - does not require bond

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> 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.

Bart Ben Sanford

Print Name of Authorized Person Submitting Application

Bart Ben Sanford

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

6/25/21
Date

Board Use Only

Date Received: _____

Amount: \$500

Check # 769

Processed 7/22/21

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.texas.gov.
- ★ Please submit written notice if you close or sell your business.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

INOGEN INC
600 SHILOH RD
PLANO TX 75074



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT**



INOGEN INC
600 SHILOH RD
PLANO, TX 75074

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE MANUFACTURER

License # 1002855

Expires: May 13, 2023

NON-TRANSFERABLE

Commissioner

511491

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INOGEN, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INOGEN, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF NOVEMBER, A.D. 2001.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

3460984 8300

SR# 20212513231

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

Authentication: 203508912

Date: 06-22-21



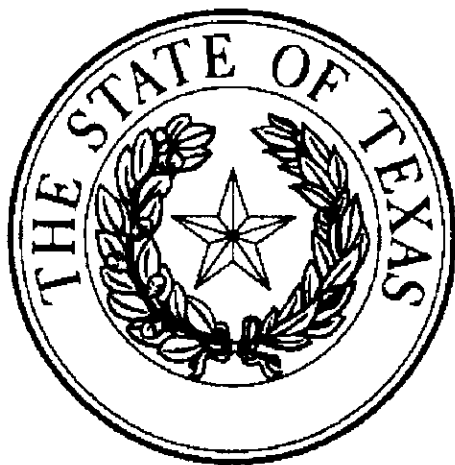
Office of the Secretary of State

Certificate of Fact

The undersigned, as Deputy Secretary of State of Texas, does hereby certify that the document, Application for Registration for INOGEN, INC. (file number 800864067), a DELAWARE, USA, Foreign For-Profit Corporation, was filed in this office on August 28, 2007.

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 18, 2021.



A handwritten signature in black ink, consisting of a stylized 'J' and 'E' followed by a horizontal line.

Jose A. Esparza
Deputy Secretary of State



Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 11/27/2001

Address

Fax

Title

Driver's License

Address

Driver's License

Address

Driver's License

Name

Driver's License

Inc.



List of Officers

Alison Bauerlein – CFO/EVP, Finance
Bart Ben Sanford – EVP, Operations
Brenton Alan Taylor – EVP, Engineering
George Parr – EVP, Chief Commercial Officer
Nabil Shabshab – CEO/President

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: 001-36309

INOGEN, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)
301 Coromar Drive
Goleta, CA
(Address of principal executive offices)

33-0989359
(I.R.S. Employer
Identification No.)

93117
(Zip Code)

Registrant's telephone number, including area code: (805) 562-0500

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
<u>Common Stock, \$0.001 par value</u>	<u>INGN</u>	<u>The NASDAQ Stock Market LLC</u> (NASDAQ Global Select Market)

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company," and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☐

Non-accelerated filer ☐

Emerging growth company ☐

Accelerated filer ☒

Smaller reporting company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

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

As of April 30, 2021, the registrant had 22,395,360 shares of common stock, par value \$0.001, outstanding.



INOGEN INC IS PUBLICLY TRADED ON THE NASDAQ

NAME	% OWNERSHIP
Novo A/S	12.33%
Blackrock, Inc	13.86%
The Vanguard Group	10.05%
Brown Capital Management, LLC	17.75%



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

[New Search](#)

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Establishment:

Inogen, Inc
600 Shiloh Rd.
Plano, TX 75074

Registration Number: 3019385742

FEI Number*: 3019385742

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:

[INOGEN, INC.](#)⁶
600 Shiloh Rd.
Plano, TX US 75074

Owner/Operator Number: [9064201](#)⁷

Verified
7/29/21 MS

Official Correspondent:

Elias Cury
600 Shiloh Rd.
Plano, TX 75074
Phone: 1-469-7294130

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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4. <https://www.fda.gov/Medical-Devices>
5. <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases>
6. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)
7. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)

Page Last Updated: 07/26/2021

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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](#)



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U.S. Department of **Health & Human Services**

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5. <https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/medical-device-databases>
6. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)
7. [./scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=](/scripts/cdrh/cfdocs/cfRL/rl.cfm?start_search=1&establishmentName=@Num=&StateName=&CountryName=&RegistrationNumber=&OwnerOperatorNumber=9064201&OwnerOperatorName=&ProductCode=&DeviceName=&ProprietaryName=&establishmentType=&PAGENUM=10&SortColumn=)

From: CDRH Registration and Listing <regist@CDRH.FDA.GOV>
Sent: Tuesday, June 15, 2021 1:38 PM
To: Lianna Davis <lianna.davis@inogen.net>; CDRH Registration and Listing <regist@CDRH.FDA.GOV>
Subject: RE: [EXTERNAL] Successful 2021 Medical Device Establishment Registration - OO# 9064201

Hello,

It may take 90 days or longer for your registration number to be assigned. These numbers are assigned in the order that they are received and cannot be expedited. **Until the registration number is received, you may conduct business using your owner/operator and listing numbers.**

Thank You,

Amanda Livingston
Quality Assurance Specialist

Imports and Registration and Listing Team
Division of Regulatory Programs 2 | Office of Regulatory Programs
Office of Product Evaluation and Quality

CDRH | Food and Drug Administration
White Oak Bldg 66 | 10903 New Hampshire Avenue | Silver Spring, MD 20993
Ph: (301) 796-7400
Reglist@cdrh.fda.gov



Excellent customer service is important to us. Please take a moment to provide feedback regarding the customer service you have received:

<https://www.research.net/s/cdrhcustomerservice?ID=1221&S=E>

From: CDRH Registration and Listing <regist@CDRH.FDA.GOV>
Sent: Saturday, June 12, 2021 6:43 PM
To: Compliance <Compliance@inogen.net>
Subject: [EXTERNAL] Successful 2021 Medical Device Establishment Registration

Dear John Anderson:

This e-mail provides confirmation that the annual registration for the following medical device establishment has been successfully completed for 2021:

Registration Number:

Owner Operator Number: 9064201

Inogen, Inc

600 Shiloh Rd.

Plano, TX 75074

UNITED STATES

If you do not see a registration number assigned to the establishment and your establishment previously had one, please send an email to regist@cdrh.fda.gov and include the registration number you believe is assigned to your establishment. We will review and determine if a duplicate registration has been created for your establishment.

Your registration is valid until December 31, 2021. Registration for 2022 will be conducted between October 1 and December 31, 2021.

Please note that registering your device facility and listing your devices does not, in any way, constitute FDA approval of your facility or your devices.

Should you have any questions, please send an e-mail to the CDRH Registration and Listing Helpdesk at regist@cdrh.fda.gov.

CDRH Registration and Listing Helpdesk
Imports & Registration and Listing Team
Division 2 Establishment Support
Office of Regulatory Programs
Office of Product Evaluation and Quality
Center for Devices and Radiological Health
U.S. Food and Drug Administration

Tel: 301-796-7400, Option 1

Email: regist@cdrh.fda.gov

Maria Herrera

From: Compliance Department <compliance@slnysupport.com>
Sent: Thursday, July 22, 2021 10:44 AM
To: Maria Herrera
Subject: Fwd: [#108118] FW: Nevada Wholesaler Application- Inogen, Inc.
Attachments: IGN-SHL-TX-EXP-2023-05-13.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Categories: Already printed

Ticket ID : 108118
 Good Afternoon,

I hope this email finds you well,

Concerning the initial out-of-state wholesaler application filed for Inogen, Inc. For their facility at 600 Shiloh Road, Plano, TX 75074.

Please find attached the home state license.

To clarify, **this is not change to any of Inogen's existing licenses.**

Will this be sufficient?

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@slnysupport.com



On Wed, 21 Jul at 3:24 PM , Catch All <catchall@slny.com> wrote:

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, July 21, 2021 2:58 PM
To: ign@slny.com
Subject: Nevada Wholesaler Application- Inogen, Inc.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Inogen, Inc. The application is incomplete due to the following missing item(s).

- Home state license

Also please confirm that this is not a change of ownership to the MDEG license we have for this facility? MP01345

Or are we changing the MDEG license to a wholesaler license?

4V

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) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☒ 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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>Kala Pharmaceuticals, Inc.</u>	
Physical Address: <u>490 Arsenal Way, Suite 120</u>	
City: <u>Watertown</u>	State: <u>MA</u> Zip: <u>02472</u>
Mailing Address (if different from physical address): <u>same as above</u>	
City: _____	State: _____ Zip: _____
Telephone: <u>781-996-5252</u>	Website: <u>www.kalarx.com</u>
Name of Designated Representative (DR): <u>Patrick J. Bedell</u>	
Licensing Company Email: <u>Pat.Bedell@kalarx.com</u>	DR Email: <u>Pat.Bedell@kalarx.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Others: _____	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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.		

Received 6/22/21

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 C

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): N/A - publicly traded

Corporation Name: Kala Pharmaceuticals, Inc.

Mailing Address: 490 Arsenal Way, Suite 120

City: Watertown

State: MA

Zip: 02472

Telephone: 781-996-5252

Email: Pat.Bedell@kalarx.com

Contact Person Name: Patrick J. Bedell

Date of SEC Registration: 6/23/2017

SEC Registration Number: 001-38150

Stock Exchange Symbol: KALA

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:			✓
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/ . N/A - publicly traded company.			

Section 9: Provide all the applicable documents with your application based on your Business Type. Required documents are indicated by an "✓" on the right.	Publicly Traded	Non-publicly Traded	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors. See Attachment E	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership. See Attachment E	✓			
• List of <u>all</u> corporation shareholders and their percent ownership. N/A		✓		
• List of <u>all</u> 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/ N/A		✓	✓	✓
• 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		✓	✓	✓
• Copy of DEA certificate if handling controlled substances N/A	✓	✓	✓	✓
• Copy of current SEC 10K or 8K See Attachment C	✓			
• A list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. See Attachment B	✓	✓	✓	✓
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/bopnv.gov/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.

Patrick Bedell

Print Name of Authorized Person Submitting Application

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

Date

June 17, 2021

Board Use Only	Date Received: 6/24/2021	Amount: \$500 (cc) ✓
----------------	--------------------------	----------------------

Attachment B**Nature of Business**

Kala Pharmaceuticals, Inc. (Kala) is a virtual manufacturer of prescription drugs. Kala will utilize a contract manufacturer to produce its products and a licensed third party logistics provider to warehouse and distribute. The company will not physically handle product. Provided is the contact information for the third party logistics provider and contract manufacturer.

Third Party Logistics Provider:

Integrated Commercialization Solutions, LLC
420 International Blvd., Suite 500
Brooks, KY 40109

Contract Manufacturer:

Catalent Pharma Solutions, LLC
2210 Lake Shore Drive
Woodstock, IL 60098
FDA Registration #: 1419377

Attachment D**Certificate of Good Standing**

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "KALA PHARMACEUTICALS, 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 SEVENTH DAY OF JULY, A.D. 2009, AT 12:02 O'CLOCK P.M.

RESTATED CERTIFICATE, CHANGING ITS NAME FROM "HANES NEWCO, INC." TO "KALA PHARMACEUTICALS, INC.", FILED THE ELEVENTH DAY OF DECEMBER, A.D. 2009, AT 11:59 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2010, AT 4:52 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF JULY, A.D. 2011, AT 12:58 O'CLOCK P.M.

CERTIFICATE OF CORRECTION, FILED THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2012, AT 6:14 O'CLOCK P.M.



4706707 8310

SR# 20210242834

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

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

Authentication: 202519960

Date: 02-16-21

Delaware

The First State

Page 3

CERTIFICATE OF AMENDMENT, FILED THE TWELFTH DAY OF OCTOBER,
A.D. 2016, AT 12:12 O'CLOCK P.M.

~~CERTIFICATE OF AMENDMENT, FILED THE SEVENTH DAY OF JULY, A.D.~~
2017, AT 11:01 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-FIFTH DAY OF JULY, A.D.
2017, AT 9:09 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-
THIRD DAY OF DECEMBER, A.D. 2020, AT 4:17 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "KALA PHARMACEUTICALS, 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 "KALA
PHARMACEUTICALS, INC." WAS INCORPORATED ON THE SEVENTH DAY OF
JULY, A.D. 2009.

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



[Signature]
Jeffrey M. Bolash, Secretary of State

4706707 8310

SR# 20210242834

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

Authentication: 202519960

Date: 02-16-21

Delaware

The First State

Page 2

RESTATED CERTIFICATE, FILED THE TWENTY-EIGHTH DAY OF FEBRUARY,
A.D. 2012, AT 6:14 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-THIRD DAY OF APRIL,
A.D. 2012, AT 3:05 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE THIRTEENTH DAY OF FEBRUARY,
A.D. 2013, AT 2:25 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE SIXTEENTH DAY OF APRIL, A.D.
2014, AT 9:05 O'CLOCK A.M.

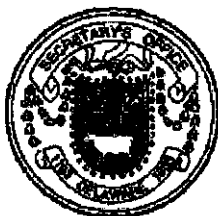
CERTIFICATE OF AMENDMENT, FILED THE TWENTIETH DAY OF NOVEMBER,
A.D. 2014, AT 11:50 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE ELEVENTH DAY OF MAY, A.D.
2015, AT 1:53 O'CLOCK P.M.

RESTATED CERTIFICATE, FILED THE FOURTEENTH DAY OF AUGUST, A.D.
2015, AT 2:45 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE SIXTEENTH DAY OF SEPTEMBER,
A.D. 2015, AT 11:28 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE FIFTH DAY OF APRIL, A.D. 2016,
AT 4:17 O'CLOCK P.M.



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

4706707 8310

SR# 20210242834

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

Authentication: 202519960

Date: 02-16-21

Attachment E

Corporate Officer, Director and Ownership Information

Kala Pharmaceuticals, Inc.
490 Arsenal Way, Suite 120
Watertown, MA 02472

Corporate Officers:

Mark Iwicki
Chairman and Chief Executive Officer

Kim Brazzell, PhD
Chief Medical Officer

Hongming Chen, ScD
Chief Scientific Officer

Mary Reumuth, C.P.A.
Chief Financial Officer

Todd Bazemore
Chief Operating Officer

Eric Trachtenberg
General Counsel and Chief Compliance Officer

Directors:

Mark Iwicki
Howard B. Rosen
Gregory Grunberg, MD, MBA
Rajeev Shah
Robert Paull
Andrew Koven
Gregory Perry

Top Shareholders:

1. RA Capital Management, L.P. 16.82%
2. Orbimed Advisors LLC 8.45%
3. Eventide Asset Management LLC 5.34%
4. Blackrock Inc. 5.13%

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114



CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000149	12/04/2020	12/04/2021	Virtual Drug Manufacturers

ISSUED TO

KALA PHARMACEUTICALS, INC.
490 ARSENAL WAY
SUITE 120
WATERTOWN, MA 02472
ATTN: PATRICK J BEDELL EXECUTIVE DIRECTOR TRADE AND
ALTERNATE CHANNELS

COMMISSIONER OF PUBLIC HEALTH

RECIPIENT'S COPY

RENEWAL

841118

CONTROLLED SUBSTANCES REGISTRATIONS

In Accordance with Massachusetts General Laws Chapter 94C, Section 7

NUMBER	ISSUED	EXPIRES	TYPE
MA0000149	12/04/2020	12/04/2021	Virtual Drug Manufacturers

ISSUED TO

KALA PHARMACEUTICALS, INC.
490 ARSENAL WAY
SUITE 120
WATERTOWN, MA 02472
ATTN: PATRICK J BEDELL EXECUTIVE DIRECTOR TRADE AND
ALTERNATE CHANNELS

RENEWAL

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH, DRUG CONTROL PROGRAM
239 CAUSEWAY ST., SUITE 500, BOSTON, MA 02114

In Accordance with Massachusetts General Laws Chapter 94C, Section 7



NUMBER	ISSUED	EXPIRES	TYPE
MA0000149	12/04/2020	12/04/2021	Virtual Drug Manufacturers

ISSUED TO

KALA PHARMACEUTICALS, INC.
490 ARSENAL WAY
SUITE 120
WATERTOWN, MA 02472
ATTN: PATRICK J BEDELL EXECUTIVE DIRECTOR TRADE AND
ALTERNATE CHANNELS

COMMISSIONER OF PUBLIC HEALTH

FILE COPY

RENEWAL

841118

National Drug Code Directory

SHARE (https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

TWEET (https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

LINKEDIN (https://www.linkedin.com/shareArticle?mini=true&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&title=NATIONAL%20DRUG%20CODE%20DIRECTORY&source=fda)

PIN IT (https://www.pinterest.com/pin/create/button/?url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm&description=NATIONAL%20DRUG%20CODE%20DIRECTORY)

±

EMAIL (mailto:7SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

PRINT

Current through June 15, 2021

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Search Results: 'kala pharmaceuticals'

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Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	Start Marketing Date	End Marketing Date	Market Category	Package Description
Eysuvis	71571-333-83	2.5 mg/mL	SUSPENSION/ DROPS	OPHTHALMIC	NDA210933	Kala Pharmaceuticals, Inc.	71571-333	loteprednol etabonate	LOTEPREDNOL ETABONATE	HUMAN PRESCRIPTION DRUG	11/18/2020	N/A	NDA	1 BOTTLE, DROPPER in 1 CARTON (71571-333-83) > 8.3 mL in 1 BOTTLE, DROPPER
Inveltys	71571-121-28	10 mg/mL	SUSPENSION	TOPICAL	NDA210565	Kala Pharmaceuticals, Inc.	71571-121	loteprednol etabonate	LOTEPREDNOL ETABONATE	HUMAN PRESCRIPTION DRUG	08/22/2018	N/A	NDA	1 BOTTLE, DROPPER in 1 CARTON (71571-121-28) > 2.8 mL in 1 BOTTLE, DROPPER

Showing 1 to 2 of 2 entries

Previous 1 Next

Background Information

(<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

Drug questions email: DRUGINFO@FDA.HHS.GOV

(<mailto:DRUGINFO@FDA.HHS.Gov>)

See also: [Drug Registration and Listing Instructions](#)

(<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)

[National Drug Code Directory Data Files](#)

(<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

U.S. Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

✓ verified
M.H. 6/24/2021

Attachment C**SEC 10-K Report**

Enclosed are the first 15 pages from Kala Pharmaceuticals, Inc.'s latest SEC 10-K report. The entire report is over 200 pages. To review the entire report, you may visit the following website:
<https://investors.kalarx.com/static-files/3c35f522-6e8d-42d6-ad71-f749c100d8d5>

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

FORM 10-K

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2020
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 001-38150

KALA PHARMACEUTICALS, INC.

(Exact name of registrant as specified in its charter)

Delaware
(State or other jurisdiction of
incorporation or organization)

490 Arsenal Way, Suite 120
Watertown, MA
(Address of principal executive offices)

27-0604595
(I.R.S. Employer
Identification No.)

02472
(Zip Code)

(781) 996-5252

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class
Common Stock, \$0.001 par value per share

Trading Symbol
KALA

Name of each exchange on which registered
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 Exchange Act). Yes ☐ No ☒

As of June 30, 2020, the last business day of the registrant's most recently completed second fiscal quarter, the aggregate market value of the Common Stock held by non-affiliates of the registrant was approximately \$411.8 million, based on the closing price of the registrant's common stock on June 30, 2020.

There were 61,552,352 shares of Common Stock (\$0.001 par value) outstanding as of February 24, 2021.

DOCUMENTS INCORPORATED BY REFERENCE

Part III of this Annual Report incorporates by reference information from the definitive Proxy Statement for the registrant's 2021 Annual Meeting of Stockholders, which is expected to be filed with the Securities and Exchange Commission not later than 120 days after the registrant's fiscal year ended December 31, 2020.

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References to Kala

Throughout this Annual Report on Form 10-K, the “Company,” “Kala,” “Kala Pharmaceuticals,” “we,” “us,” and “our,” except where the context requires otherwise, refer to Kala Pharmaceuticals, Inc. and its consolidated subsidiary, and “our board of directors” refers to the board of directors of Kala Pharmaceuticals, Inc.

SPECIAL NOTE REGARDING FORWARD-LOOKING STATEMENTS AND INDUSTRY DATA

This Annual Report on Form 10-K contains forward-looking statements that involve substantial risks and uncertainties. All statements, other than statements of historical fact, contained in this Annual Report on Form 10-K, including statements regarding our strategy, future operations, future financial position, future revenue, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words “anticipate,” “believe,” “continue,” “could,” “estimate,” “expect,” “intend,” “may,” “might,” “plan,” “potential,” “predict,” “project,” “target,” “should,” “would” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

The forward-looking statements in this Annual Report on Form 10-K include, among other things, statements about:

- our commercialization efforts for EYSUVIS™ (loteprednol etabonate ophthalmic suspension) 0.25% and INVELTYS® (loteprednol etabonate ophthalmic suspension) 1%;
- our development efforts for our product candidates and our ability to discover and develop new programs and product candidates;
- our estimates regarding potential future revenue from sales of EYSUVIS and INVELTYS;
- our ability to negotiate, secure and maintain adequate pricing, coverage and reimbursement terms and processes on a timely basis, or at all, with third-party payors for EYSUVIS and INVELTYS;
- our ability to maintain regulatory approvals for EYSUVIS and INVELTYS;
- our expectations regarding our ability to fund our operating expenses, lease and debt service obligations, and capital expenditure requirements with our cash on hand and anticipated revenue from product sales;
- the potential advantages of EYSUVIS, INVELTYS and our product candidates;
- the rate and degree of market acceptance and clinical utility of our products;
- our estimates regarding the potential market opportunity for EYSUVIS, INVELTYS and our product candidates;
- the timing of and our ability to submit applications for our product candidates;
- our commercialization, marketing and manufacturing capabilities and strategy;
- our intellectual property position;
- our ability to identify additional products, product candidates or technologies with significant commercial potential that are consistent with our commercial objectives;
- our estimates regarding expenses, future revenue, timing of any future revenue, capital requirements and needs for additional financing;

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- the impact of government laws and regulations;
- our competitive position;
- developments relating to our competitors and our industry;
- our ability to maintain and establish collaborations or obtain additional funding;
- the impact of COVID-19 on our business and operations; and
- our expectations regarding the time during which we will be an emerging growth company under the Jumpstart our Business Startups Act of 2012.

We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. We have included important factors in the cautionary statements included in this Annual Report on Form 10-K, particularly in the “Risk Factors” section, that we believe could cause actual results or events to differ materially from the forward-looking statements that we make. Our forward-looking statements do not reflect the potential impact of any future acquisitions, mergers, dispositions, joint ventures or investments we may make.

You should read this Annual Report on Form 10-K and the documents that we reference in this Annual Report on Form 10-K and have filed as exhibits to this Annual Report on Form 10-K completely and with the understanding that our actual future results may be materially different from what we expect. The forward-looking statements contained in this Annual Report on Form 10-K are made as of the date of this Annual Report on Form 10-K, and we do not assume any obligation to update any forward-looking statements except as required by applicable law.

This Annual Report on Form 10-K includes statistical and other industry and market data that we obtained from industry publications and research, surveys and studies conducted by us and third parties as well as our estimates of potential market opportunities. Industry publications, third-party and our own research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the potential market opportunities for EYSUVIS, INVELTYS and our product candidates include several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reasonable, no independent source has verified such assumptions.

Risks Factor Summary

Our business is subject to a number of risks that if realized could materially affect our business, financial condition, results of operations, cash flows and access to liquidity. These risks are discussed more fully in the “Risk Factors” section of this Annual Report on Form 10-K. Our principal risks include the following:

- We have incurred significant losses from operations and negative cash flows from operations since our inception. We expect to incur additional losses and may never achieve or maintain profitability. As of December 31, 2020, we had an accumulated deficit of \$399.8 million.
- We may need substantial additional funding. If we are unable to raise capital when needed, we could be forced to delay, reduce or eliminate our product development programs or commercialization efforts.
- Our substantial indebtedness may limit cash flow available to invest in the ongoing needs of our business.

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- The ongoing novel coronavirus pandemic and the efforts to prevent its spread have adversely impacted our operations and the market for INVELTYS, could impact the launch and commercialization of EYSUVIS and may continue to adversely affect our business, results of operations and financial condition.
- EYSUVIS, INVELTYS or any of our product candidates that receive marketing approval may fail to achieve market acceptance by clinicians and patients, or adequate formulary coverage, pricing or reimbursement by third-party payors and others in the medical community, and the market opportunity for these products may be smaller than we estimate.
- Even if we are able to successfully commercialize EYSUVIS, INVELTYS or any product candidate that we may develop, the products may become subject to unfavorable pricing regulations, third-party coverage or reimbursement practices or healthcare reform initiatives, which could harm our business.
- If we are unable to maintain our sales, marketing and distribution capabilities, establish additional capabilities if and when necessary, or enter into sales, marketing and distribution agreements with third parties, we may not be successful in commercializing EYSUVIS, INVELTYS or any of our product candidates that we may develop if and when they are approved.
- We face substantial competition, which may result in others discovering, developing or commercializing products before or more successfully than we do. Our product candidates will, if approved, also compete with existing branded, generic and off-label products.
- We are dependent on the success of EYSUVIS, INVELTYS, and any product candidate for which we receive marketing approval. If we are unable to successfully commercialize our products and product candidates, our business will be materially harmed.
- We contract with third parties for the manufacture of EYSUVIS and INVELTYS and plan to contract with third parties for clinical and commercial supply of any future product candidates. This reliance on third parties increases the risk that we will not have sufficient quantities of our products and product candidates or such quantities at an acceptable cost, which could delay, prevent or impair our development or commercialization efforts.
- We may be unable to obtain and maintain patent protection for our technology, products and product candidates, or the scope of the patent protection obtained may not be sufficiently broad or enforceable, such that our competitors could develop and commercialize technology, products and product candidates similar or identical to ours, and our ability to successfully commercialize our technology, products and product candidates may be impaired.
- EYSUVIS, INVELTYS and certain aspects of our AMPPLIFY technology are protected by patents exclusively licensed from other companies or institutions. If these third parties terminate their agreements with us or fail to maintain or enforce the underlying patents, or we otherwise lose our rights to these patents, our competitive position and our market share in the markets for any of our approved products will be harmed. If we fail to comply with our obligations in our intellectual property licenses and funding arrangements with third parties, we could lose rights that are important to our business.
- The terms of approvals, ongoing regulations and post-marketing restrictions for our products may limit how we manufacture and market our products, which could materially impair our ability to generate revenue.
- Recently enacted and future legislation may affect our ability to commercialize and the prices we obtain for any products that are approved in the United States or foreign jurisdictions.

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Part I

Item 1. BUSINESS

Overview

We are a biopharmaceutical company focused on the discovery, development and commercialization of innovative therapies for diseases of the eye. We have worldwide rights to a portfolio of innovative products and product candidates that include two marketed therapies utilizing our proprietary mucus penetrating particle, or MPP, drug delivery technology, which we refer to as our AMPPLIFY® technology, to address medical needs for the front of the eye, and a pipeline of proprietary new chemical entities, or NCEs, targeted to address front and back of the eye diseases.

Our two marketed products are EYSUVIS™ (loteprednol etabonate ophthalmic suspension) 0.25%, for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease, and INVELTYS® (loteprednol etabonate ophthalmic suspension) 1%, a topical twice-a-day ocular steroid for the treatment of post-operative inflammation and pain following ocular surgery. Both products apply our AMPPLIFY technology to loteprednol etabonate, or LE, a corticosteroid designed for ocular applications. The AMPPLIFY technology uses selectively-sized nanoparticles that each have a proprietary coating. We believe that these two key attributes enable even distribution of drug particles on mucosal surfaces and significantly increase drug delivery to target tissues by enhancing mobility of drug particles through mucus and preventing drug particles from becoming trapped and eliminated by mucus.

EYSUVIS is the first and only FDA-approved prescription product with an indication for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease. The U.S. Food and Drug Administration, or FDA, approved EYSUVIS in October 2020 based on results from four clinical trials, including three Phase 3 clinical trials and one Phase 2 clinical trial, which demonstrated significant improvements in both the signs and symptoms of dry eye disease. Specifically, statistical significance was achieved after two weeks of dosing for the sign endpoint of conjunctival hyperemia in all three Phase 3 clinical trials. Statistical significance was observed in two of the three Phase 3 clinical trials for the symptom endpoints of ocular discomfort severity in both the overall intent-to-treat, or ITT, population and in a predefined subgroup of ITT patients with more severe ocular discomfort at baseline. EYSUVIS was well-tolerated across the four trials, with adverse events and intraocular pressure, or IOP, increases comparable to that observed with vehicle. We believe that EYSUVIS' broad mechanism of action, rapid onset of relief of both signs and symptoms, favorable tolerability profile and potential to be complementary to existing therapies, will result in a favorable profile for the management of dry eye flares and other dry eye associated conditions that would benefit from short-term treatment of dry eye signs and symptoms. We further believe that these features of EYSUVIS may be attractive to prescribing clinicians and EYSUVIS could become the preferred first-line prescription therapy for the short-term treatment of the signs and symptoms of dry eye disease, including the treatment of dry eye flares that affect the vast majority of dry eye patients. We commenced full promotional launch of EYSUVIS in January 2021.

INVELTYS is the first and only FDA-approved ocular corticosteroid product with a twice-a-day dosing regimen for the treatment of post-operative inflammation and pain following ocular surgery. In clinical trials, INVELTYS showed statistical significance in the primary efficacy endpoints of complete resolution of inflammation at day eight maintained through day 15 with no need for rescue medication compared to placebo and complete resolution of pain at day eight maintained through day 15 with no need for rescue medications compared to placebo. The FDA approved INVELTYS in August 2018, and we commercially launched the product in January 2019.

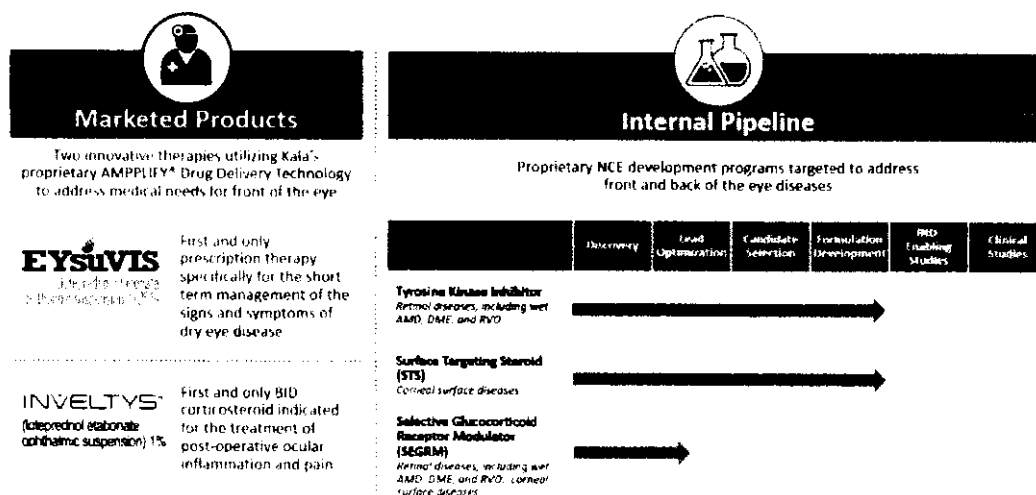
We are also progressing our pipeline of proprietary preclinical development programs targeted to address front and back of the eye diseases. These preclinical development programs, all of which are NCEs, include our receptor Tyrosine Kinase Inhibitor program, or rTKI, that is designed to inhibit the vascular endothelial growth factor pathway, for the treatment of retinal diseases, including wet age-related macular degeneration, or Wet AMD; our selective glucocorticoid receptor modulators, or SEGRMs, which are a novel class of therapies designed to modify the downstream activity of the receptors to exhibit the anti-inflammatory and immunomodulatory properties of the corticosteroid class of therapies without their associated side effects; and our novel surface targeting steroid, or STS, designed to target the ocular surface and thus have the potential to have fewer side effects compared to traditional topical steroids. We own all intellectual property and worldwide rights to these pipeline preclinical development programs.

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We have retained worldwide commercial rights for EYSUVIS, INVELTYS and our preclinical development programs. Starting with FDA approval of INVELTYS, we have built a commercial infrastructure with our own focused, specialty sales force which now includes 91 territory sales managers, or TSMs, 14 regional sales leaders, or RSLs, two area sales leaders, or ASLs, and three directors of national accounts, or DNAs. In 2021, we plan to increase our sales force from 91 TSMs to approximately 125 TSMs, pending the status of the COVID-19 pandemic. Our sales representatives promote both EYSUVIS and INVELTYS. We expect to commercialize in the United States any of our product candidates that receive marketing approval as well. We also expect to explore commercialization of EYSUVIS for the treatment of dry eye disease in certain markets outside the United States, including the European Union, or EU, utilizing a variety of collaboration, distribution and other marketing arrangements with one or more third parties.

We own and/or exclusively license patents relating to EYSUVIS, INVELTYS, our preclinical development programs and our AMPPLIFY technology, including U.S. and foreign issued patents and pending patent applications. The expiration dates of issued U.S. and ex-U.S. patents covering EYSUVIS and INVELTYS are in 2033. The expiration dates of issued U.S. and ex-U.S. patents relating to our AMPPLIFY technology are in 2025 through 2036.

The following table describes our marketed products and the stage of each of our current preclinical development programs:



Our Products

EYSUVIS for Dry Eye Disease

Dry eye disease is a chronic, episodic, multifactorial disease affecting the tears and ocular surface that can result in tear film instability, inflammation, discomfort, visual disturbance and ocular surface damage. Dry eye disease can have a significant impact on quality of life and can potentially cause long-term damage to the ocular surface. Due to the impact of dry eye disease on tear film dynamics, the condition can affect performance of common vision-related activities such as reading, using a computer and driving, and can lead to complications associated with visual impairment. In addition, the vast majority of dry eye patients experience acute exacerbations of their symptoms, which are commonly referred to as flares, at various times throughout the year. These flares can be triggered by numerous factors, including exposure to allergens, pollution, wind and low humidity, intense visual concentration such as watching television and working at a computer, hormonal changes, contact lens wear, smoking and sleep deprivation, which cause ocular surface inflammation and impact tear production and/or tear film stability.

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We estimate dry eye disease affects approximately 38 million people in the United States based on an estimated dry eye disease prevalence of 14.5% described below and applied to the population of the United States over 20 years old. Based on third-party academic research, we believe dry eye disease results in approximately \$55 billion in direct and indirect costs in the United States each year, of which approximately \$3.8 billion are direct medical costs. The exact prevalence of dry eye disease is unknown due to the difficulty in defining the disease and the lack of a single diagnostic test to confirm its presence. The Beaver Dam Offspring Study, a major epidemiological study published in 2014 in the *American Journal of Ophthalmology*, reported that in a cohort of over 3,000 patients, dry eye disease was self-reported by 14.5% of the patients. The prevalence of dry eye disease increases with age, and we expect that the number of dry eye disease cases will increase as the U.S. population continues to age. Epidemiology and market research commissioned by us indicate that there are an estimated 17.2 million patients with a diagnosis of dry eye disease in the United States. We also commissioned three surveys of 503, 297 and 500 dry eye disease patients, which we refer to as our patient surveys, in 2017, 2018 and 2020, respectively. The patient surveys included a representative set of dry eye patients based on demographics and disease characteristics, such as age, sex and therapeutic history. The patients represented a broad range of dry eye disease severity. Based upon our review of the patient surveys as well as a 2020 independent study of 774 dry eye sufferers, we believe dry eye disease is a burdensome disease that has a significant impact on the quality of life of patients with dry eye disease.

The most commonly used treatments for dry eye disease in the United States are over-the-counter eye drops, often referred to as “artificial tears,” and three prescription pharmaceutical products, Restasis®, Cequa™ and Xiidra®. Artificial tears are intended to be palliative in nature to supplement insufficient tear production or improve tear film instability, but do not treat the underlying inflammation in dry eye disease. Restasis and Cequa increase tear production and Xiidra treats the signs and symptoms of dry eye disease, however, Restasis, Cequa and Xiidra are typically used chronically for dry eye patients who have continuous symptoms. As each of Restasis, Cequa and Xiidra have a relatively long onset of action, they are not generally used for the short-term treatment of episodic dry eye flares. We believe there is a larger proportion of dry eye patients whose symptoms are primarily episodic as opposed to chronic, and for whom a chronic therapy is not necessary. For these patients, we believe an FDA-approved, acute, short-term therapy can address a significant unmet need. For example, our patient surveys and the independent study of 774 dry eye sufferers indicate that approximately 75% to 90% of surveyed patients experience dry eye flares, with flares lasting on average approximately four days and occurring approximately six times per year. These results are also consistent with a multi-sponsored Gallup Poll survey indicating that dry eye patients suffer on average five to six flares per year lasting on average four days. In addition, according to our patient surveys, the most common reason given by patients for discontinuing the two leading branded dry eye treatments were insufficient efficacy, side effects and product price.

We developed EYSUVIS for the short-term treatment of the signs and symptoms of dry eye disease, utilizing a two-week course of therapy administered four times a day. We believe that EYSUVIS’ broad mechanism of action, rapid onset of relief of both signs and symptoms, favorable tolerability profile and potential to be complementary to existing therapies, offers a favorable profile for the management of dry eye flares and other dry eye associated conditions that would benefit from temporary relief of dry eye signs and symptoms. We further believe that these features of EYSUVIS may be attractive to prescribing clinicians and that EYSUVIS could become the preferred first-line prescription therapy for the short-term treatment of the signs and symptoms of dry eye disease, including the treatment of dry eye flares that affect the vast majority of dry eye patients. In our 2020 survey of 201 eye care professionals, or ECPs, nearly all, 99%, reported that their dry eye disease patients experience flares, but many underestimated the actual number of patients with flares. This survey also revealed that interest in prescribing a product with the EYSUVIS profile was high among the surveyed ECPs.

The FDA approved EYSUVIS based on results from four clinical trials, including three Phase 3 clinical trials and one Phase 2 clinical trial, which demonstrated significant improvements in both the signs and symptoms of dry eye disease. Specifically, statistical significance was achieved after two weeks of dosing for the sign endpoint of conjunctival hyperemia in all three Phase 3 clinical trials. Statistical significance was observed in two of the three Phase 3 clinical trials for the symptom endpoints of ocular discomfort severity in both the ITT population and in a predefined subgroup of ITT patients with more severe ocular discomfort at baseline. EYSUVIS was well-tolerated across the four trials, with adverse events and interocular pressure, or IOP, increases comparable to that observed with vehicle.

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INVELTYS for Post-Operative Inflammation and Pain

Ocular inflammation and pain are common complications following ocular surgery. According to Marketscope, a third-party provider of market data, in 2019 there were approximately 8.6 million ocular surgeries in the United States. Tissue damage caused by ocular surgery leads to the production of prostaglandins, lipids that aid in recovery at the site of an injury, and an increase in blood flow to the affected area, which contribute to inflammation. The standard of care for post-operative inflammation and pain includes anti-inflammatory drugs such as corticosteroids, which improve patient comfort and accelerate recovery through disruption of the inflammatory cascade.

INVELTYS received FDA approval in August 2018 for the treatment of post-surgical inflammation and pain following all ocular surgery, and was commercially launched in the United States in January 2019. INVELTYS is the first and only post-operative ocular steroid shown effective and FDA approved for twice-a-day, or BID, dosing, has the highest concentration (1%) of LE on the market in the United States and is formulated with our AMPPLIFY technology, which enables INVELTYS to deliver 3.75x more drug to the target ocular tissue compared to an active comparator. We believe INVELTYS offers advantages over existing post-surgical treatment options due to its AMPPLIFY technology and being the first and only topical twice daily dosing, two-week course of treatment and safety data, including low incidence of reported IOP spikes, and efficacy data from our clinical trials.

In each of the two Phase 3 clinical trials of INVELTYS in patients who had undergone cataract surgery, administration of INVELTYS two times a day for 14 days achieved statistical significance for both primary efficacy endpoints of complete resolution of inflammation at day eight maintained through day 15 with no need for rescue medication and complete resolution of pain at day eight maintained through day 15 with no need for rescue medication. In each of these trials, INVELTYS was well tolerated with similar increases in IOP, a common side effect of steroids, compared to placebo and with no treatment-related significant adverse events observed during the course of either trial.

Our Preclinical Development Programs

We are progressing a pipeline of proprietary NCE development programs targeted to address front and back of the eye diseases, including our rTKI program, SEGRM program and STS program.

rTKI Program for Retinal Diseases (KPI-285/KPI-286)

The vascular endothelial growth factor, or VEGF, pathway plays a critical role in the formation of new blood vessels and increased permeability, two pathological processes that contribute to the vision loss associated with certain retinal diseases. These retinal diseases include Wet AMD, which involves either the leakage of existing blood vessels or the proliferation of poorly formed and leaky blood vessels at the back of the eye. These eye diseases can significantly reduce vision and eventually lead to blindness.

We have developed several novel, potent, selective rTKIs, including K0066, which can inhibit the VEGF pathway. We are assessing K0066 in two formulations, topical (KPI-285) and injectable depot (KPI-286) for the treatment of various retinal diseases. In preclinical rabbit studies, topical administration of KPI-285 achieved concentrations in tissues in the back of the eye well above the concentrations required for in vitro inhibition of 50% of the VEGF receptor kinase activity. We are exploring a depot formulation (KPI-286) that could provide extended release of the kinase inhibitor to the back of the eye, which would potentially reduce the need for frequent IVT injections.

SEGRM Program

Activation of the glucocorticoid receptor, or GR, can result in regulation of gene expression along both the transactivation, or TA, and transrepression, or TR, pathways. There is considerable third-party scientific evidence that the TR pathway alone is likely sufficient for anti-inflammatory and immunomodulatory activity. Furthermore, we believe the TA pathway is likely responsible for the adverse effects associated with ocular and systemic administration of corticosteroids, including elevated IOP, hypertension, and osteoporosis.

SEGRMs are a novel class of compounds designed to selectively regulate gene expression through the TR pathway while avoiding the TA pathway. As a result, we believe our SEGRM program has the potential for anti-inflammatory and immunomodulatory activity comparable to corticosteroids without their associated side effects. Our SEGRM program is currently in the lead optimization stage, and we are aiming to identify a development candidate for the program by the end of 2021.

Surface Targeted Steroid Program (KPI-333)

Although corticosteroids are potent inhibitors of ocular surface inflammation, long-term use is limited due to potential significant adverse effects, including elevated IOP and cataract formation. These adverse events are mediated by steroid exposure to the aqueous humor, trabecular meshwork and lens. A topical steroid that targets the ocular surface only could overcome the safety issues associated with long-term use of steroids.

We are developing KPI-333, an NCE, as a topical steroid that targets the ocular surface. In our preclinical animal studies, KPI-333 shows excellent efficacy without raising IOP. Based on this data, we believe KPI-333 may have the potential to address the significant unmet need for an effective chronic treatment of ocular surface inflammation associated with diseases such as dry eye.

Strategy

Our goal is to become a leading biopharmaceutical company focused on the discovery, development and commercialization of innovative therapies primarily for diseases of the front and back of the eye. Key elements of our strategy include:

- ***Successfully launch, and maximize the commercial potential of, EYSUVIS for the short-term treatment of dry eye disease.*** EYSUVIS is the first and only FDA-approved prescription product with an indication for the short-term (up to two weeks) treatment of the signs and symptoms of dry eye disease. EYSUVIS was approved in October 2020, and we commenced a full promotional launch in January 2021. We estimate that approximately 17.2 million people in the United States have been diagnosed with dry eye disease. We believe that EYSUVIS' broad mechanism of action, rapid onset of relief of both signs and symptoms, favorable tolerability profile and potential to be complementary to existing therapies, offers a favorable profile for the management dry eye associated conditions that would benefit from short-term treatment. We further believe that EYSUVIS could become the preferred first-line prescription therapy for treating dry eye flares, which affect the vast majority of dry eye patients. We plan to commercialize EYSUVIS with our specialty sales force which includes 91 TSMs, 14 RSLs, two ASLs and three DNAs. In 2021, we plan to increase our sales force from 91 TSMs to approximately 125 TSMs, pending the status of the COVID-19 pandemic.
- ***Maximize the commercial potential of INVELTYS for post-operative inflammation and pain.*** INVELTYS is the first and only FDA approved ocular corticosteroid product with a twice-a-day dosing regimen for the treatment of post-operative inflammation and pain following ocular surgery. Other approved topical ocular corticosteroid products for this indication are dosed three or four times a day. In January 2019, we began to commercialize INVELTYS in the United States with our own focused, specialty sales force, which promotes both EYSUVIS and INVELTYS.

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- Advance our pipeline of preclinical development programs.** We are also progressing our pipeline of proprietary preclinical development programs targeting front and back of the eye diseases. These programs, all of which contain NCEs, include our rTKI compounds that inhibit the VEGF pathway, for the treatment of retinal diseases, including Wet AMD, our SEGRMs, which are a novel class of therapies designed to modify the downstream activity of the receptors to exhibit the anti-inflammatory and immunomodulatory properties without side effects associated with corticosteroids, and our novel surface targeting steroid designed to target the ocular surface and thus have the potential to have fewer side effects compared to traditional topical steroids. We own all intellectual property and worldwide rights to these preclinical development programs. Prior to initiating IND-enabling studies, we may consider potential collaborative partnership opportunities to advance product candidates we develop, including through these programs. We may also evaluate additional opportunities to address significant unmet medical needs by leveraging our proprietary AMPPLIFY technology.
- Business development through selective acquisitions and licensing.** We plan to pursue value-driven business development opportunities as they arise in order to enhance our business and product pipeline through strategically acquiring clinical or commercial-ready product candidates or approved revenue-generating products with growth potential, particularly in the ophthalmic area. We will also continue to assess the addition of other specialty therapeutic areas through both product/portfolio acquisitions or other business development activity with a similar focus on opportunities that we anticipate are or will become revenue generating and accretive.

Our AMPPLIFY Technology

Opportunities in Drug Delivery across Eye and other Mucosal Barriers

The body is surrounded by boundary tissues that play the important physiological role of preventing foreign bodies from penetrating into the body. The mucus that coats these tissues, the eyes, lung, cervical/vaginal tract and gastrointestinal tract, for example, serves as a protective barrier to trap and eliminate particulate matter, such as viruses, bacteria and allergens, before these agents can enter the underlying tissues and cause infections or elicit reactions. However, in playing this pivotal role of protection, mucus can also hinder medical treatments by limiting the penetration of medications to mucus-protected tissues, thereby reducing their therapeutic effect.

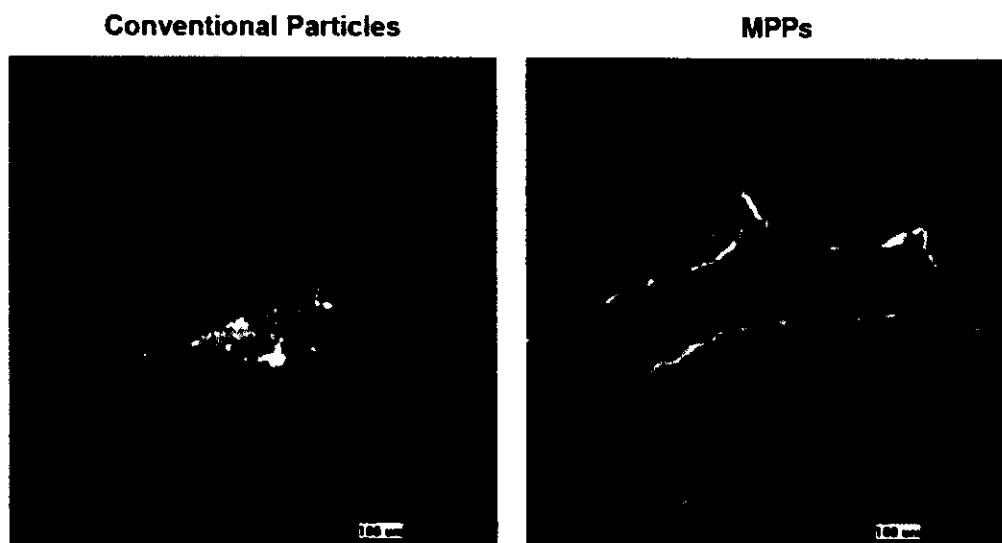
Mucus also makes it difficult to treat many ophthalmic diseases. The body can rapidly eliminate drugs delivered to the eye via the tear film protecting the surface of the eye, which can significantly limit the effectiveness of these drugs. This is the case both for drugs designed to treat conditions in the front of the eye, such as dry eye disease and post-operative inflammation and pain, as well as for drugs designed to treat conditions in the back of the eye, such as retinal diseases. We believe that our proprietary MPP technology, which we refer to as our AMPPLIFY technology, has the potential to address this clear unmet medical need for more efficient delivery of drugs. Our AMPPLIFY technology may have applications to other areas of the body that are protected by mucus, such as the lung, cervical/vaginal tract and gastrointestinal tract. We have demonstrated in preclinical studies that AMPPLIFY technology can be used to increase mucus penetration of over 15 classes of drugs.

MPP Technology

Our MPPs are selectively-sized nanoparticles, with average diameters of approximately 330 nanometers, and have non-covalent proprietary coatings. We believe that these two key attributes enable even distribution of drug particles on mucosal surfaces and significantly increase drug delivery to target tissues by enhancing mobility of drug particles through mucus and preventing drug particles from becoming trapped and eliminated by mucus. We believe this enables enhanced efficacy at equal or lower doses as well as less frequent dosing for improved patient convenience and compliance.

In a preclinical study, MPPs or conventional particles in a hypotonic solution were administered intravaginally to mice. Ten minutes after administration, the vaginal tissues were dissected and stained. The image on the left below shows the distribution of the conventional particles and the image on the right below shows the distribution of the MPPs.

The conventional particles aggregated in the luminal mucus and did not reach the target tissues. In contrast, the MPPs coated the entire vaginal epithelium, including all the target surfaces.

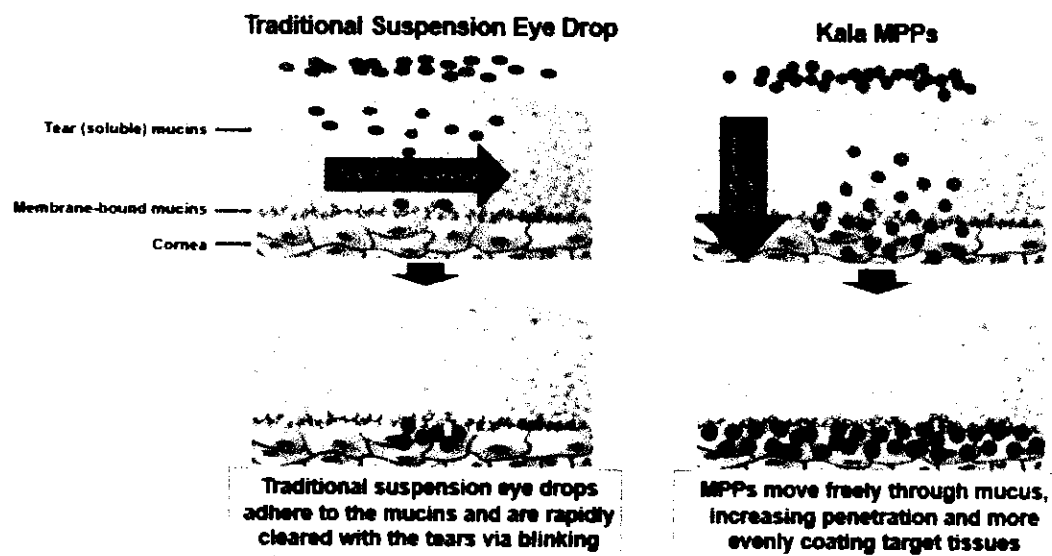


Source: Laura M. Ensign et al., Mucus-Penetrating Nanoparticles for Vaginal Drug Delivery Protect Against Herpes Simplex Virus, *Science Translational Medicine*, June 14, 2012.

Also, for ophthalmic applications, while a significant portion of conventionally formulated ophthalmic drugs are rapidly eliminated via the tear film, we have shown that our MPPs are capable of achieving higher concentration on the surface of the eye, thereby enabling the active drug substance to reach cells in the underlying ocular tissue at higher levels.

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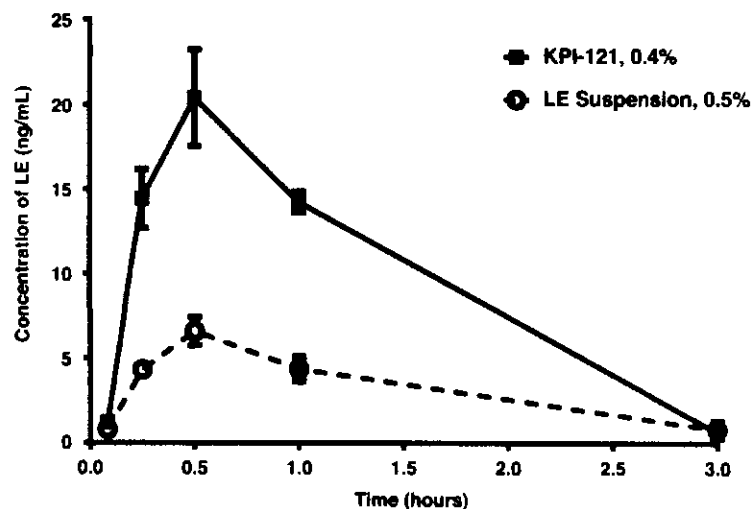
The graphic below illustrates the ability of our MPP drug nanoparticles to penetrate the tear and membrane-bound mucins to reach the ocular surface, as compared to conventional, non-coated particles, which adhere to the mucins in the tear film and are cleared with the tears through blinking.



This graphic is included for illustrative purposes only and is not intended to provide a complete representation of the way in which our MPP drug nanoparticles interact with the ocular surface.

Our primary focus is to leverage our MPP technology, to enhance delivery of drugs into the eye. In preclinical studies, KPI-121 demonstrated favorable pharmacokinetic characteristics and increased drug penetration into ocular tissues as compared to a branded form of LE. In a preclinical study of ocular inflammation in rabbits, KPI-121 0.5% administered four times a day, or QID, showed a larger reduction of inflammation as compared to a branded form of LE 0.5% given QID, as measured by the mean aqueous humor cell counts after intravitreal injection of lipopolysaccharide. We also administered either 0.4% KPI-121 or 0.5% branded LE to the eyes of two groups of rabbits. As illustrated in the line graph below, the concentrations of LE in aqueous humor, a transparent gelatinous fluid that fills the anterior and posterior chambers between the lens and the cornea, of the rabbit eyes treated with KPI-121 were more than three times higher than the rabbit eyes treated with branded LE 30 minutes after dosing, at a 20% lower concentration.

LE in Aqueous Humor



We administered KPI-121 0.5%, LE suspension 0.5%, or 0.5% of an LE non-MPP nanoparticle, to the eyes of three groups of rabbits and measured the amount of LE that was delivered to the cornea. The non-MPP nanoparticle was similar in size to our MPP nanoparticles but lacked the proprietary surface coating used in our MPP nanoparticles. As illustrated in the line graph below, concentrations of LE in the cornea of the rabbit eyes treated with KPI-121 were more than three times higher than the concentrations in rabbits treated with branded LE between 20 and 40 minutes after dosing. In addition, the rabbit eyes treated with the non-MPP nanoparticles had concentrations of LE similar to that in the rabbit eyes treated with branded LE and did not display the improved drug bioavailability properties observed with KPI-121. We believe these results highlight the importance of our proprietary MPP technology and show that KPI-121's improved pharmacokinetic profile has the potential to reduce the dosing strength and/or frequency of administration of LE with KPI-121 as compared to LE suspension 0.5%.

LE in Cornea

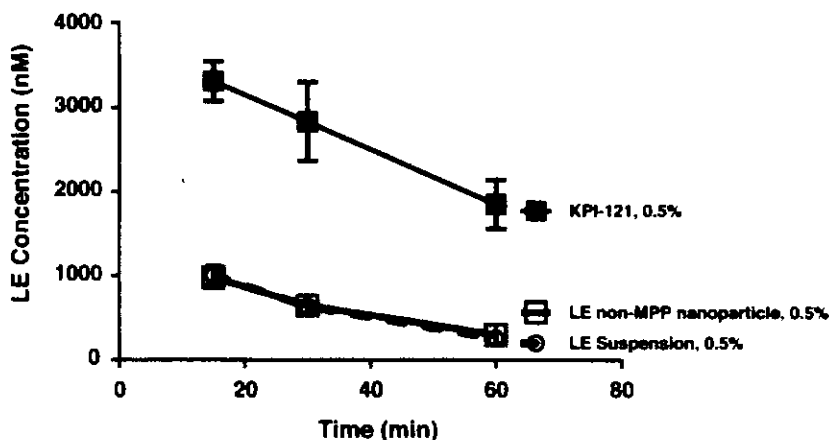


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We also have demonstrated the potential of our MPP nanoparticles to increase the mucus penetration of over fifteen classes of drugs. While our primary focus is in ophthalmology, in preclinical studies, our MPP technology has been effective in delivering drugs to the lungs, cervical/vaginal tract, gastrointestinal tract and other mucus-protected tissues. We have the ability to vary the rate of drug release as appropriate for the targeted disease state and tissue. As a result, drugs can be delivered either in rapid release formulations or as sustained release formulations that slowly release drug over a time period that ranges from hours to days.

Eye Disease

The human eye is often segmented into two sections—the front and back of the eye. The front of the eye consists of tissues and structures responsible for the protection and maintenance of the eye (including the cornea, conjunctiva and tear film), for providing nutrition to the various tissues of the eye (aqueous humor) and for facilitating the optimal transfer and focusing of light to the retina (including the cornea, iris and lens). Front-of-the-eye diseases include ocular inflammation, dry eye disease, infection, allergy and refractive disorders. Clinicians typically treat diseases that affect the front of the eye with topically applied eye drops. A major limitation of these treatments is that the eye rapidly eliminates topically applied medications via the tear film, limiting the penetration of drugs into the ocular tissue.

The back of the eye contains the retina, which is the light sensing layer of tissue, the choroid, which is a key vascular layer of the eye, the vitreous humor, which is a transparent gel that fills the vitreous chamber between the lens and the retina, and the optic nerve, which transmits visual information from the retina to the brain. Common retinal diseases include AMD, Diabetic Retinopathy, or DR, Diabetic Macular Edema, or DME, and Retinal Vein Occlusion, or RVO. These diseases frequently result in damage to the vasculature of the eye, leading to poor function and/or leaking of existing vessels and often leading to proliferation of new, abnormal and leaky blood vessels in the back of the eye. These conditions can lead to retinal damage, scarring and irreversible loss of vision. The most common treatments for these diseases involve administration of biologic agents that block the VEGF pathway and prevent or retard the blood vessel leakage and/or proliferation. Unfortunately, clinicians must inject these biologic agents directly into the vitreous of the eye via frequent intravitreal injections, or IVTs, to maintain vision. An effective therapeutic to treat retinal diseases with improved dosing regimen would bring significant benefits to patients.

Our Products

EYSUVIS for Dry Eye Disease

Dry Eye Disease Overview

Dry eye disease is a chronic, episodic, multifactorial disease affecting the tears and ocular surface that can result in tear film instability, inflammation, discomfort, visual disturbance and ocular surface damage. While the precise cause of dry eye disease is not fully understood, it often involves impairment of the lacrimal unit, which consists of the lacrimal glands, ocular surface and the sensory and motor nerves that connect them, and has a significant inflammatory component. There is significant published research that suggests that inflammation plays a major role in the development of dry eye disease. Dry eye disease can have a significant impact on quality of life and can potentially cause long-term damage to the ocular surface. Due to the impact of dry eye disease on tear film dynamics, the condition can affect performance of common vision-related activities such as reading, using a computer and driving, and can lead to complications associated with visual impairment. Dry eye disease is commonly treated by ophthalmologists and optometrists.

4W

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) ☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	Wholesaler Business Type (check applicable box) ☒ 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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>STAAR Surgical Company</u>	
Physical Address: <u>1911 Walker Ave</u>	
City: <u>Monrovia</u>	State: <u>CA</u> Zip: <u>91016</u>
Mailing Address (if different from physical address): <u>25651 Atlantic Ocean, Suite A1</u>	
City: <u>Lake Forest</u>	State: <u>CA</u> Zip: <u>92630</u>
Telephone: <u>626.303.7902</u>	Website: <u>www.staar.com</u>
Name of Designated Representative (DR): <u>Samuel Gesten</u>	
Licensing Company Email: _____	DR Email: <u>sgesten@staar.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers ☐ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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

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): _____

Corporation Name: STAAR Surgical

Mailing Address: 25651 Atlantic Ocean, Suite A1

City: Lake Forest State: CA Zip: 92630

Telephone: 626.303.7902 Email: sgesten@staar.com

Contact Person Name: Samuel Gesten

Date of SEC Registration: 2000 SEC Registration Number: CIK 0000718937 Stock Exchange Symbol: STAAR

Section 5: Non-Publicly Traded Corporation

State of Incorporation: N/A

Parent Company (if any): _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

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			
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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> 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/bopnv.gov/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.

Samuel Gesten

Print Name of Authorized Person Submitting Application

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

5/27/2021

Date

Board Use Only	Date Received: _____	Amount: \$500 (cc)
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STATE OF CALIFORNIA

DEPARTMENT OF PUBLIC HEALTH FOOD AND DRUG BRANCH

MEDICAL DEVICE MANUFACTURING LICENSE

Staar Surgical Company
1911 Walker Avenue
Monrovia, CA 91016

LICENSE NUMBER: 60403
EXPIRATION DATE: 2/21/2023

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

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STAAR SURGICAL COMPANY" 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-SEVENTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STAAR SURGICAL COMPANY" WAS INCORPORATED ON THE THIRD DAY OF APRIL, A.D. 1986.



2087487 8300

SR# 20212157471

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

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

Authentication: 203314824

Date: 05-27-21



Secretary of State Certificate of Status

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

Entity Name: STAAR SURGICAL COMPANY
File Number: C1538378
Registration Date: 08/04/1986
Entity Type: FOREIGN STOCK CORPORATION
Jurisdiction: DELAWARE
Status: ACTIVE (GOOD STANDING)

As of May 25, 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 May 26, 2021.

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

Certificate Verification Number: ZNN4XDZ

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.



[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

New Search

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Establishment:

STAAR SURGICAL COMPANY
1911 WALKER AVE.
MONROVIA, CA 91016
Registration Number: 2023826
FEI Number*: 2023826

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:

[STAAR SURGICAL Company](#)⁶
1911 WALKER AVE.
Monrovia, CA US 91016

Owner/Operator Number: [2023826](#)⁷

Official Correspondent:

Denise McEachern
STAAR Surgical
1911 Walker Ave
Monrovia, CA 91016
Phone: 626-3037902-2271

Verified
us
6/14/26

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

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Page Last Updated: 05/24/2021

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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



For Government For Press

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U.S. Department of Health & Human Services

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ATTACHMENT B:**Directors:**

Stephen C. Farrell
Thomas G. Frinzi
Gilbert H. Kliman, MD
Caren Mason – CEO
John C. Moore
Louis E. Silverman
Elizabeth Yeu, MD
K. Peony Yu, MD

Executive Officers:

Dr. Scott Barnes – Chief Medical Officer
Hans-Martin Blickensdoerfer – Senior VP, Commercial Operations, Direct Markets Europe and China
James Francese – Senior VP, Commercial Operations, North America and APAC
Samuel Gesten – Chief Legal Officer and Corporate Secretary
Graydon Hansen – Chief Manufacturing Officer and Senior VP, Global Operations
Dr. Jon K. Hayashida – VP, Global Clinical and Medical Affairs
Dr. Keith Holliday – Chief Technology Officer
Patrick Williams – Chief Financial Officer

ATTACHMENT C:

Security Ownership of Principal Shareholders:

Broadwood Partners, LLP
C/O Broadwood Capital Inc.
142 West 57th Street, 11th Floor
New York, NY 10019
20.2%

BlackRock, Inc
55 East 52nd Street
New York, NY 10055
11.5%

The Vanguard Group
100 Vanguard Boulevard
Malvern, PA 19355
8.9%

Palo Alto Investors
470 University Avenue
Palo Alto, CA 94301
6.1%

ATTACHMENT F:

Per my discussion with Mark Seder, we have approximately 600 employees. We do not disclose the names of employees with the exception of our named officers as they are listed in the public domain, per our company policy.

A list of our named officers can be located on ATTACHMENT A.

Maria Herrera

From: Mychal Ferguson <mferguson@staar.com>
Sent: Friday, June 11, 2021 2:12 PM
To: Maria Herrera
Subject: Re: FW: Nevada Wholesaler Application- STAAR Surgical

Follow Up Flag: Follow up
Flag Status: Completed

Hi Maria,

Everything official says STAAR Surgical Company, however we are branded as just "STAAR Surgical". For consistency, lets use STAAR Surgical Company.

On Fri, Jun 11, 2021, 2:01 PM Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:

Hi,

One last thing I wanted to confirm, on every item in the application the company name is "STAAR Surgical Company". But on page 1 of the application is just STAAR Surgical? Is "Company" part of the name?

Regards,

Maria H.

From: Mychal Ferguson <mferguson@staar.com>
Sent: Friday, June 11, 2021 11:18 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Re: FW: Nevada Wholesaler Application- STAAR Surgical

Thank you.

On Fri, Jun 11, 2021, 11:06 AM Maria Herrera <m.herrera@pharmacy.nv.gov> wrote:

I will do my best to see if we can add you to the July Board Meeting, however I don't guarantee it at this time. I should have a better idea as we get closer to the date.

ATTACHMENT E

**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 January 1, 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: 0-11634

STAAR SURGICAL COMPANY

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

25651 Atlantic Ocean Drive
Lake Forest, California

(Address of Principal Executive Offices)

95-3797439

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

92630

(Zip Code)

(626) 303-7902

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common	STAA	NASDAQ

Securities registered pursuant to Section 12(g) of the Act: **None**

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ 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 Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant as of July 3, 2020, the last business day of the registrant's most recently completed second fiscal quarter, was approximately \$2,821,465,125 based on the closing price per share of \$61.62 of the registrant's Common Stock on that date.

The registrant has 46,564,866 shares of common stock, par value \$0.01 per share, issued and outstanding as of February 19, 2021.

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's definitive proxy statement relating to its 2021 annual meeting of stockholders, which will be filed with the Securities and Exchange Commission pursuant to Regulation 14A within 120 days of the close of the registrant's last fiscal year, are incorporated by reference into Part III of this report.

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 ☐ Ownership Change ☐ Name Change ☐ Location Change (in-state only)	☒ 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)
* If making a change, provide current license number: WH _____	
Is your facility a reverse distributor? ☐ Yes ☒ No	

Section 1: General Information	
Facility Name: <u>McKesson Medical-Surgical Inc.</u>	
Physical Address: <u>375 Spitzer Road</u>	
City: <u>Bartlett</u>	State: <u>IL</u> Zip: <u>60103</u>
Mailing Address (if different from physical address): <u>Attn: Regulatory Affairs 6651 Gate Parkway</u>	
City: <u>Jacksonville</u>	State: <u>FL</u> Zip: <u>32256</u>
Telephone: <u>904.332.4179</u>	Website: <u>www.mckesson.com</u>
Name of Designated Representative (DR): <u>Kelly Bagley</u>	
Licensing Company Email: <u>Elaine.Stutman@McKesson.com</u>	DR Email: <u>Kelly.Bagley@McKesson.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers ☐ Others:	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☒ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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 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: Virginia

Parent Company (if any): McKesson Medical Surgical Holdings Inc. (ultimate owner McKesson Corporation)

Corporation Name: McKesson Medical-Surgical Inc.

Mailing Address: 6651 Gate Parkway

City: Jacksonville State: FL Zip: 32256

Telephone: 904.332.4179 Email: Elaine.Stutman@McKesson.com

Contact Person Name: Elaine Stutman

Date of SEC Registration: <u>7.7.1994</u>	SEC Registration Number: <u>2417015</u>	Stock Exchange Symbol: <u>MCK</u>
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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:	☒	☐
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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> 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/bopnv.gov/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.

Stanton McComb

Print Name of Authorized Person Submitting Application



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

Date

6/2/21

Board Use Only	Date Received: _____	Amount: <u>500</u>
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Ownership
McKesson Corporation Federal ID 94-3207296 6535 N. State Highway 161 Irving, TX 75039

McKesson Medical-Surgical Top Holdings Inc. Federal ID 59-2280364 6651 Gate Parkway Jacksonville, FL 32216

McKesson Medical-Surgical Holdings Inc. Federal ID 13-3734754 9954 Mayland Drive Suite 4000 Richmond, VA 23233

McKesson Medical-Surgical Inc. Federal ID 94-2640465 9954 Mayland Drive, Suite 4000 Richmond, VA 23233

McKesson Medical-Surgical Inc. Federal ID 94-2640465 375 Spitzer Road Bartlett, IL 60103

State of Illinois Department of Financial and Professional Regulation Division of Professional Regulation		
LICENSE NO. 004.005070	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		
MCKESSON MEDICAL-SURGICAL INC JEFFREY MARK 375 SPITZER RD BARTLETT, IL 60103-6701		
	 MARIO TRETO, JR. ACTING SECRETARY	 CECILIA ABUNDIS ACTING DIRECTOR
The official status of this license can be verified at www.idfpr.com		
		15753501

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: 4445656

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That **McKesson Medical-Surgical Inc.** is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

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

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

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 19, 2021

Bernard J. Logan, Clerk of the Commission

This is a new facility that is in the process of hiring employees. Therefore, we do not have a complete list of each employees. Below are the top employees that have been established.

Kelly Bagley Director of Operations

Jeffrey Mark Operations Manager

Steve Schaudenecker Operations Manger

Zachary Beatty Operations Manager

Michael Luc Transportation Manager

Title	Name	Address	Phone
President; Director	Stanton J. McComb	████ Mayland Drive, Suite 4000 Richmond, VA 23233	██████████
VP & Treasurer; Director	Willard Station	████ Mayland Drive, Suite 4000 Richmond, VA 23233	██████████
VP & Secretary; Director	James Brashear	████ State Highway 161 Irving, TX 75039	██████████

NABP ACCREDITED

DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc

located at

375 Spitzer Rd, Bartlett, IL 60103

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



6/17/2021 - 6/16/2024
Period of Accreditation

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter "McKesson") delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.*

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a \$2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the "St. Rose DC"). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other

suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions or fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions or fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled

substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of \$4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reprimand with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reprimand, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

On April 20, 2021 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,125 was imposed and paid on April 20, 2021.

On May 05, 2021 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Maine Board of Pharmacy, regarding its Roseville, CA distribution center, in relation to the late reporting of a disciplinary action that was imposed by the Colorado Board of Pharmacy, for failure to report a change of designated representative within the required timeframe. A \$500 civil penalty/fine was paid on 5/7/2021.

On May 22, 2021, in response to the DEA Settlement, **McKesson Corporation** entered into a final agreement with the Illinois Department of Financial and Professional Regulation. The Illinois Consent Order applies to the McKesson distribution centers located in Aurora, Colorado, Livonia, Michigan and Washington Court House, Ohio.

- Aurora, Colorado - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2020 except for various exceptions that mirror exceptions in the DEA settlement;

- Livonia, Michigan - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Illinois controlled substance was restricted. The facility was prohibited from distributing controlled substances into the state until 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On May 27, 2021, **McKesson Corporation** entered into a consent agreement with the Maine Board of Pharmacy regarding its Aurora, IL distribution center failing to report the Colorado disciplinary action to the Maine Board of Pharmacy within 10 days as required. The Colorado disciplinary action is now reported to the Maine Board of Pharmacy. The terms of the consent agreement included a fine in the amount of \$500.00.

On May 27, 2021 **McKesson Medical-Surgical Inc.** entered into a Settlement Agreement with the Ohio Board of Pharmacy, regarding its Leetsdale, PA distribution center for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$500.00 was imposed and paid on June 4, 2021.

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, DC 20549**

FORM 8-K

**CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934**

Date of report (Date of earliest event reported): May 6, 2021

MCKESSON

McKESSON CORPORATION
(Exact Name of Registrant as Specified in Charter)

Delaware
(State or Other Jurisdiction
of Incorporation)

1-13252
(Commission
File Number)

94-3207296
(I.R.S. Employer
Identification No.)

6555 State Hwy 161
Irving, TX 75039
(Address of Principal Executive Offices, and Zip Code)
(972) 446-4800

Registrant's Telephone Number, Including Area Code

Not Applicable

(Former Name or Former Address, if Changed Since Last Report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

- ☐ Written communication pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
- ☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
- ☐ Pre-commencement communication pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
- ☐ Pre-commencement communication pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common stock, \$0.01 par value	MCK	New York Stock Exchange
0.625% Notes due 2021	MCK21A	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (17 CFR §230.405) or Rule 12b-2 of the Securities Exchange Act of 1934 (17 CFR §240.12b-2).

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. ☐

Item 2.02 Results of Operations and Financial Condition

On May 6, 2021, McKesson Corporation (“Company”) announced via press release the Company’s preliminary results for the fourth quarter and fiscal year ended on March 31, 2021. A copy of the Company’s press release is attached hereto as Exhibit 99.1.

The information contained in this Form 8-K, including Exhibit 99.1, is furnished to the Securities and Exchange Commission (the “Commission”), but shall not be deemed “filed” with the Commission for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the “Exchange Act”), or incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act except as shall be expressly set forth by specific reference in such a filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits.

Exhibit No.	Description
99.1	Press release issued by the Company dated May 6, 2021
104	Cover Page Interactive Data File - the cover page iXBRL tags are embedded within the Inline XBRL document

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Date: May 6, 2021

McKesson Corporation

By: /s/ Britt J. Vitalone
Britt J. Vitalone
Executive Vice President and
Chief Financial Officer



McKESSEON REPORTS FISCAL 2021 FOURTH-QUARTER AND FULL-YEAR RESULTS

Fourth-Quarter and Full-Year Highlights:

- Fourth-quarter total revenues of \$59.1 billion increased 1%
- Full-year total revenues of \$238.2 billion increased 3%
- Fourth-quarter earnings per diluted share from continuing operations of \$4.15 decreased \$1.67
- Full-year loss per diluted share from continuing operations of (\$28.26) decreased \$33.25
- Fourth-quarter Adjusted Earnings per diluted share of \$5.05 increased 18%
- Full-year Adjusted Earnings per diluted share of \$17.21 increased 15%
- Full-year Free Cash Flow of \$3.9 billion

Fiscal 2022 Outlook:

- Adjusted Earnings per diluted share guidance range of \$18.85 to \$19.45, representing 9.5% to 13% growth
- Guidance assumes \$0.50 to \$0.70 of Adjusted Earnings per diluted share related to the U.S. government's COVID-19 vaccine distribution and kitting programs

IRVING, Texas, May 6, 2021 - McKesson Corporation (NYSE:MCK) today reported results for the fourth quarter and fiscal year ended March 31, 2021.

Fiscal 2021 Fourth-Quarter and Year-to-Date Result Summary

(\$ in millions, except per share amounts)	Fourth-Quarter			Year-to-Date		
	FY21	FY20	Change	FY21	FY20	Change
Revenues	\$ 59,142	\$ 58,535	1 %	\$ 238,228	\$ 231,051	3 %
Income (loss) from Continuing Operations ¹	666	1,015	(34)	(4,538)	906	(601)
Adjusted Earnings ^{1,2}	810	745	9	2,788	2,716	3
Earnings (loss) per Diluted Share ¹	4.15	5.82	(29)	(28.26)	4.99	(666)
Adjusted Earnings per Diluted Share ^{1,2}	5.05	4.27	18	17.21	14.95	15

¹Reflects continuing operations attributable to McKesson, net of tax

²Represents a non-GAAP financial measure; refer to the reconciliations of non-GAAP financial measures included in accompanying schedules

"Our notable performance in fiscal 2021 reflects the continued momentum in our businesses and is a testament to the leadership role McKesson plays in the healthcare supply chain. McKesson's differentiated capabilities make us the partner of choice for our customers and government entities in their COVID-19 response efforts. I am proud of our employees and what we have accomplished together," said Brian Tyler, chief executive officer. "Despite the dynamic macro environment, the business demonstrated strong execution as we grew Adjusted Earnings per diluted share by 15%. These results allowed us to generate \$3.9 billion of Free Cash Flow."

"As we enter fiscal 2022, our top priorities remain the safety of our employees, the success of our customers, and fulfilling our leadership responsibility as the centralized distributor of COVID-19 vaccines and ancillary supplies in the U.S.," Mr. Tyler continued. "We have positioned the business for long-term growth through strategic investments in the areas of oncology and biopharma services and successful transformation of our operating model. Our accomplishments in fiscal 2021 are the foundation for the future and we remain confident in our ability to create long-term value for our shareholders."

Fourth-quarter revenues were \$59.1 billion, up 1% from a year ago, driven by market growth and higher volumes from retail national account customers in the U.S. Pharmaceutical segment, partially offset by the prior year acceleration in demand driven by the onset of the COVID-19 pandemic. Full-year revenues were \$238.2 billion, up 3% from a year ago, driven by growth in the U.S. Pharmaceutical segment, largely due to market growth and higher specialty volumes, partially offset by branded to generic conversions.

Fourth-quarter earnings per diluted share from continuing operations was \$4.15 compared to \$5.82 a year ago, a decrease of 29%. Full-year loss per diluted share from continuing operations of (\$28.26) included a pre-tax \$8.1 billion expense accrual related to the estimated liability for opioid-related claims. This charge was taken in the company's third-quarter and is not included in full-year Adjusted Earnings per diluted share.

Fourth-quarter Adjusted Earnings per diluted share was \$5.05 compared to \$4.27 a year ago, an increase of 18%, primarily driven by the contribution from COVID-19 vaccine distribution and kitting programs with the U.S. government and a lower share count, partially offset by a higher tax rate and the prior year contribution from the company's now separated investment in Change Healthcare LLC ("Change Healthcare"). Fourth-quarter Adjusted Earnings per diluted share included pre-tax net gains of approximately \$44 million, or \$0.21 per diluted share, associated with McKesson Ventures' equity investments.

Full-year Adjusted Earnings per diluted share was \$17.21 compared to \$14.95 a year ago, an increase of 15%, primarily driven by a lower share count and the contribution from COVID-19 vaccine distribution and kitting programs with the U.S. government, partially offset by the prior year contribution from the company's now separated investment in Change Healthcare. Full-year Adjusted Earnings per diluted share included pre-tax net gains of approximately \$133 million, or \$0.60 per diluted share, associated with McKesson Ventures' equity investments.

For the full year, McKesson returned \$1.0 billion of cash to shareholders, which included \$770 million of common stock repurchases and \$276 million of dividend payments. During the fiscal year, McKesson generated cash from operations of \$4.5 billion, and invested \$641 million in capital expenditures, resulting in Free Cash Flow of \$3.9 billion.

Business Highlights

- U.S. Pharmaceutical's operational excellence and scaled distribution network was highlighted by the successful distribution of over 150 million COVID-19 vaccines through April 30, 2021.
- McKesson continued to invest in Ontada, the company's differentiated oncology technology and insights business and also joined MYLUNG, a collaborative real-world research consortium designed to advance precision medicine for non-small cell lung cancer patients.
- Prescription Technology Solutions finished fiscal 2021 with positive momentum and Access for More Patients (AMP) contributed to profit growth in the fourth quarter.
- Medical-Surgical Solutions played a central role in the COVID-19 response efforts, assembling and distributing the ancillary supply kits needed for COVID-19 vaccinations and distributing COVID-19 tests to healthcare provider customers.

Segment Financials

U.S. Pharmaceutical Segment

Fourth-Quarter:

- Revenues were \$47.0 billion, an increase of 3%, driven by market growth and higher volumes from retail national account customers, partially offset by the prior year acceleration in demand driven by the onset of the COVID-19 pandemic and branded to generic conversions.
- Segment Operating Profit was \$892 million. Adjusted Segment Operating Profit was \$813 million, an increase of 7% from a year ago, driven by the contribution from COVID-19 vaccine distribution, offset by the prior year acceleration in demand driven by the onset of the COVID-19 pandemic and higher operating costs to support oncology growth initiatives.

Full-Year:

- Revenues were \$189.3 billion, an increase of 4%, driven by market growth and higher specialty volumes, partially offset by branded to generic conversions.
- Segment Operating Profit was \$2.8 billion. Adjusted Segment Operating Profit was \$2.7 billion, an increase of 3% from a year ago, driven by growth in distribution of specialty products to providers and the contribution from COVID-19 vaccine distribution, offset by the prior year acceleration in demand driven by the onset of the COVID-19 pandemic and higher operating costs to support oncology growth initiatives.

Prescription Technology Solutions Segment

Fourth-Quarter:

- Revenues were \$789 million, an increase of 7%, driven by higher volumes of technology and service offerings to support biopharma customers.
- Segment Operating Profit was \$125 million. Adjusted Segment Operating Profit was \$146 million, an increase of 11%, driven by organic growth from access and adherence solutions including the contribution from AMP.

Full-Year:

- Revenues were \$2.9 billion, an increase of 7%, driven by higher volumes of technology and service offerings to support biopharma customers.
- Segment Operating Profit was \$395 million. Adjusted Segment Operating Profit was \$467 million, flat to prior year. Organic growth from access and adherence solutions was offset by higher operating costs to support biopharma services growth initiatives.

Medical-Surgical Solutions Segment**Fourth-Quarter:**

- Revenues were \$2.7 billion, an increase of 23%, driven by demand for COVID-19 tests.
- Segment Operating Profit was \$171 million. Adjusted Segment Operating Profit was \$192 million, an increase of 13%, driven by demand for COVID-19 tests and the contribution from kitting and distribution of ancillary supplies for the U.S. government's COVID-19 vaccine program, partially offset by inventory charges on certain personal protective equipment (PPE) incurred to support customers through the extraordinary demand related to the COVID-19 pandemic.

Full-Year:

- Revenues were \$10.1 billion, an increase of 22%, driven by demand for COVID-19 tests and personal protective equipment in the Primary Care and Extended Care businesses.
- Segment Operating Profit was \$707 million. Adjusted Segment Operating Profit was \$805 million, an increase of 19%, driven by demand for COVID-19 tests and the contribution from kitting and distribution of ancillary supplies for the U.S. government's COVID-19 vaccine program, partially offset by inventory charges on certain PPE and related products.

International Segment**Fourth-Quarter:**

- Revenues were \$8.6 billion. On an FX-adjusted basis, revenues were \$7.9 billion, a decline of 18%, driven by the contribution of McKesson's German wholesale business to a joint venture with Walgreens Boots Alliance.
- Segment Operating Profit was \$76 million. On an FX-adjusted basis, Adjusted Segment Operating Profit was \$126 million, a decline of 8%.

Full-Year:

- Revenues were \$36.0 billion. On an FX-adjusted basis, revenues were \$34.9 billion, a decline of 9%, driven by the contribution of McKesson's German wholesale business to a joint venture with Walgreens Boots Alliance.
- Segment Operating Loss was (\$37) million, primarily driven by a GAAP-only pre-tax long-lived asset impairment charge of \$115 million. On an FX-adjusted basis, Adjusted Segment Operating Profit was \$466 million, an increase of 1%.

Company Updates

- McKesson's commitment to transform its operating model resulted in annual pre-tax cost savings in excess of \$400 million, achieving the company's three-year target of \$400 million to \$500 million by the end of Fiscal 2021.
- Susan Shiff joined McKesson as president of Ontada, the company's oncology technology and insights business within the U.S. Pharmaceutical segment.
- As part of the company's strategy and actions towards better health for people and the planet, McKesson committed to set science-based targets to reduce the company's greenhouse gas emissions.

Fiscal 2022 Outlook

McKesson expects full-year fiscal 2022 Adjusted Earnings per diluted share of \$18.85 to \$19.45, which reflects Adjusted Operating Profit growth in all segments coupled with disciplined, efficient capital deployment, including approximately \$2 billion of share repurchases. Fiscal 2022 Adjusted Earnings per diluted share guidance assumes \$0.40 to \$0.50 related to U.S. government COVID-19 vaccine distribution and \$0.10 to \$0.20 related to the kitting and distribution of ancillary supplies.

The fiscal 2022 outlook is based on the following key assumptions and expectations and is subject to risks and uncertainties such as those described in the Cautionary Statements below:

Fiscal 2022 Outlook	
Revenues	3% to 6% growth
Adjusted Operating Profit	3% to 6% growth
Adjusted Effective Tax Rate	18% to 19%
Adjusted Earnings per Diluted Share ¹	\$18.85 to \$19.45
Share repurchases	Approximately \$2 billion
Free Cash Flow	\$3.5 to \$3.9 billion

¹Reflects continuing operations attributable to McKesson, net of tax
Note: Percentages represent year-over-year change versus fiscal 2021

Additional modeling considerations will be provided in the earnings call presentation.

Other remaining businesses

Other reflects equity earnings and charges for retrospective periods for the company's previous investment in Change Healthcare, which was separated from the company during the fourth quarter of fiscal 2020.

Conference Call Details

The company has scheduled a conference call for today, Thursday, May 6th at 4:30 PM ET to discuss the company's financial results. A live audio webcast of the conference call will be available on McKesson's Investor Relations website at <http://investor.mckesson.com>. An archive of the conference call will also be available on the company's Investor Relations website at <http://investor.mckesson.com>.

Upcoming Investor Events

McKesson management will be participating in the following investor conferences:

- BofA Securities Virtual 2021 Healthcare Conference, May 13, 2021
- Goldman Sachs 42nd Annual Global Healthcare Conference, June 8, 2021

Audio webcasts will be available live and archived on the company's Investor Relations website at <http://investor.mckesson.com>. A complete listing of upcoming events for the investment community, including details and updates, will be available on the company's Investor Relations website.

Non-GAAP Financial Measures

GAAP refers to the U.S. generally accepted accounting principles. This press release includes GAAP financial measures as well as Non-GAAP financial measures, including Adjusted Gross Profit, Adjusted Operating Expenses, Adjusted Other Income, Adjusted Equity Income from Change Healthcare, Adjusted Income Tax Expense, Adjusted Earnings, Adjusted Earnings per Diluted Share, Adjusted Segment Operating Profit, Adjusted Segment Operating Profit Margin, Adjusted Corporate Expenses, Adjusted Operating Profit, FX-Adjusted results and Free Cash Flow which are financial measures not calculated in accordance with GAAP. Refer to the "Supplemental Non-GAAP Financial Information" section of the accompanying financial statement tables for the definitions and usefulness of the Company's Non-GAAP financial measures and the attached schedules for reconciliations of the differences between the Non-GAAP financial measures and their most directly comparable GAAP financial measures.

The Company does not provide forward-looking guidance on a GAAP basis as McKesson is unable to provide a quantitative reconciliation of this forward-looking Non-GAAP measure to the most directly comparable forward-looking GAAP measure, without unreasonable effort, because McKesson cannot reliably forecast LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment and related charges, and other adjustments, which are difficult to predict and estimate. These items are inherently uncertain and depend on various factors, many of which are beyond the company's control, and as such, any associated estimate and its impact on GAAP performance could vary materially.

Cautionary Statements

Except for historical information contained in this press release, matters discussed may constitute "forward-looking statements" within the meaning of Section 27A of the Securities Act of 1933 and Section 21E of the Securities Exchange Act of 1934, that involve risks and uncertainties that could cause actual results to differ materially from those in those statements. It is not possible to identify all such risks and uncertainties. The reader should not place undue reliance on forward-looking statements, such as financial performance forecasts, which speak only as of the date they are first made. Except to the extent required by law, the company undertakes no obligation to publicly update forward-looking statements. Forward-looking statements may be identified by their use of terminology such as "believes", "expects", "anticipates", "may", "will", "should", "seeks", "approximately", "intends", "plans", "estimates" or the negative of these words or other comparable terminology. The discussion of financial trends, strategy, plans, assumptions or intentions may also include forward-looking statements. We encourage investors to read the important risk factors described in the company's Form 10-K, Form 10-Q and Form 8-K reports filed with the Securities and Exchange Commission.

These risk factors include, but are not limited to: we experience costly and disruptive legal disputes and settlements, including regarding our role in distributing controlled substances such as opioids; we might experience losses not covered by insurance; we might be adversely impacted by changes in tax legislation or challenges to our tax positions; we from time to time record significant charges from impairment to goodwill, intangibles and other assets or investments; we experience cybersecurity incidents and might experience significant computer system compromises or data breaches; we might experience significant problems with information systems or networks; we may be unsuccessful in retail pharmacy profitability; we might be harmed by large customer purchase reductions, payment defaults or contract non-renewal; our contracts with government entities involve future funding and compliance risks; we might be harmed by changes in our relationships or contracts with suppliers; we might be adversely impacted by healthcare reform such as changes in pricing and reimbursement models; we might be adversely impacted by changes or disruptions in product supply and we have experienced and may experience difficulties in sourcing products and changes in pricing due to the effects of the COVID-19 pandemic on supply chains; we might be adversely impacted as a result of our distribution of generic pharmaceuticals; we might be adversely impacted by an economic slowdown (including the effects we have experienced from the COVID-19 pandemic) or recession and by disruption in capital and credit markets that might impede our access credit, increase our borrowing costs and impair the financial soundness of our customers and suppliers; we might be adversely impacted by fluctuations in foreign currency exchange rates; we might be adversely impacted by events outside of our control, such as widespread public health issues (including the effects we have experienced from the COVID-19 pandemic), natural disasters, political events and other catastrophic events; we may be adversely affected by global climate change or by legal, regulatory or market responses to such change; and we face uncertainties and risks related to vaccination distribution and related ancillary supply kit programs.

About McKesson Corporation

McKesson Corporation is a global leader in healthcare supply chain management solutions, retail pharmacy, community oncology and specialty care, and healthcare information solutions. McKesson partners with pharmaceutical manufacturers, providers, pharmacies, governments and other organizations in healthcare to help provide the right medicines, medical products and healthcare services to the right patients at the right time, safely and cost-effectively. United by our ICARE shared principles, our employees work every day to innovate and deliver opportunities that make our customers and partners more successful - all for the better health of patients. McKesson has been named a "[Most Admired Company](#)" in the healthcare wholesaler category by FORTUNE, a "[Best Place to Work](#)" by the Human Rights Campaign Foundation, and a top [military-friendly company](#) by Military Friendly. For more information, visit <https://www.mckesson.com/>.

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McKESON CORPORATION
CONDENSED CONSOLIDATED STATEMENTS OF OPERATIONS - GAAP
(unaudited)
(in millions, except per share amounts)

	Three Months Ended March 31,			Years Ended March 31,		
	2021	2020	Change	2021	2020	Change
Revenues	\$ 59,142	\$ 58,535	1 %	\$ 238,228	\$ 231,051	3 %
Cost of sales	(55,845)	(55,199)	1	(226,080)	(219,028)	3
Gross profit	3,297	3,336	(1)	12,148	12,023	1
Selling, distribution, general, and administrative expenses	(2,224)	(2,403)	(7)	(8,849)	(9,182)	(4)
Claims and litigation charges, net	—	—	NM	(7,936)	(82)	NM
Goodwill impairment charges	—	—	NM	(69)	(2)	NM
Restructuring, impairment, and related charges, net	(63)	(64)	(2)	(334)	(268)	25
Total operating expenses	(2,287)	(2,467)	(7)	(17,188)	(9,534)	80
Operating income (loss)	1,010	869	16	(5,040)	2,489	(302)
Other income, net	71	27	163	223	12	NM
Equity earnings and charges from investment in Change Healthcare Joint Venture	—	370	(100)	—	(1,108)	(100)
Interest expense	(52)	(65)	(20)	(217)	(249)	(13)
Income (loss) from continuing operations before income taxes	1,029	1,201	(14)	(5,034)	1,144	(540)
Income tax benefit (expense)	(316)	(129)	145	695	(18)	NM
Income (loss) from continuing operations	713	1,072	(33)	(4,339)	1,126	(485)
Income (loss) from discontinued operations, net of tax	—	6	(100)	(1)	(6)	(83)
Net income (loss)	713	1,078	(34)	(4,340)	1,120	(488)
Net income attributable to noncontrolling interests	(47)	(57)	(18)	(199)	(220)	(10)
Net income (loss) attributable to McKesson Corporation	\$ 666	\$ 1,021	(35) %	\$ (4,539)	\$ 900	(604) %
Earnings (loss) per common share attributable to McKesson Corporation ^(a)						
Diluted ^(b)						
Continuing operations	\$ 4.15	\$ 5.82	(29) %	\$ (28.26)	\$ 4.99	(666) %
Discontinued operations	—	0.03	(100)	—	(0.04)	(100)
Total	\$ 4.15	\$ 5.85	(29) %	\$ (28.26)	\$ 4.95	(671) %
Basic						
Continuing operations	\$ 4.19	\$ 5.86	(28) %	\$ (28.26)	\$ 5.01	(664) %
Discontinued operations	—	0.03	(100)	—	(0.03)	(100)
Total	\$ 4.19	\$ 5.89	(29) %	\$ (28.26)	\$ 4.98	(667) %
Dividends declared per common share	\$ 0.42	\$ 0.41		\$ 1.67	\$ 1.62	
Weighted-average common shares outstanding						
Diluted	160.5	174.5	(8) %	160.6	181.6	(12) %
Basic	158.8	173.3	(8)	160.6	180.6	(11)

(a) Certain computations may reflect rounding adjustments.

(b) Net loss per diluted share for the year ended March 31, 2021 is calculated by excluding dilutive securities from the denominator due to their antidilutive effects.

NM Computation not meaningful

Refer to our applicable filings with the SEC for additional disclosures including our Quarterly Reports on Form 10-Q for fiscal 2021 and 2020 as well as our Annual Reports on Form 10-K for fiscal 2021 and 2020.

McKESSON CORPORATION
RECONCILIATION OF GAAP OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)
(unaudited)
(in millions, except per share amounts)

	Three Months Ended March 31,			Years Ended March 31,		
	2021	2020	Change	2021	2020	Change
Income (loss) from continuing operations (GAAP)	\$ 713	\$ 1,072	(33) %	\$ (4,339)	\$ 1,126	(485) %
Net income attributable to noncontrolling interests (GAAP)	(47)	(57)	(18)	(199)	(220)	(10)
Income (loss) from continuing operations attributable to McKesson Corporation (GAAP)	666	1,015	(34) %	(4,538)	906	(601) %
Pre-tax adjustments:						
Amortization of acquisition-related intangibles ⁽¹⁾	102	183	(44)	423	730	(42)
Transaction-related expenses and adjustments ^{(2) (3) (4)}	22	(364)	106	106	303	(65)
LIFO inventory-related adjustments	77	(138)	156	(38)	(252)	(85)
Gains from antitrust legal settlements	(181)	—	NM	(181)	(22)	723
Restructuring, impairment, and related charges, net ⁽⁵⁾	63	65	(3)	337	264	28
Claims and litigation charges, net ^{(6) (7) (8)}	—	—	NM	7,936	82	NM
Other adjustments, net ^{(9) (10) (11) (12)}	—	23	(100)	124	1,351	(91)
Income tax effect on pre-tax adjustments	61	(39)	256	(1,377)	(646)	113
Net income attributable to noncontrolling interests effect on other adjustments, net ⁽¹¹⁾	—	—	NM	(4)	—	NM
Adjusted Earnings (Non-GAAP)	\$ 810	\$ 745	9 %	\$ 2,788	\$ 2,716	3 %
Diluted weighted-average common shares outstanding	160.5	174.5	(8) %	162.0	181.6	(11) %
Earnings (loss) per diluted common share from continuing operations attributable to McKesson Corporation (GAAP) ^{(a) (b)}	\$ 4.15	\$ 5.82	(29) %	\$ (28.26)	\$ 4.99	(666) %
After-tax adjustments:						
Amortization of acquisition-related intangibles	0.51	0.79	(35)	2.02	3.06	(34)
Transaction-related expenses and adjustments	0.13	(2.14)	106	0.62	0.98	(37)
LIFO inventory-related adjustments	0.36	(0.58)	162	(0.17)	(1.03)	(83)
Gains from antitrust legal settlements	(0.84)	—	NM	(0.83)	(0.09)	822
Restructuring, impairment, and related charges, net	0.30	0.28	7	1.71	1.16	47
Claims and litigation charges, net	0.45	—	NM	41.22	0.33	NM
Other adjustments, net	(0.01)	0.10	(110)	0.66	5.55	(88)
Adjusted Earnings per Diluted Share (Non-GAAP) ^{(b) (c)}	\$ 5.05	\$ 4.27	18 %	\$ 17.21	\$ 14.95	15 %

(a) Certain computations may reflect rounding adjustments.

(b) We calculate loss per diluted common share from continuing operations attributable to McKesson Corporation (GAAP) for the year ended March 31, 2021 using a weighted average of 160.6 million common shares, which excludes dilutive securities from the denominator due to their antidilutive effect when calculating a net loss per diluted share. We calculate adjusted earnings per diluted share (Non-GAAP) for the year ended March 31, 2021 on a fully diluted basis, using a weighted average of 162.0 million common shares. Because we show the GAAP to Non-GAAP per share reconciling items on a fully diluted basis, any footing differences in those items are due to different weighted average share counts. This methodology results in per share difference of \$0.24 for the year ended March 31, 2021.

(c) Adjusted earnings per diluted share on an FX-adjusted basis for the three months and year ended March 31, 2021 was \$5.01 and \$17.15, respectively, which excludes the foreign currency exchange effect of \$0.04 and \$0.06, respectively.

NM Computation not meaningful

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Earnings (Non-GAAP), Adjusted Earnings per Diluted Share (Non-GAAP), and FX-Adjusted (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

McKESON CORPORATION
RECONCILIATION OF GAAP OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)
(unaudited)
(in millions)

	Three Months Ended March 31,		Change	Years Ended March 31,		Change
	2021	2020		2021	2020	
Gross profit (GAAP)	\$ 3,297	\$ 3,336	(1) %	\$ 12,148	\$ 12,023	1 %
Pre-tax adjustments:						
Transaction-related expenses and adjustments	—	1	(100)	—	1	(100)
LIFO inventory-related adjustments	77	(138)	156	(38)	(252)	(85)
Gains from antitrust legal settlements	(181)	—	NM	(181)	(22)	723
Restructuring, impairment, and related charges, net	—	1	(100)	3	(4)	175
Adjusted Gross Profit (Non-GAAP)	<u>\$ 3,193</u>	<u>\$ 3,200</u>	— %	<u>\$ 11,932</u>	<u>\$ 11,746</u>	2 %
Total operating expenses (GAAP)	\$ (2,287)	\$ (2,467)	(7) %	\$ (17,188)	\$ (9,534)	80 %
Pre-tax adjustments:						
Amortization of acquisition-related intangibles	101	119	(15)	422	462	(9)
Transaction-related expenses and adjustments ⁽⁴⁾	21	15	40	105	372	(72)
Restructuring, impairment, and related charges, net ⁽⁵⁾	63	64	(2)	334	268	25
Claims and litigation charges, net ^{(6) (7) (8)}	—	—	NM	7,936	82	NM
Other adjustments, net ^{(11) (12)}	1	28	(96)	124	55	125
Adjusted Operating Expenses (Non-GAAP)	<u>\$ (2,101)</u>	<u>\$ (2,241)</u>	(6) %	<u>\$ (8,267)</u>	<u>\$ (8,295)</u>	— %
Other income, net (GAAP)	\$ 71	\$ 27	163 %	\$ 223	\$ 12	NM
Pre-tax adjustments:						
Amortization of acquisition-related intangibles	1	—	NM	1	1	—
Transaction-related expenses and adjustments	1	—	NM	1	5	(80)
Other adjustments, net ⁽⁹⁾	(1)	(6)	(83)	—	127	(100)
Adjusted Other Income (Non-GAAP)	<u>\$ 72</u>	<u>\$ 21</u>	243 %	<u>\$ 225</u>	<u>\$ 145</u>	55 %
Equity earnings and charges from investment in Change Healthcare Joint Venture (GAAP)	\$ —	\$ 370	(100) %	\$ —	\$ (1,108)	(100) %
Pre-tax adjustments:						
Amortization of acquisition-related intangibles ⁽¹⁾	—	64	(100)	—	267	(100)
Transaction-related expenses and adjustments ^{(2) (3)}	—	(380)	(100)	—	(75)	(100)
Other adjustments, net ⁽¹⁰⁾	—	1	(100)	—	1,169	(100)
Adjusted Equity Income from Change Healthcare (Non-GAAP)	<u>\$ —</u>	<u>\$ 55</u>	(100) %	<u>\$ —</u>	<u>\$ 253</u>	(100) %
Income tax benefit (expense) (GAAP)	\$ (316)	\$ (129)	145 %	\$ 695	\$ (18)	NM
Tax adjustments:						
Amortization of acquisition-related intangibles	(20)	(45)	(56)	(95)	(175)	(46)
Transaction-related expenses and adjustments	(1)	(8)	(88)	(6)	(125)	(95)
LIFO inventory-related adjustments	(20)	37	(154)	10	66	(85)
Gains from antitrust legal settlements	47	—	NM	47	6	683
Restructuring, impairment, and related charges, net	(16)	(16)	—	(60)	(52)	15
Claims and litigation charges, net	72	—	NM	(1,259)	(21)	NM
Other adjustments, net	(1)	(7)	(86)	(14)	(345)	(96)
Adjusted Income Tax Expense (Non-GAAP)	<u>\$ (255)</u>	<u>\$ (168)</u>	52 %	<u>\$ (682)</u>	<u>\$ (664)</u>	3 %

NM Computation not meaningful

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Gross Profit (Non-GAAP), Adjusted Operating Expenses (Non-GAAP), Adjusted Other Income (Non-GAAP), Adjusted Equity Income from Change Healthcare (Non-GAAP), and Adjusted Income Tax Expense (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

McKESSON CORPORATION
RECONCILIATION OF GAAP SEGMENT OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)
(unaudited)
(in millions)

	Three Months Ended March 31,						As reported		As adjusted		Change			
	2021			2020							As reported (GAAP)	As adjusted (Non-GAAP)	As reported FX-Adjusted (Non-GAAP)	As adjusted FX-Adjusted (Non-GAAP)
	As reported (GAAP)	Adjustments	As adjusted (Non-GAAP)	As reported (GAAP)	Adjustments	As adjusted (Non-GAAP)	Foreign currency effects	FX-Adjusted (Non-GAAP)	Foreign currency effects	FX-Adjusted (Non-GAAP)				
REVENUES														
U.S. Pharmaceutical	\$ 47,042	\$ —	\$ 47,042	\$ 45,845	\$ —	\$ 45,845	\$ —	\$ 47,042	\$ —	\$ 47,042	3 %	3 %	3 %	3 %
International	8,600	—	8,600	9,749	—	9,749	(651)	7,949	(651)	7,949	(12)	(12)	(18)	(18)
Medical-Surgical Solutions	2,711	—	2,711	2,205	—	2,205	—	2,711	—	2,711	23	23	23	23
Prescription Technology Solutions	789	—	789	736	—	736	—	789	—	789	7	7	7	7
Revenues	<u>\$ 59,142</u>	<u>\$ —</u>	<u>\$ 59,142</u>	<u>\$ 58,535</u>	<u>\$ —</u>	<u>\$ 58,535</u>	<u>\$ (651)</u>	<u>\$ 58,491</u>	<u>\$ (651)</u>	<u>\$ 58,491</u>	<u>1 %</u>	<u>1 %</u>	<u>— %</u>	<u>— %</u>
OPERATING PROFIT ^(a)														
U.S. Pharmaceutical	\$ 892	\$ (79)	\$ 813	\$ 851	\$ (94)	\$ 757	\$ —	\$ 892	\$ —	\$ 813	5 %	7 %	5 %	7 %
International	76	62	138	68	69	137	(9)	67	(12)	126	12	1	(1)	(8)
Medical-Surgical Solutions	171	21	192	121	49	170	—	171	—	192	41	13	41	13
Prescription Technology Solutions	125	21	146	116	16	132	—	125	—	146	8	11	8	11
Other ^{(a) (1) (3)}	—	—	—	370	(315)	55	—	—	—	—	(100)	(100)	(100)	(100)
Subtotal	1,264	25	1,289	1,526	(275)	1,251	(9)	1,255	(12)	1,277	(17)	3	(18)	2
Corporate expenses, net	(183)	58	(125)	(260)	44	(216)	1	(182)	1	(124)	(30)	(42)	(30)	(43)
Income from continuing operations before interest expense and income taxes	<u>\$ 1,081</u>	<u>\$ 83</u>	<u>\$ 1,164</u>	<u>\$ 1,266</u>	<u>\$ (231)</u>	<u>\$ 1,035</u>	<u>\$ (8)</u>	<u>\$ 1,073</u>	<u>\$ (11)</u>	<u>\$ 1,153</u>	<u>(15) %</u>	<u>12 %</u>	<u>(15) %</u>	<u>11 %</u>
OPERATING PROFIT AS A % OF REVENUES														
U.S. Pharmaceutical	1.90 %		1.73 %	1.86 %		1.65 %		1.90 %		1.73 %	4 bp	8 bp	4 bp	8 bp
International	0.88		1.60	0.70		1.41		0.84		1.59	18	19	14	18
Medical-Surgical Solutions	6.31		7.08	5.49		7.71		6.31		7.08	82	(63)	82	(63)
Prescription Technology Solutions	15.84		18.50	15.76		17.93		15.84		18.50	8	57	8	57

(a) Operating profit (loss) for Other for the three months ended March 31, 2020 includes equity earnings and charges from investment in Change Healthcare Joint Venture. We completed the separation from our investment in Change Healthcare Joint Venture during the fourth quarter of fiscal 2020.

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Segment Operating Profit (Non-GAAP), Adjusted Operating Profit (Non-GAAP), Adjusted Corporate Expenses (Non-GAAP), FX-Adjusted (Non-GAAP), and Adjusted Segment

Operating Profit Margin (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

Schedule 3 (continued)

McKESSON CORPORATION
RECONCILIATION OF GAAP SEGMENT OPERATING RESULTS TO ADJUSTED RESULTS (NON-GAAP)
(unaudited)
(in millions)

	Years Ended March 31,						As reported		As adjusted		Change			
	2021			2020							As reported (GAAP)	As adjusted (Non- GAAP)	As reported FX- Adjusted (Non- GAAP)	As adjusted FX- Adjusted (Non- GAAP)
	As reported (GAAP)	Adjustments	As adjusted (Non- GAAP)	As reported (GAAP)	Adjustments	As adjusted (Non- GAAP)	Foreign currency effects	FX-Adjusted (Non- GAAP)	Foreign currency effects	FX-Adjusted (Non- GAAP)				
REVENUES														
U.S. Pharmaceutical	\$ 189,274	\$ —	\$ 189,274	\$ 181,700	\$ —	\$ 181,700	\$ —	\$ 189,274	\$ —	\$ 189,274	4 %	4 %	4 %	4 %
International	35,965	—	35,965	38,341	—	38,341	(1,068)	34,897	(1,068)	34,897	(6)	(6)	(9)	(9)
Medical-Surgical Solutions	10,099	—	10,099	8,305	—	8,305	—	10,099	—	10,099	22	22	22	22
Prescription Technology Solutions	2,890	—	2,890	2,705	—	2,705	—	2,890	—	2,890	7	7	7	7
Revenues	\$ 238,228	\$ —	\$ 238,228	\$ 231,051	\$ —	\$ 231,051	\$ (1,068)	\$ 237,160	\$ (1,068)	\$ 237,160	3 %	3 %	3 %	3 %
OPERATING PROFIT (LOSS) ⁽⁵⁾														
U.S. Pharmaceutical ⁽¹²⁾	\$ 2,763	\$ (46)	\$ 2,717	\$ 2,745	\$ (117)	\$ 2,628	\$ —	\$ 2,763	\$ —	\$ 2,717	1 %	3 %	1 %	3 %
International ^{(4) (11)}	(37)	522	485	(161)	622	461	(5)	(42)	(19)	466	(77)	5	(74)	1
Medical-Surgical Solutions	707	98	805	499	180	679	—	707	—	805	42	19	42	19
Prescription Technology Solutions	395	72	467	396	72	468	—	395	—	467	—	—	—	—
Other ^{(6) (1) (2) (3) (10)}	—	—	—	(1,113)	1,366	253	—	—	—	—	(100)	(100)	(100)	(100)
Subtotal	3,828	646	4,474	2,366	2,123	4,489	(5)	3,823	(19)	4,455	62	—	62	(1)
Corporate expenses, net ^{(6) (7) (8) (9)}	(8,645)	8,061	(584)	(973)	333	(640)	1	(8,644)	1	(583)	788	(9)	788	(9)
Income (loss) from continuing operations before interest expense and income taxes	\$ (4,817)	\$ 8,707	\$ 3,890	\$ 1,393	\$ 2,456	\$ 3,849	\$ (4)	\$ (4,821)	\$ (18)	\$ 3,872	(446) %	1 %	(446) %	1 %
OPERATING PROFIT (LOSS) AS A % OF REVENUES														
U.S. Pharmaceutical	1.46 %		1.44 %	1.51 %		1.45 %		1.46 %		1.44 %	(5) bp	(1) bp	(5) bp	(1) bp
International	(0.10)		1.35	(0.42)		1.20		(0.12)		1.34	32	15	30	14
Medical-Surgical Solutions	7.00		7.97	6.01		8.18		7.00		7.97	99	(21)	99	(21)
Prescription Technology Solutions	13.67		16.16	14.64		17.30		13.67		16.16	(97)	(114)	(97)	(114)

(a) Operating profit (loss) for Other for the year ended March 31, 2020 includes equity earnings and charges from investment in Change Healthcare Joint Venture. We completed the separation from our investment in Change Healthcare Joint Venture during the fourth quarter of fiscal 2020.

Refer to the section entitled "Financial Statement Notes" of this release.

For more information relating to the Adjusted Segment Operating Profit (Non-GAAP), Adjusted Operating Profit (Non-GAAP), Adjusted Corporate Expenses (Non-GAAP), FX-Adjusted (Non-GAAP), and Adjusted Segment Operating Profit Margin (Non-GAAP) definitions, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

McKESON CORPORATION
CONDENSED CONSOLIDATED BALANCE SHEETS
(unaudited)
(in millions, except per share amounts)

	March 31,	
	2021	2020
ASSETS		
Current assets		
Cash and cash equivalents	\$ 6,278	\$ 4,015
Receivables, net	19,181	19,950
Inventories, net	19,246	16,734
Assets held for sale	12	906
Prepaid expenses and other	665	617
Total current assets	45,382	42,222
Property, plant, and equipment, net	2,581	2,365
Operating lease right-of-use assets	2,100	1,886
Goodwill	9,493	9,360
Intangible assets, net	2,878	3,156
Other non-current assets	2,581	2,258
Total assets	\$ 65,015	\$ 61,247
LIABILITIES, REDEEMABLE NONCONTROLLING INTERESTS, AND EQUITY		
Current liabilities		
Drafts and accounts payable	\$ 38,975	\$ 37,195
Current portion of long-term debt	742	1,052
Current portion of operating lease liabilities	390	354
Liabilities held for sale	9	683
Other accrued liabilities	3,987	3,340
Total current liabilities	44,103	42,624
Long-term debt	6,406	6,335
Long-term deferred tax liabilities	1,411	2,255
Long-term operating lease liabilities	1,867	1,660
Long-term litigation liabilities	8,067	—
Other non-current liabilities	1,715	1,662
Redeemable noncontrolling interests	1,271	1,402
McKesson Corporation stockholders' equity (deficit)		
Preferred stock, \$0.01 par value, 100 shares authorized, no shares issued or outstanding	—	—
Common stock, \$0.01 par value, 800 shares authorized, 273 and 272 shares issued at March 31, 2021 and 2020, respectively	2	2
Additional paid-in capital	6,925	6,663
Retained earnings	8,202	13,022
Accumulated other comprehensive loss	(1,480)	(1,703)
Other	—	—
Treasury shares, at cost, 115 and 110 shares at March 31, 2021 and 2020, respectively	(13,670)	(12,892)
Total McKesson Corporation stockholders' equity (deficit)	(21)	5,092
Noncontrolling interests	196	217
Total equity	175	5,309
Total liabilities, redeemable noncontrolling interests, and equity	\$ 65,015	\$ 61,247

McKESSON CORPORATION
CONDENSED CONSOLIDATED STATEMENTS OF CASH FLOWS
(unaudited)
(in millions)

	Years Ended March 31,	
	2021	2020
OPERATING ACTIVITIES		
Net income (loss)	\$ (4,340)	\$ 1,120
Adjustments to reconcile to net cash provided by operating activities:		
Depreciation	321	321
Amortization	566	601
Goodwill and other asset impairment charges	242	139
Equity earnings and charges from investment in Change Healthcare Joint Venture	—	1,084
Deferred taxes	(908)	(342)
Credits associated with last-in, first-out inventory method	(38)	(252)
Non-cash operating lease expense	334	366
(Gain) loss from sales of businesses and investments	(9)	33
Other non-cash items	188	615
Changes in assets and liabilities, net of acquisitions:		
Receivables	1,145	(2,494)
Inventories	(2,276)	(376)
Drafts and accounts payable	1,267	3,952
Operating lease liabilities	(362)	(377)
Taxes	(166)	(8)
Litigation liabilities	8,067	—
Other	511	(8)
Net cash provided by operating activities	4,542	4,374
INVESTING ACTIVITIES		
Payments for property, plant, and equipment	(451)	(362)
Capitalized software expenditures	(190)	(144)
Acquisitions, net of cash, cash equivalents, and restricted cash acquired	(35)	(133)
Proceeds from sales of businesses and investments, net	400	37
Other	(139)	23
Net cash used in investing activities	(415)	(579)
FINANCING ACTIVITIES		
Proceeds from short-term borrowings	6,323	21,437
Repayments of short-term borrowings	(6,323)	(21,437)
Proceeds from issuances of long-term debt	500	—
Repayments of long-term debt	(1,040)	(298)
Common stock transactions:		
Issuances	92	113
Share repurchases, including shares surrendered for tax withholding	(770)	(1,954)
Dividends paid	(276)	(294)
Other	(199)	(301)
Net cash used in financing activities	(1,693)	(2,734)
Effect of exchange rate changes on cash, cash equivalents, and restricted cash	(61)	(19)
Net increase in cash, cash equivalents, and restricted cash	2,373	1,042
Cash, cash equivalents, and restricted cash at beginning of year	4,023	2,981
Cash, cash equivalents, and restricted cash at end of year	6,396	4,023
Less: Restricted cash at end of year included in Prepaid expenses and other	(118)	(8)
Cash and cash equivalents at end of year	\$ 6,278	\$ 4,015

McKESSON CORPORATION
RECONCILIATION OF GAAP CASH FLOW TO FREE CASH FLOW (NON-GAAP)
(unaudited)
(in millions)

	Years Ended March 31,		
	2021	2020	Change
GAAP CASH FLOW CATEGORIES			
Net cash provided by operating activities	\$ 4,542	\$ 4,374	4 %
Net cash used in investing activities	(415)	(579)	(28)
Net cash used in financing activities	(1,693)	(2,734)	(38)
Effect of exchange rate changes on cash, cash equivalents, and restricted cash	(61)	(19)	221
Net increase in cash, cash equivalents, and restricted cash	<u>\$ 2,373</u>	<u>\$ 1,042</u>	128 %
FREE CASH FLOW (NON-GAAP)			
Net cash provided by operating activities	\$ 4,542	\$ 4,374	4 %
Payments for property, plant, and equipment	(451)	(362)	25
Capitalized software expenditures	(190)	(144)	32
Free Cash Flow (Non-GAAP)	<u>\$ 3,901</u>	<u>\$ 3,868</u>	1 %

For more information relating to the Free Cash Flow (Non-GAAP) definition, refer to the section entitled "Supplemental Non-GAAP Financial Information" of this release.

McKESSON CORPORATION
FINANCIAL STATEMENT NOTES

- (1) Amortization of acquisition-related intangibles includes our proportionate share of loss from investment in Change Healthcare Joint Venture within Other. Such amount includes the amortization of equity investment intangibles and other acquired intangibles of \$64 million for the three months ended March 31, 2020 and \$267 million for the year ended March 31, 2020. These charges are included under "equity earnings and charges from investment in Change Healthcare Joint Venture" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
 - (2) Transaction-related expenses and adjustments for the year ended March 31, 2020 includes a pre-tax charge of \$246 million (\$184 million after-tax) within Other, representing the difference between our proportionate share of the IPO proceeds and the dilution effect on our investment in Change Healthcare Joint Venture carrying value. This charge is included under "equity earnings and charges from investment in Change Healthcare Joint Venture" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
 - (3) Transaction-related expenses and adjustments for the three months and year ended March 31, 2020 includes an estimated gain of \$414 million (pre-tax and after-tax) within Other recognized upon the separation of our investment in Change Healthcare LLC ("Change Healthcare"). The separation was completed on March 10, 2020 and involved a series of transactions, including an exchange offer to split-off our wholly-owned subsidiary PF2 SpinCo, Inc. ("SpinCo") which held all of McKesson's interest in Change Healthcare and a merger of SpinCo with and into Change Healthcare, Inc. ("Change"). McKesson no longer holds an interest in any securities of Change Healthcare or Change following the transactions. After the separation, Change Healthcare is required under an agreement to pay McKesson 85% of the net cash tax savings realized, or so deemed, from the depreciation or amortization allocated to Change by McKesson. The receipt of any payments from this agreement is dependent upon Change benefiting from this depreciation or amortization in future tax return filings, which creates uncertainty such that McKesson accounts for the agreement as a gain contingency. This estimated gain is included under "Equity earnings and charges from investment in Change Healthcare Joint Venture" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
 - (4) Transaction-related expenses and adjustments for the years ended March 31, 2021 and 2020 includes charges of \$58 million (pre-tax and after-tax) and \$275 million (pre-tax and after-tax) to remeasure assets and liabilities held for sale to fair value less costs to sell related to the contribution of the majority of our German pharmaceutical wholesale business to create a joint venture in which McKesson has a non-controlling interest within our International segment. On November 2, 2020, McKesson announced the completion of the creation of the joint venture. These charges are included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
 - (5) Restructuring, impairment, and related charges, net for the three months and year ended March 31, 2021 includes pre-tax charges of \$63 million (\$47 million after-tax) and \$334 million (\$275 million after-tax), primarily for our Europe and Canada businesses as well as Corporate expenses, net. The three months and year ended March 31, 2020 includes charges of \$64 million (\$48 million after-tax) and \$268 million (\$215 million after-tax), primarily for our Canada and Europe businesses as well as Corporate expenses, net. Our Europe and Canada businesses are included within International. These charges are included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables. Additionally, restructuring, impairment, and related charges, net for the three months ended March 31, 2020, and the years ended March 31, 2021 and 2020 includes immaterial amounts under "gross profit" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
 - (6) Claims and litigation charges, net for the year ended March 31, 2021 includes a pre-tax charge of \$8.1 billion (\$6.8 billion after-tax) related to our estimated liability for opioid-related claims of states, their political subdivisions, and other government entities, within Corporate expenses, net. This charge is included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
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FINANCIAL STATEMENT NOTES (continued)

- (7) Claims and litigation charges, net for the year ended March 31, 2021 includes a pre-tax net gain of \$131 million (\$97 million after-tax) related to insurance proceeds received, net of attorneys' fees and expenses awarded to plaintiffs' counsel, in connection with the \$175 million settlement of the shareholder derivative action related to our controlled substances monitoring program within Corporate expenses, net. This gain is included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables. In financial reporting periods prior to the three months ended December 31, 2020, this gain was included under other adjustments, net.
- (8) Claims and litigation charges, net for the year ended March 31, 2020 includes a pre-tax charge of \$82 million (\$61 million after-tax) recorded in connection with an agreement to settle all opioids related claims filed by two Ohio counties within Corporate expenses, net. This charge is included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables. In financial reporting periods prior to the three months ended December 31, 2020, this charge was included under other adjustments, net.
- (9) Other adjustments, net for the year ended March 31, 2020 includes pre-tax charges of \$122 million (\$90 million after-tax) representing settlement charges related to our frozen U.S. defined benefit pension plan, within Corporate expenses, net. This charge is included under "other income (expense), net" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
- (10) Other adjustments, net for the year ended March 31, 2020 includes a pre-tax charge of \$1.2 billion (\$864 million after-tax) representing an other-than-temporary impairment of McKesson's investment in Change Healthcare Joint Venture within Other. This charge is included under "equity earnings and charges from investment in Change Healthcare Joint Venture" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
- (11) Other adjustments, net for the year ended March 31, 2021 includes a non-cash goodwill impairment charge of \$69 million (pre-tax and after-tax) within International related to our European retail business, partially offset by the related indirect effect of \$4 million benefit in net income attributable to noncontrolling interests. This impairment charge is included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
- (12) Other adjustments, net for the year ended March 31, 2021 includes a pre-tax charge of \$50 million (\$37 million after-tax) related to our estimated liability under the New York ("NY") state Opioid Stewardship Act ("OSA") within U.S. Pharmaceutical for calendar years 2017 and 2018. In December 2018, a federal district court struck down the law as unconstitutional and NY replaced the OSA with an excise tax on opioid sales in the state of NY covering calendar year 2019 sales and beyond. In September 2020, an appellate court reversed on procedural grounds the district court's decision. An amendment to the Act made clear that the OSA applies only to NY opioid sales or distributions for calendar years 2017 and 2018. To the extent that further court decisions do not strike down the law, we will face liability under the OSA and we believe the estimated OSA liability is one-time in nature because the liability is retroactively imposed on sales or distributions in 2017 and 2018, and is not indicative of future results. Inclusion of this accrual in our adjusted results would distort current period performance. This charge is included under "total operating expenses" in the reconciliation of McKesson's GAAP operating results to adjusted results (Non-GAAP) provided in Schedule 2 of the accompanying financial statement tables.
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McKESSON CORPORATION
SUPPLEMENTAL NON-GAAP FINANCIAL INFORMATION

In an effort to provide investors with additional information regarding the Company's financial results as determined by generally accepted accounting principles ("GAAP"), McKesson Corporation (the "Company" or "we") also presents the following Non-GAAP measures in this press release.

- **Adjusted Gross Profit (Non-GAAP):** We define Adjusted Gross Profit as GAAP gross profit, excluding transaction-related expenses and adjustments, last-in, first-out ("LIFO") inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, and other adjustments.
 - **Adjusted Operating Expenses (Non-GAAP):** We define Adjusted Operating Expenses as GAAP total operating expenses, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments.
 - **Adjusted Other Income (Non-GAAP):** We define Adjusted Other Income as GAAP other income, net, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, and other adjustments.
 - **Adjusted Equity Income from Change Healthcare (Non-GAAP):** We define Adjusted Equity Income from Change Healthcare as GAAP equity earnings and charges from investment in Change Healthcare Joint Venture, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, and other adjustments. We completed the separation from our investment in Change Healthcare Joint Venture during the fourth quarter of fiscal 2020.
 - **Adjusted Income Tax Expense (Non-GAAP):** We define Adjusted Income Tax Expense as GAAP income tax benefit (expense), excluding the income tax effects of amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments. Income tax effects are calculated in accordance with Accounting Standards Codification ("ASC") 740, "Income Taxes," which is the same accounting principle used by the Company when presenting its GAAP financial results.
 - **Adjusted Earnings (Non-GAAP):** We define Adjusted Earnings as GAAP income (loss) from continuing operations attributable to McKesson, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, other adjustments as well as the related income tax effects for each of these items, as applicable.
 - **Adjusted Earnings per Diluted Share (Non-GAAP):** We define Adjusted Earnings per Diluted Share as GAAP earnings (loss) per diluted common share from continuing operations attributable to McKesson, excluding per share impacts of amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, other adjustments as well as the related income tax effects for each of these items, as applicable, divided by diluted weighted-average shares outstanding. Adjusted Earnings per Diluted Share was not previously adjusted for the effect of potentially dilutive securities issued by the Change Healthcare Joint Venture.
 - **Adjusted Segment Operating Profit (Non-GAAP) and Adjusted Segment Operating Profit Margin (Non-GAAP):** We define Adjusted Segment Operating Profit as GAAP segment operating profit (loss), excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, and other adjustments. We define Adjusted Segment Operating Profit Margin as Adjusted Segment Operating Profit (Non-GAAP) divided by GAAP segment revenues.
 - **Adjusted Corporate Expenses (Non-GAAP):** We define Adjusted Corporate Expenses as GAAP corporate expenses, net, excluding transaction-related expenses and adjustments, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments.
-

SUPPLEMENTAL NON-GAAP FINANCIAL INFORMATION (continued)

- **Adjusted Operating Profit (Non-GAAP):** We define Adjusted Operating Profit as GAAP income (loss) from continuing operations before interest expense and income taxes, excluding amortization of acquisition-related intangibles, transaction-related expenses and adjustments, LIFO inventory-related adjustments, gains from antitrust legal settlements, restructuring, impairment, and related charges, claims and litigation charges, and other adjustments.

The following provides further details regarding the adjustments made to our GAAP financial results to arrive at our Non-GAAP measures as defined above:

Amortization of acquisition-related intangibles - Amortization expenses of intangible assets directly related to business combinations and the formation of joint ventures.

Transaction-related expenses and adjustments - Transaction, integration, and other expenses that are directly related to business combinations, the formation of joint ventures, divestitures, and other transaction-related costs including initial public offering costs. Examples include transaction closing costs, professional service fees, legal fees, severance charges, retention payments and employee relocation expenses, facility or other exit-related expenses, certain fair value adjustments including deferred revenues, contingent consideration and inventory, recoveries of acquisition-related expenses or post-closing expenses, bridge loan fees, gains or losses on business combinations, and divestitures of businesses that do not qualify as discontinued operations.

LIFO inventory-related adjustments - LIFO inventory-related non-cash expense or credit adjustments.

Gains from antitrust legal settlements - Net cash proceeds representing the Company's share of antitrust lawsuit settlements.

Restructuring, impairment, and related charges - Restructuring charges that are incurred for programs in which we change our operations, the scope of a business undertaken by our business units, or the manner in which that business is conducted as well as long-lived asset impairments. Such charges may include employee severance, retention bonuses, facility closure or consolidation costs, lease or contract termination costs, asset impairments, accelerated depreciation and amortization, and other related expenses. The restructuring programs may be implemented due to the sale or discontinuation of a product line, reorganization or management structure changes, headcount rationalization, realignment of operations or products, integration of acquired businesses, and/or company-wide cost saving initiatives. The amount and/or frequency of these restructuring charges are not part of our underlying business, which include normal levels of reinvestment in the business. Any credit adjustments due to subsequent changes in estimates are also excluded from adjusted results.

Claims and litigation charges - Adjustments to certain of the Company's reserves, including those related to estimated probable settlements for its controlled substance monitoring and reporting, and opioid-related claims, as well as any applicable income items or credit adjustments due to subsequent changes in estimates. This does not include our legal fees to defend claims, which are expensed as incurred.

Other adjustments - The Company evaluates the nature and significance of transactions qualitatively and quantitatively on an individual basis and may include them in the determination of our adjusted results from time to time. While not all-inclusive, other adjustments may include: other asset impairments; gains or losses from debt extinguishment; and other similar substantive and/or infrequent items as deemed appropriate.

The Company evaluates the aforementioned Non-GAAP measures on a periodic basis and updates the definitions from time to time. The evaluation considers both the quantitative and qualitative aspects of the Company's presentation of Non-GAAP adjusted results. A reconciliation of McKesson's GAAP financial results to Non-GAAP financial results is provided in Schedules 2 and 3 of the financial statement tables included with this release.

Additionally, the Company's investment in Change Healthcare Joint Venture's financial results are adjusted for the above noted items, except for the effect of potentially dilutive securities issued by the joint venture on our adjusted results per diluted share.

SUPPLEMENTAL NON-GAAP FINANCIAL INFORMATION (continued)

- **FX-Adjusted (Non-GAAP):** McKesson also presents its GAAP financial results and adjusted results (Non-GAAP) on an FX-Adjusted basis. To present our financial results on an FX-Adjusted basis, we convert current year period results of our operations in foreign countries, which are recorded in local currencies, into U.S. dollars by applying the average foreign currency exchange rates of the comparable prior year period. To present Adjusted Earnings per Diluted Share on an FX-Adjusted basis, we estimate the impact of foreign currency rate fluctuations on the Company's noncontrolling interests and adjusted income tax expense, which may vary from quarter to quarter. The supplemental FX-Adjusted information of the Company's GAAP financial results and adjusted results (Non-GAAP) is provided in Schedule 3 of the financial statement tables included with this release.
- **Free Cash Flow (Non-GAAP):** We define free cash flow as net cash provided by (used in) operating activities less payments for property, plant and equipment and capitalized software expenditures, as disclosed in our condensed consolidated statements of cash flows. A reconciliation of McKesson's GAAP financial results to Free Cash Flow (Non-GAAP) is provided in Schedule 6 of the financial statement tables included with this release.

The Company believes the presentation of Non-GAAP measures provides useful supplemental information to investors with regard to its operating performance, as well as assists with the comparison of its past financial performance to the Company's future financial results. Moreover, the Company believes that the presentation of Non-GAAP measures assists investors' ability to compare its financial results to those of other companies in the same industry. However, the Company's Non-GAAP measures used in the press tables may be defined and calculated differently by other companies in the same industry.

The Company internally uses both GAAP and Non-GAAP financial measures in connection with its own financial planning and reporting processes. Management utilizes Non-GAAP financial measures when allocating resources, deploying capital, as well as assessing business performance, and determining employee incentive compensation. The Company conducts its businesses internationally in local currencies, including Euro, British pound sterling, and Canadian dollars. As a result, the comparability of our results reported in U.S. dollars can be affected by changes in foreign currency exchange rates. We present FX-Adjusted information to provide a framework for assessing how our business performed excluding the estimated effect of foreign currency exchange rate fluctuations. We believe free cash flow is important to management and useful to investors as a supplemental measure as it indicates the cash flow available for working capital needs, re-investment opportunities, strategic acquisitions, dividend payments, or other strategic uses of cash. Nonetheless, Non-GAAP adjusted results and related Non-GAAP measures disclosed by the Company should not be considered a substitute for, nor superior to, financial results and measures as determined or calculated in accordance with GAAP.

4Y

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: **WH 02921**)

Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,7

☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6

☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 2159 S. Shiloh, Suite 3

City: Garland, TX

State: TX Zip Code: 75041

Telephone

Number: 469-443-1311

Fax Number: 626 -912-8893

Toll Free Number: _____

E-mail: Danna.Sturgill@McKesson.com

Website: www.mckesson.com

Facility Manager: William T. Martin

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☒ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: see attached

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV19951055144

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

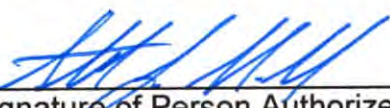
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

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

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

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


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

Stanton McComb

Print Name of Authorized Person

Date

1/17/21

Board Use Only

Date Processed: 7/6/2021

Amount:

500
Check # 144055

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATIONState of Incorporation: VirginiaParent Company if any: see attached, ultimate parent McKesson CorporationCorporation Name: McKesson Medical-Surgical Inc.Mailing Address: 6651 Gate ParkwayCity: Jacksonville State: FL Zip: 32256Telephone: 904.332.4179 Fax: 904.332.3349Contact Person: Danna Sturgill

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

Date of Incorporation: 7.7.1994Registration number issued: 2417015Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

Include with the application for a publicly traded corporation

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

List of officers and directors.



Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

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

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

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 19, 2021

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

Bernard J. Logan, Clerk of the Commission



License Number:	1002850	Current Date:	06/17/2021 08:48 AM
Name:	MCKESSON MEDICAL-SURGICAL INC		
License Type:	Dev Distributor		
License Status:	Current		
Expiry Date:	04/22/2023		
Effective Rank Date:	06/16/2021		
Modifier(s):	Distributor		
	Over-the-Counter		
	Prescription		

Addresses

Physical Loc	Address	MCKESSON MEDICAL-SURGICAL INC 2159 S SHILOH STE 3 GARLAND , TX DALLAS 75041 US
Mailing Address	Address	MCKESSON MEDICAL-SURGICAL INC / REG AFFAIRS MCKESSON JACKSONVILLE , FL OUT OF STATE/UNKNOWN 32256

Food & Drug Owner

Licensee's Role:	Food & Drug License	
Related Party Role:	Food & Drug Owner	
Related Party Name	License	Address
MCKESSON MEDICAL-SURGICAL INC	Owner #A030601	RICHMOND , VA
	Status: Current	OUT OF STATE/UNKNOWN
	Expiration Date:	23233
		US

Title	Name	Work Address	Work Phone	Email Address	% Ownership
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	804-553-2311	Stanton.McComb@McKesson.com	0%
VP & CFO	Willard C. Station	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	314-302-2862	Will.Station@McKesson.com	0%
Corporate Secretary	James F. Brashear	6535 State Highway 161 Irving, TX 75039	972-589-2206	James.Brashear@McKesson.com	0%

WILLIAM MARTIN

██████ CREEKVIEW CIRCLE CRANDALL, TX 75114
PHONE: ██████████ OR ██████████

Looking to join a challenging team and career-oriented position in the field of Biomed Equipment which offers immense opportunities based on skills, professional expertise, target achievements and rise to challenges through dedication and commitment

EXPERIENCE

**DATES FROM: JULY 2012 – TO STILL EMPLOYED AT MSD/MCKESSON
BIOMED MANAGER-GARLAND- MSD /MCKESSON**

Currently managing a large volume [ISO 13485-2016] certified Bio medical repair facility and field service operation covering the southwest region. Support CI projects and facilitate technical training to support career advancement of staff. Cross functional management including, Equipment service contracts, Vendor management, Fixed assets support, QA policy support and equipment management.

**DATES FROM APRIL,1982 TO FEB 2012
BIOMED MANAGER, UNIVERSAL HOSPITAL SERVICES**

Oversee the operations of the Dallas Center of Excellence which supports 21 UHS District offices. The Dallas COE is one of the 6 locations that is ISO 9001:2008 an ISO 13485:23 certified.

This includes technical support strategy for cost effective service delivery, technical training for UHS personnel, cost of service analysis, costing support, and sales support & business development to maintain and grow our rental and biomedical services business. Monitored and evaluated modality costs of service, changes in volume and geography to proactively manage cost effective service and delivery. Monitored and evaluated service activities and performance of UHS personnel to assure a standard quality of service is provided to our customers. Assist in assuring quality procedures and updates to equipment maintenance are being implemented and adhered to. Assist in identifying and validating

EDUCATION

**1982
UNITED ELECTRONIC INSTITUTE/NATIONAL EDUCATION CENTER
2 YEAR COURSE -BIOMEDICAL ELECTRONIC**

NABP ACCREDITED

DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc

located at

2159 S Shiloh, Suite 3, Garland, TX 75041

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



10/26/2020 - 10/25/2023

Period of Accreditation

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K**

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended 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: 1-13252

MCKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

94-3207296

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

6555 State Hwy 161,

Irving, TX 75039

(Address of principal executive offices, including zip code)

(972) 446-4800

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

(Title of each class)	(Trading Symbol)	(Name of each exchange on which registered)
Common stock, \$0.01 par value	MCK	New York Stock Exchange
0.625% Notes due 2021	MCK21A	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

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

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2020, was approximately \$23.9 billion.

Number of shares of common stock outstanding on April 30, 2021: 158,186,277

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2021 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter “McKesson”) delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. *The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.*

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson’s Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a \$2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the “St. Rose DC”). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid \$400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid \$1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right

to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of \$4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reprimand with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reprimand, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

4Z

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 208, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Wholesaler or ☒ Ownership Change (Provide current license number if making changes: WH 02267)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,7
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: McKesson Medical-Surgical Inc.

Physical Address: 1549 Hunter Road

City: Hanover Park, IL State: Zip Code: 60133 Telephone

Number: 630.307.6200 Fax Number:

Toll Free Number:

E-mail: Danna.Sturgill@McKesson.com Website: www.mckesson.com

Facility Manager: Jeffrey Broge

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other:

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other:

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: see attached

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV19951055144

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

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

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

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

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

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

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

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


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

Stanton McComb

Print Name of Authorized Person

Date

1/17/21

Board Use Only

Date Processed: _____

Amount:

500
check # 144054

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Virginia
Parent Company if any: see attached, ultimate parent McKesson Corporation
Corporation Name: McKesson Medical-Surgical Inc.
Mailing Address: 6651 Gate Parkway
City: Jacksonville State: FL Zip: 32256
Telephone: 904.332.4179 Fax: 904.332.3349
Contact Person: Danna Sturgill

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

Date of Incorporation: 7.7.1994
Registration number issued: 2417015
Stock Exchange: NYSE

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV19951055144

Include with the application for a publicly traded corporation

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

List of officers and directors.



Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That McKesson Medical-Surgical Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on February 27, 1980;

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

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

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

April 19, 2021

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

Bernard J. Logan, Clerk of the Commission

Maria Herrera

From: Sturgill, Danna J <Danna.Sturgill@McKesson.com>
Sent: Wednesday, June 30, 2021 4:43 PM
To: Maria Herrera
Subject: RE: McKesson Medical-Surgical Inc- WH02267
Attachments: 275 No Home State License or Inspection.pdf; NV - Master McKesson Corporation Surety Bond #070022483 2016.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Maria

The Hanover Park facility is devices only. For that reason, IL will not issue a license. See the attached explanation from the board.

The Bartlett location will/does handle drugs so they were able to obtain the IL wholesaler license. A copy of the bond is also attached. Please let me know if you need anything else.

Thanks!

Danna Sturgill

Sr Associate, Regulatory Affairs Specialist
 t 714.447.9322 x4543 | m 714.470.8144

McKesson | 1938 W Malvern Ave, Fullerton, CA 92833 | www.mckesson.com

In a world where you can be anything....be kind.

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From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, June 29, 2021 2:43 PM
To: Sturgill, Danna J <Danna.Sturgill@McKesson.com>
Subject: [EXTERNAL] McKesson Medical-Surgical Inc- WH02267

CAUTION: This email was sent from an EXTERNAL source. Use caution when clicking links or opening attachments.

We are in receipt of your application for an Out-of-State Wholesaler application from McKesson Medical-Surgical Inc- WH02267 Hanover Park, IL location.

Please note we received a second application from the Bartlett, IL location which included a Wholesaler Drug Distributor License, please verify why the Hanover Park location does not require this? When both facilities are in the same state? Also please provide a copy of the surety Bond for this location and for the Garland, TX location.

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

The State of Illinois Department of Financial & Professional Regulation, Division of Professional Regulation does not regulate medical devices and does not issue a state license or provide an inspection. Please see the attached.



Sturgill, Danna J

From: Parikh, Aarti <Aarti.Parikh@illinois.gov>
Sent: Thursday, June 10, 2021 12:41 PM
To: Sturgill, Danna J
Cc: Usman, Abir F.; Amin, Yashwant
Subject: [EXTERNAL] RE: Change of Ownership Application Information - McKesson

CAUTION: This email was sent from an EXTERNAL source. Use caution when clicking links or opening attachments.

Hello Danna,

Thank you for your response.

Please note that the Department does NOT issue a wholesale drug distributor license for medical devices (prescription or non-prescription) unless there is a prescription drug within the medical device. Please see the definition of wholesale drug distributor below:

"Wholesale distributor" means anyone engaged in wholesale distribution of prescription drugs, including, but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

As this facility does not distribute prescription drugs, I am unable to issue a license.

Please send me an email to cancel this application. Also, the old ownership will need to email me to close out their license.

Thank you,

Aarti Parikh, Pharm.D., MJ
Drug Compliance Investigator
 Division of Professional Regulation
 Illinois Department of Financial and Professional Regulation
 Drug Compliance Unit
 9511 W Harrison Street Suite 300
 Des Plaines, IL 60016
 Office: (847) 294-4922
 Email: Aarti.Parikh@illinois.gov
 Website: <https://www.idfpr.com>
Pronouns: She/Her/Hers

Title	Name	Work Address	Work Phone	Email Address	% Ownership
President; Director	Stanton J. McComb	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	804-553-2311	Stanton.McComb@McKesson.com	0%
VP & CFO	Willard C. Station	9954 Mayland Drive, Suite 4000 Richmond, VA 23233	314-302-2862	Will.Station@McKesson.com	0%
Corporate Secretary	James F. Brashear	6535 State Highway 161 Irving, TX 75039	972-589-2206	James.Brashear@McKesson.com	0%

Director of Biomedical Operations

Summary

Director / Bio-Medical Electronics Technician with a 28-year history in bio-medical equipment repair, maintenance and management. A team oriented technical management professional with successful experience developing and managing personnel, project management, cost saving initiatives and service operations.

Experience Summary

Medical Specialties Distributors LLC. Hanover Park, IL

11/2017 to Present

Director of Biomedical Operations

Responsible for the management of the McKesson biomedical service operations for 7 locations and 160 employees.

- Manage all aspects of employee training and education including equipment related training with the manufacturers, compliance training, QMS training and career development training.
- Analyze service capabilities, workload and productivity to support service operations to ensure corporate objectives and customer requirements are consistently attained.
- Leads by example approach to work with the team to build and foster positive culture within the biomed centers. Give direction for workload, resolve problems, and manage deadlines to ensure timely completion of work across the biomed network.
- Experience in risk management related to quality assurance and compliance.
- Experience in managing operating expense plan to accomplish financial objectives.

Medical Specialties Distributors LLC. Hanover Park, IL

2014 to 2017

Director of Quality & Regulatory Compliance

Responsible for development, training, and multiple site implementation of QMS (Quality Management System) to ensure ongoing successful registration audits for compliance to ISO 9001:2000 and ISO 13485:2003 standard requirements. Management Representative for QMS (Quality Management System) including continued program development and execution to maintain requirements for certification to ISO 9001:2000 and ISO 13485:2003 standards.

- Well-developed management skills. Utilize all assets and resources available, maximizing employee productivity and performance to achieve corporate goals and objectives
- Train personnel on QMS and conduct internal audits and quarterly management review meetings to ensure the effectiveness of the quality management system is maintained.
- Oversight of Regulatory compliance and licensing activities for MSD distribution centers.

Medical Specialties Distributors LLC. Hanover Park, IL

2007 to 2014

Director of Quality Management Systems

Responsible for development, training, and multiple site implementation of QMS (Quality Management System) to ensure ongoing successful registration audits for compliance to ISO 9001:2000 and ISO 13485:2003 standard requirements.

- Well-developed management skills. Utilize all assets and resources available, maximizing employee productivity and performance to achieve corporate goals and objectives
- Train personnel on QMS and conduct internal audits and quarterly management review meetings to ensure the effectiveness of the quality management system is maintained.
- Direct all other quality department initiatives to ensure corporate objectives are met.

Medical Specialties Distributors LLC. Hanover Park, IL

2006 to 2007

Quality Control Manager

Responsible for development, training, and multiple site implementation of QMS (Quality Management System) to ensure successful registration audits for ISO 9001:2000 and ISO 13485:2003 standards.

Management Representative for QMS (Quality Management System) including continued program development and execution to maintain requirements for certification to ISO 9001:2000 and ISO 13485:2003 standards.

- Well-developed management skills. Utilize all assets and resources available, maximizing employee productivity and performance to achieve corporate goals and objectives

- Train personnel on QMS and conduct internal audits and quarterly management review meetings to ensure the effectiveness of the quality management system is maintained.

Universal Hospital Services Inc., Loves Park, IL

2006 to 2006

Technical Support Specialist

Management Representative for QMS (Quality Management System) including continued program development and execution to maintain requirements for certification to ISO 9001:2000 and ISO 13485:2003 standards. Responsible for analytical review of data for equipment prioritization and repair costs, technician productivity, resource forecasting for existing and new business to achieve corporate goals and objectives.

- Well-developed management skills. Utilize all assets and resources available, maximizing employee productivity and performance to achieve corporate goals and objectives
- Train personnel on QMS and conduct internal audits and quarterly management review meetings to ensure the effectiveness of the quality management system is maintained.

Universal Hospital Services Inc., Loves Park, IL

2005 to 2005

COE Manager / ISO Project Leader

Responsible for development, training, and multiple site implementation of QMS (Quality Management System) to ensure successful registration audits for ISO 9001:2000 and ISO 13485:2003 standards.

- Successful completion of 4-month project, worked with consultants to develop QMS documents needed to meet ISO standards
- Managed staff of 26 technicians and office support personnel in bio-medical equipment repair services department
- Motivated personnel to perform at top efficiency levels
- Established priorities and expedited workflow

Universal Hospital Services Inc., Loves Park, IL

2004 to 2005

COE Manager

Managed 6 service centers with a staff of 50 technicians and office support personnel in bio-medical equipment repair services department. Established priorities and expedited workflow. Motivated personnel to perform at top efficiency levels. Reviewed and analyzed production, quality control, maintenance, and operational reports to meet department goals and objectives.

- Managed all aspects of financial functions including equipment repair cost analysis, budgeting, and variance analysis. Exceeded key initiative of reducing rental equipment repair costs for 2004. Directly responsible for bottom line savings of 1.2 Million for 2004

Universal Hospital Services Inc., Loves Park, IL

1999 to 2004

Regional Supervisor

Directed team responsibilities on a daily basis. Hired, trained, and supervised a staff of 30 technicians. Consistently implement new techniques and procedures that increase productivity and lower costs. Managed a 6.5 million dollar budget.

Universal Hospital Services Inc., Loves Park, IL

1992 to 1999

Bio-Medical Electronics Technician

Analyzed problems and repaired many types of bio-medical equipment including infusion devices, infant and critical care monitoring equipment and systems, defibrillators, ventilators, and general care equipment used in the healthcare community. Interpreted maintenance manuals, schematics, and wiring diagrams. Repaired equipment utilizing knowledge of electronics and used standard test instruments.

- Worked closely with customer's onsite and via telephone to resolve equipment issues.
- Highly motivated, productive, and able to work independently. One of the most productive technicians in the company several years in a row out of a total staff of 75 - 100 technicians

Education

United States Navy 1980 – 1983 E-4 Electronics Technician - Honorable Discharge

BSI Management Systems Reston, VA. ISO 13485:2003 Internal Quality Systems Auditor Certificate	2006
Western Wisconsin Technical College, La Crosse, WI <i>A.A., Bio-Medical Electronics</i> Completed 105 credits in medical electronics, instrumentation and related courses. GPA: 2.98.	1991
Electronics Technician C School, Norfolk, VA <i>Certificate</i> Completed Training for UHF Communications School	1981
Great Lakes Naval Training Center Electronics Technician A School, Great Lakes, IL <i>Certificate</i> Completed training for Surface Search Radar.	1981
Great Lakes Naval Training Center Electronics Technician A School, Great Lakes, IL <i>Certificate</i> Completed training for Advanced Electronics.	1981
Great Lakes Naval Training Center, Great Lakes, IL <i>Certificate</i> Completed training for Basic Electricity and Electronics.	1981

Skills

- Supervision, Training, Recruiting and Hiring Staff
- Excellent Customer Service Skills
- Project Management, Policy and Procedures Development and Continuous Improvement
- Strategic Planning and Analysis
- Proficient in MS Word, Excel, Visio and Power Point

Honors

Service Center of the Year, Universal Hospital Services, Loves Park, IL, 2004. Received Gold Eagle Award. Recognition for Service Center of the year at 2005 Business Summit

Service Center of the Year, Universal Hospital Services, Loves Park, IL, 2003. Received Gold Eagle award for Service Center of the year at 2004 Business Summit

Individual Eagle Award, Universal Hospital Services, Loves Park, IL, 2002. Recognized for dedicated work ethic, commitment to customers, and attention to detail, professionalism, and follow-up.

NABP ACCREDITED

DRUG DISTRIBUTOR

McKesson Medical-Surgical Inc

located at

1549 Hunter Rd, Hanover Park, IL 60133

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at: www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Lemrey "Al" Carter, PharmD, MS, RPh
Executive Director/Secretary



3/18/2021 - 3/17/2024
Period of Accreditation

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
FORM 10-K

☒ ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended 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: 1-13252

MCKESSON

McKESSON CORPORATION

(Exact name of registrant as specified in its charter)

Delaware

(State or other jurisdiction of incorporation or organization)

94-3207296

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

6555 State Hwy 161,

Irving, TX 75039

(Address of principal executive offices, including zip code)

(972) 446-4800

(Registrant's telephone number, including area code)

Securities registered pursuant to Section 12(b) of the Act:

(Title of each class)	(Trading Symbol)	(Name of each exchange on which registered)
Common stock, \$0.01 par value	MCK	New York Stock Exchange
0.625% Notes due 2021	MCK21A	New York Stock Exchange
1.500% Notes due 2025	MCK25	New York Stock Exchange
1.625% Notes due 2026	MCK26	New York Stock Exchange
3.125% Notes due 2029	MCK29	New York Stock Exchange

Securities registered pursuant to Section 12(g) of the Act: None

Indicate by check mark if the registrant is a well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes ☒ No ☐

Indicate by check mark if the registrant is not required to file reports pursuant to Section 13 or 15(d) of the Act. Yes ☐ No ☒

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirements for the past 90 days. Yes ☒ No ☐

Indicate by check mark whether the registrant has submitted electronically, every Interactive Data File required to be submitted pursuant to Rule 405 of Regulation S-T (§232.405 of this chapter) during the preceding 12 months (or for such shorter period that the registrant was required to submit such files). Yes ☒ No ☐

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company, or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one):

Large accelerated filer	☒	Accelerated filer	☐
Non-accelerated filer	☐	Smaller reporting company	☐
		Emerging growth company	☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant has filed a report on and attestation to its management's assessment of the effectiveness of its internal control over financial reporting under Section 404(b) of the Sarbanes-Oxley Act (15 U.S.C. 7262(b)) by the registered public accounting firm that prepared or issued its audit report. ☒

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

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant, computed by reference to the closing price as of the last business day of the registrant's most recently completed second fiscal quarter, September 30, 2020, was approximately \$23.9 billion.

Number of shares of common stock outstanding on April 30, 2021: 158,186,277

DOCUMENTS INCORPORATED BY REFERENCE

Portions of the registrant's Proxy Statement for its 2021 Annual Meeting of Stockholders are incorporated by reference into Part III of this Annual Report on Form 10-K.

Please note that the disciplinary actions described below do NOT pertain to operations at the location set forth in this application.

McKesson Corporation and its subsidiaries (hereinafter “McKesson”) delivers pharmaceutical and medical products and business services to retail pharmacies and institutional providers like hospitals and health systems throughout North America and globally. Over the past 185 years, McKesson has developed multiple businesses that operate pharmacies, medical supply distribution centers, wholesale drug distribution centers, 3PL facilities, repackaging facilities, and other entities subject to federal and state regulation. Currently, McKesson owns and operates over 97 facilities in the United States that are licensed, permitted, or registered with the respective state agency with jurisdiction over its business type. Due to the breadth of its operations, it is practical that we limit this summary to disciplinary actions taken against these facilities during the last five years or the time frame specified in the question. ***The information in this statement is provided to the best of our knowledge and belief and includes all public disciplinary actions. This statement does not include any fines that are deemed non-disciplinary by the issuing state (for example, it does not include non-disciplinary Citations and Fines issued by California). Please let us know if your state requires information regarding non-disciplinary fines.***

In 2015, **McKesson** entered into a Final Consent Order with the Maryland Board of Pharmacy concerning Landover DC. The Final Consent Order resolved allegations that, from January 2009 – December 2009, McKesson’s Landover DC purchased approximately \$2.5 million of prescription drugs/devices from an unlicensed wholesale distributor. Since the period when the alleged violations occurred, McKesson has made numerous enhancements and significant additional investments in its compliance program related to the acquisition and distribution of pharmaceutical drug products. McKesson paid a \$15,000 fine in June 2015.

In April 2016 the **McKesson Medical-Surgical Inc.** Clear Brook, VA facility, which is a wholly-owned subsidiary of McKesson Corporation, was fined by the California Board of Pharmacy for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In September 2016, **McKesson Medical Surgical, Inc.** entered into a Consent Agreement for a \$2,750 fine with the Louisiana Board of Drug and Device concerning its St. Rose, Louisiana distribution center (the “St. Rose DC”). McKesson Medical Surgical, Inc agreed that it failed to maintain copies of current licenses for customers that are shipped or sold drugs or devices, or, if customer licenses are maintained offsite, by failing to maintain at the licensed distribution location a list of customer names, addresses, license numbers, and license expiration dates for all customers that are shipped or sold drugs or devices.

In 2016 **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Washington Court House, OH distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since August 6, 2014 fully licensed. McKesson paid \$400 fine. The fine is related to a non-disciplinary action.

In 2016 **McKesson Medical-Surgical Inc.** a wholly-owned subsidiary of McKesson Corporation was fined by the California Board of Pharmacy at its Clear Brook, VA location for failure to report a new Designated Representative within 30 days of change. McKesson paid \$200 fine. The fine is related to a non-disciplinary action.

In January 2017, **McKesson** entered into an agreement (the "DEA Settlement") with the DEA and DOJ to settle all potential administrative and civil claims stemming from investigation into McKesson's practices for identifying and reporting suspicious orders of controlled substances, beginning in 2009. Under the settlement McKesson agreed to pay \$150 million and to implement remedial measures related to its controlled substances monitoring program. In addition, the following distribution centers' DEA registrations were or will be suspended for the following specified products and time periods: Aurora, Colorado - all controlled substances from January 17, 2017 to January 17, 2020; Livonia, Michigan - all controlled substances from January 17, 2017 to January 17, 2019; Washington Court House, Ohio - all controlled substances for the two-year period following completion of the Livonia suspension, from February 17, 2019 to February 17, 2021; and Lakeland, Florida - hydromorphone products from January 17, 2017 to January 17, 2018. The terms of the suspensions of the Livonia, Washington Court House, and Lakeland facilities permit those distribution centers to continue shipping controlled substances to customers that purchase products under McKesson's contract with the Department of Veterans Affairs.

In March 2017, in response to the DEA Settlement, the New York State Department of Health, Bureau of Narcotic Enforcement, suspended the Class 2A (Out-of-State) controlled substance license for **McKesson's** Livonia, Michigan distribution center. The permit was suspended until January 1, 2019, consistent with the suspension timeframes of the DEA Settlement. No other suspensions or fines were issued, and the New York action aligned with the suspension periods and expectations agreed to in the DEA Settlement.

In June 2017, in response to the DEA Settlement, the Idaho Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Idaho controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Idaho controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions or fines were issued, and the Idaho action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In September 2017, in response to the DEA Settlement, the Colorado State Board of Pharmacy placed the wholesaler registration of **McKesson's** distribution center in Aurora, Colorado (14500 39th Ave) on probation. McKesson also agreed to pay a fine of \$45,000, with an additional surcharge of 15%, totaling \$51,750. No other suspensions or fines were issued.

In November 2017, in response to the DEA Settlement, the Louisiana Board of Pharmacy suspended the Controlled Substance Registrations of **McKesson** distribution centers in Washington Court House, Ohio and the Livonia, Michigan. The Livonia Louisiana controlled substance registration was suspended for two years, effective 6/17/17 to 1/17/19. The Washington Court House Louisiana controlled substance registration is suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to reimburse the Louisiana Board \$250.00 for administrative costs. No other suspensions or fines were issued, and the Louisiana action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In December 2017, in response to the DEA Settlement, the New Hampshire Board of Pharmacy suspended the right of **McKesson's** distribution centers in Washington Court House, Ohio and Livonia, Michigan to distribute controlled substances. The Livonia distribution center's ability to distribute controlled substance was suspended, effective 12/12/17 to 1/17/19. The Washington Court House distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. McKesson also agreed to pay an administrative fine of \$2,000.00. No other suspensions of fines were issued, and the New Hampshire action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

In February 2018, in response to the DEA Settlement, the Florida Department of Business & Professional Regulation and **McKesson Corporation** (Lakeland distribution center) entered in a Settlement Agreement as disposition of an alleged violation of Section 499.0121(10), Florida Statutes (2008-2017), by operating not in compliance with applicable federal laws and regulations. McKesson also agreed to pay a settlement amount of \$10,000.00. No other suspensions of fines were issued.

On March 14, 2018, in response to the DEA Settlement, the Iowa Board of Pharmacy voted to issue Controlled Substance Act registrations for two of **McKesson Corporation's** distribution centers. The Board issued the registrations pursuant to Controlled Substances Act Registration by Consent Agreements (the "Agreements"). The Agreements are applicable only to the registrations and do not impose discipline upon the distribution center's wholesale permits. The general terms of the Agreements are summarized below:

- Livonia, Michigan - the facility's Iowa controlled substance registration was issued but was restricted. The facility was prohibited from distributing controlled substances into the state until 1/17/2019 except for various exceptions that mirror exceptions in the DEA settlement; and
- Washington Court House, Ohio - the facility's Iowa controlled substance registration was issued but is restricted and the facility will be prohibited from distributing controlled substances into the state from 1/18/19 to 1/18/2021 except for various exceptions that mirror exceptions in the DEA settlement.

On March 20, 2018, in response to the DEA Settlement, the Maryland State Board of Pharmacy suspended the right of **McKesson's** distribution center in Washington Court House, Ohio to distribute controlled substances. The distribution center's ability to distribute controlled substance will be suspended for two years, effective 1/18/19 to 1/18/21. No other suspensions of fines were issued, and the Maryland action aligns with the suspension periods and expectations agreed to in the DEA Settlement.

On April 9, 2018, in response to the DEA Settlement, **McKesson** entered into stipulations with the Utah Board of Pharmacy. The stipulations apply to the McKesson distribution centers located in Washington Court House, Ohio and Aurora, Colorado. The Washington Court House facility's right to distribute controlled substances into Utah has been suspended effective 1/18/2019 to 1/18/2021 and the Aurora facility's right to distribute controlled substances into Utah has been suspended from 4/9/2018 to 1/17/2020. The Utah Board of Pharmacy's action mirrors the suspension and exceptions agreed to in McKesson's settlement with the DEA Settlement.

In 2018 May **McKesson Corporation** was fined by the California Board of Pharmacy related to the fact that its Memphis, TN distribution center failed to timely notify the state of California when their designated representative left the company. The designated representative required by the home state was always in place. The new designated representative is now and has been since December 1, 2017 fully licensed. McKesson paid \$1,000 fine. The fine is related to a non-disciplinary action.

On May 31, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Oregon Board of Pharmacy (the "Oregon Consent"). The Oregon Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The Washington Court House facility's right to distribute controlled substances into Oregon has been suspended effective 1/18/2019 to 1/18/2021. The suspension period imposed by Oregon aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On November 7, 2018, the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Denver, Colorado distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid November 29, 2018. The Board released McKesson Medical-Surgical Inc. from the terms and conditions of the December 6, 2018, Stipulation and Final Agency Order and restored the Registration to unencumbered status.

On December 17, 2018, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "Virginia Consent"). The Virginia Consent applies to the McKesson distribution center located in Livonia, Michigan. The Livonia facility's right to distribute controlled substances into Virginia was suspended until 1/17/2019. The suspension period imposed by Virginia aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On January 14, 2019 **McKesson Corporation** entered into a settlement for a payment of \$10,000 on behalf of a now-closed facility in Connecticut. This settlement arose from the failure of employees of McKesson's contracted local delivery carrier to secure their vehicles when making deliveries within Connecticut. Importantly, there were never any reports of theft or loss based on this failure and McKesson's contract with the local delivery carrier specifically required security measures, including the securing of vehicles.

On February 27, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Wisconsin Pharmacy Examining Board (the "Wisconsin Consent"). Under the terms of the consent, the Livonia, Michigan facility was fined and the facility's right to distribute controlled substances into Wisconsin was suspended from 1/17/17 to 1/17/19. The Washington Court House, Ohio facility was fined and the facility's ability to distribute controlled substances into Wisconsin has been suspended effective 1/17/19 to 1/17/2021. The suspension period imposed by Wisconsin aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On March 1, 2019, the Ohio Board of Pharmacy sent a Notice of Opportunity for Hearing to the **McKesson Medical-Surgical Inc.** distribution center in Urbancrest, OH, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right

to submit contentions in writing. The allegations relate to an investigation that McKesson Medical-Surgical Inc. shipped dangerous drugs to an unlicensed site in September 2017. A monetary penalty of \$4,5000 was imposed and paid on March 27, 2019.

On May 10, 2019, in response to the DEA Settlement, **McKesson** entered into the stipulated agreement with the New Mexico Board of Pharmacy (the "New Mexico Agreement"). The New Mexico Agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's ability to distribute controlled substances into New Mexico has been suspended until February 16, 2021. The suspension period imposed by New Mexico aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 21, 2019, in response to the DEA Settlement, **McKesson** entered into a consent order with the Alabama Board of Pharmacy (the "Alabama Consent"). The Alabama Consent applies to the McKesson distribution centers located in Washington Court House, Ohio and Livonia, Michigan. Under the terms of the Alabama Consent, each facility was subject to a fine of fifteen thousand dollars (\$15,000).

On June 10, 2019, in response to the DEA Settlement, **McKesson** entered into a consent agreement with the Virginia Board of Pharmacy (the "WCH Virginia Consent"). The WCH Virginia Consent applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Virginia has been suspended from June 10, 2019 to February 16, 2021. The WCH Virginia Consent originates from McKesson's report to Virginia of settlements that McKesson entered into with the DEA and Louisiana Board of Pharmacy.

On July 29, 2019, in response to the DEA Settlement, the California Board of Pharmacy approved a Stipulated Settlement and Disciplinary Order for Public Reprimand with **McKesson** (the "California Settlement"). The California Settlement is effective on August 28, 2019 and applies to both the Washington Court House, Ohio and Livonia, MI distribution centers. Subject to the terms of the settlement, McKesson was issued a public letter of Reprimand, agreed to pay \$4,000 in investigative fees.

On August 29, 2019 **McKesson** received a Letter of Admonition from the Colorado State Board of Pharmacy due to the delinquent notification of a change in the Designated Representative at its distribution center located at in O'Fallon, MO ("**McKesson St. Louis**").

On August 29, 2019 **McKesson** entered into a Stipulation and Final Agency Order with the Colorado State Board of Pharmacy regarding the delinquent notification of a change in the Designated Representative at its distribution center located in Aurora, IL ("**McKesson Chicagoland**"). The terms of the settlement included a fine in the amount of \$1,150.00.

On January 7, 2020 **McKesson** entered into a Consent Agreement and Final Order with the Iowa Board of Pharmacy regarding pseudoephedrine products had not been included in the McKesson's Clear Lake, IA facility's annual controlled substance inventory and that butalbital products continued to be treated as legend drugs after such products became schedule III products in the state on June 26, 2019.

On January 14, 2020 **McKesson Medical-Surgical Inc.** entered into a Consent Agreement with the Arizona State Board of Pharmacy, regarding its Tempe, AZ distribution center, for shipping prescription drugs to an entity that was not properly licensed to receive them. A monetary civil penalty of \$1,000 was imposed and paid on January 14, 2020.

On February 20, 2020, in response to the DEA Settlement, **McKesson** entered into a final agreement with the Indiana Board of Pharmacy. The agreement applies to the McKesson distribution center located in Washington Court House, Ohio. The facility's right to distribute controlled substances into Indiana has been placed on indefinite probation until the facility's DEA Registration is fully re-instated on or about February 16, 2021. The suspension period imposed by Indiana aligns with the federal DEA suspensions and with those imposed by other states that have taken reciprocal action based on the DEA Settlement.

On May 29, 2020 the Colorado Department of Regulatory Agencies cited **McKesson Medical-Surgical Inc.** concerning its Roseville, CA distribution center for failure to submit in a timely manner, an application to the Board detailing a change of designated representative. A fine of \$1,150 was imposed and paid on July 1, 2020.

4AA

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

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☒ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: PINNACLE PHARMA LLC

Physical Address: 4111 ROSE LAKE DRIVE, SUITE H

City: CHARLOTTE State: NC Zip Code: 28217

Telephone Number: 704-234-7964 Fax Number: 704-916-3933

Toll Free Number: _____

E-mail: COMPLIANCE@PINNACLEPHARMARX.COM Website: WWW.PINNACLEPHARMARX.COM

Facility Manager: KENNETH VENDITTO

Professional qualifications and experience of facility manager: PROFESSIONALLY TRAINED

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: CAPITAL WHOLESALE DRUG CO

Address: 873 WILLIAMS AVE COLUMBUS OH 43212

Name: TOP RX LLC

Address: 2950 BROTHERS BLVD #102 BARTLETT TN 38133

Name: INDEPENDENT PHARMACEUTICAL INC

Address: 854 EAST CRESCENTVILLE RD WEST CHESTER OHIO 45246

Name: YILING PHARMACEUTICALS INC

Address: 8050 BECKETT CENTER DRIVE SUITE 120 WEST CHESTER OHIO 45069

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 ☒

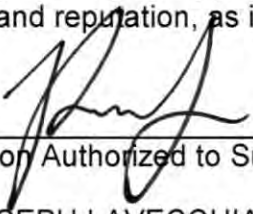
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

RUDOLPH MICHAEL JOSEPH LAVECCHIA

Print Name of Authorized Person

2/25/2021

Date

Board Use Only

Date Processed: _____

Amount: 500

Check # 1010

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DELAWAREParent Company if any: N/AMailing Address: 4111 ROSE LAKE DRIVE, SUITE HCity: CHARLOTTE State: NC Zip: 28217Telephone: 704-234-7964 Fax: 704-916-3933Contact Person: KENNETH VENDITTO

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

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

a) N/A

Name

Business Address

b) _____

Name

Business Address

c) _____

Name

Business Address

d) _____

Name

Business Address

2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

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

Include with the application for a non-publicly traded corporationList of officers and directors

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

**RE: Officer Details**

To Whom It May Concern,

As requested, a complete list of the company's officers, including; titles, phone numbers, and email addresses.

Rudolph Michael Joseph LaVecchia
President - 100% Ownership

compliance@pinnaclepharmarx.com

Kenneth Venditto
Facility Manager/ Designated Representative
704-916-3933
kvenditto@pinnaclepharmarx.com

Should you have any questions or concerns, please feel free to contact any of the key personnel:

Rudolph Michael Joseph LaVecchia – (704) 916-3933 ext. 2315

Sincerely,

Compliance Department
Pinnacle Pharma LLC.
compliance@pinnaclepharmarx.com

2021

NOT TRANSFERABLE
STATUTE GS 81.106.119

LICENSE/CERTIFICATE: **Distributor**
TYPE **PRESCRIPTION DRUG LICENSE**
Expiration Date **12/31/2021**

North Carolina Department of Agriculture & Consumer Services
Steve Troxler, Commissioner
Food and Drug Protection Division

LICENSE/CERTIFICATE NO.
504



Licensee **Pinnacle Pharma LLC**
Certificator **4111-H Rose Lake Drive**
Charlotte NC **28217**

Steve W. Troxler
STEVE TROXLER, COMMISSIONER

LICENSE/CERTIFICATE MAY BE SUBJECT TO REVOCATION OR SUSPENSION AS PROVIDED BY LAW



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF AUTHORIZATION (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

PINNACLE PHARMA LLC

is a limited liability company formed under the laws of Delaware as Pinnacle Pharma LLC and was authorized to transact business in the State of North Carolina by issuance of a certificate of authority on 22nd day of August, 2017.

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company has not withdrawn from the State of North Carolina, (ii) the said limited liability company's certificate of authority has not been suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively revoked for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial revocation, withdrawal, articles of merger, or articles of conversion for said limited liability company.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of February, 2021.

Elaine F. Marshall

Secretary of State

State Of Delaware

Entity Details

1/18/2021 2:12:53PM

File Number: 6468286

Incorporation Date / Formation Date: 7/6/2017

Entity Name: PINNACLE PHARMA LLC

Entity Kind: Limited Liability Company

Entity Type: General

Residency: Domestic

State: DELAWARE

Status: Good Standing

Status Date: 7/6/2017

Registered Agent Information

Name: HARVARD BUSINESS SERVICES, INC.

Address: 16192 COASTAL HWY

City: LEWES

Country:

State: DE

Postal Code: 19958

Phone: 302-645-7400

Tax Information

Last Annual Report Filed: 0

Tax Due: \$ 0

Annual Tax Assessment: \$300

Total Authorized Shares:

Filing History (Last 5 Filings)

Seq	Description	No of Pages	Filing Date mm/dd/yyyy	Filing Time	Effective Date mm/dd/yyyy
1	LLC	1	7/6/2017	11:21 AM	7/6/2017



March 3, 2021

List of Employees who handle product daily:

- Kenneth Venditto – (704) 916-3933 ext. 3253

Sincerely,

Compliance Department
Pinnacle Pharma LLC.
compliance@pinnaclepharmarx.com

Ken Venditto

Loyal, hardworking individual with exceptional communication and strong team work skills, strong work ethic and great organization skills.

Charlotte, NC 28278

Understanding large-scale organization systems
 Managing inventory control systems
 Managing multiple projects simultaneously
 Meeting physical requirements, such as lifting, bending and standing for long periods
 Microsoft Office Word and Excel

Willing to relocate: Anywhere
 Authorized to work in the US for any employer

Work Experience

Warehouse Manager

Pinnacle Pharma - Charlotte, NC
 August 2020 to Present

Run day to day operations of our Charlotte office-warehouse, company is based out of Florida.

- processing orders
- operating mechanical and IT systems
- liaising with transport companies, suppliers and clients
- training, supervising and appraising staff
- maintaining statistical and financial records
- devising rotas for staff
- ensuring that quality objectives and delivery deadlines are met
- managing budgets
- administering stock control
- ensuring compliance with health and safety legislation.

Warehouse Operations Manager

Custom Cable - Charlotte, NC
 May 2018 to August 2020

- Analyzes the requirements of the commodity, including preliminary specifications, preferred supplier, and date commodity is needed.
- Investigates and/or interviews potential suppliers to determine if they meet the specified requirements.
- Negotiates the lowest possible cost for the commodity balanced against the optimum quality and schedule needs.
- Implements purchase orders that comply with company and government regulations.
- Assures that the commodity is delivered on schedule, at the negotiated price, and meets the quality standards of the company.

- Develops and executes inventory plans to achieve inventory/asset management and material flow goals.

Manage the warehouse, Order equipment as needed for projects/jobs.

Helped the branch coordinators when I had free time.

Inventory Control, LEAN

Per diem - AMEX receipts

Order and manage material

Warehouse Specialist

Owens & Minor Distribution Inc. - Kings Mountain, NC
March 2016 to May 2018

Ability to operate a variety of tools

Experience using warehouse equipment, such as forklifts and handcarts

Knowledge of OSHA safety guidelines and practices

Oversee Shipping and Receiving

Fulfilling orders, packaging items for shipment and arranging delivery pickups Loading and unloading of materials and products

Verifying the quantity of items received against invoices

Keeping detailed shipping and receiving logs to account for all materials that enter and leave the warehouse

Organize Storage Areas Physically restock shelves

Organizing how and where materials are stored

Monitor Inventory

Warehouse Lead

Empire Distributors of North Carolina - Raleigh, NC
September 2013 to March 2016

Responsibilities: Train all newbies. Line Picker - Getting orders ready / Auto picker - getting the odds (more expensive bottles) Loading trucks. QC - Making sure all orders are complete before shipped.

Learning different positions at empire in a short period of time. Skills Used Hard worker, Drove an order picker. Utilized the "Jennifer" machine to pick orders.

Customer Service Manager

Food Lion - Raleigh, NC
November 2007 to October 2013

Responsibilities:

Cashier / Cash Handling

Stocking / organizing the store Front End Leader

Scheduled employee shifts, lunches and breaks.

Accomplishments I've been there for 5 years and worked my way up from Front End Associate.

Learned new skills.

Payroll, Schedule maker for cashiers.

Skills Used: Patience, hard work. Excellent Customer Service

Education

Business in Accounting

Wake Technical Community College - Raleigh, NC

August 2011 to May 2012

High School Diploma in General Studies

Wake Forest Rolesville High School - Roseville, NC

September 2008 to June 2009

Skills

- Forklift (5 years)
- OSHA 30 (5 years)
- Warehouse Supervisor (10+ years)
- Logistics (10+ years)
- Access Control
- Inventory Control
- Warehouse Inventory
- Shipping Receiving
- Inventory Management
- Lean
- Shipping
- Warehouse Management
- Warehouse Distribution Experience
- RF Scanner
- Asset Management
- Computer Networking
- Asset Management
- Computer Networking
- Order Picker
- Order Picking
- RF Scanner
- SAP
- Warehouse Distribution Experience
- Warehouse Management
- Load & Unload
- Materials Handling

- Merchandising
- Pallet Jack
- Lean Manufacturing
- Account Reconciliation
- Six Sigma
- Pricing
- Supply Chain
- Reach Truck

Certifications and Licenses

Forklift Certified

February 2019

Cherry Picker, Reach Truck, Sit down stand up

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. 0799794

Application/License No. _____

Pinnacle Pharma LLC

Applicant/Principal

, doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is
4111 Rose Lake Dr., Suite H Charlotte, NC 28217

Address of Applicant/Principal

PRINCIPAL, and Harco National Insurance Company, a

Surety Company

corporation organized under the laws of the state of NC

State of Incorporation

and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is

2850 West Golf Road., Rolling Meadows, IL 60008

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 2/25/2021

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.

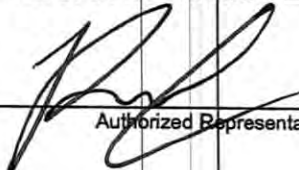
THIS BOND is subject to the following conditions:

- (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 25 day of February, 2021.

APPLICANT/PRINCIPAL



Authorized Representative

SURETY COMPANY



Surety Company's Representative



Brandy L. Baich, Attorney-in-fact
print name

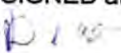
SIGNED and SEALED in the presence of:



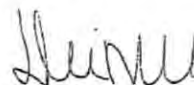
Witness

Witness

SIGNED and SEALED in the presence of:



Witness



Witness

Witness

Countersigned by:

Nevada Resident Agent

POWER OF ATTORNEY
HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY

Bond # 0799794

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

BRANDY L. BAICH

Tampa, FL

their true and lawful attorney(s) in fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY and is granted under and by authority of the following resolution adopted by the Board of Directors of INTERNATIONAL FIDELITY INSURANCE COMPANY at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of HARCO NATIONAL INSURANCE COMPANY at a meeting held on the 13th day of December, 2018.

*RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

Kenneth Chapman

STATE OF ILLINOIS
County of Cook



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.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 4, 2023

CERTIFICATION

I, the undersigned officer of HARCO NATIONAL INSURANCE COMPANY and INTERNATIONAL FIDELITY INSURANCE COMPANY do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Sections of the By-Laws of said Companies as set forth in said Power of Attorney, with the originals on file in the home office of said companies, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

IN TESTIMONY WHEREOF, I have hereunto set my hand on this day, February 25 2021

A00065

Irene Martins

Irene Martins, Assistant Secretary

4BB

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

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

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

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

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: TRI-ANIM HEALTH SERVICES, INC.

Physical Address: 2911 S GREAT SW PARKWAY, SUITE #250

City: GRAND PRAIRIE State: TX Zip Code: 75052

Telephone Number: 469-520-7234 Fax Number: 877-842-0349

Toll Free Number: _____

E-mail: REGULATORY@SARNOVA.COM Website: WWW.TRI-ANIM.COM

Facility Manager: JEFFREY ZANTJER

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: EMS AND EMERGENCY FIRST RESPONDERS

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: LEGEND AND NON LEGEND DEVICES

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: FACILITY IS NOT YET OPEN FOR OPERATION, SET TO OPEN 5/1/2021

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: 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

SHAWN SAYLOR, CFO

Print Name of Authorized Person

04/7/2021
Date

Board Use Only

Date Processed: 12/15/2020

Amount: 500 ✓
Check # 675011

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CAParent Company if any: SARNOVA HC, LLCMailing Address: 5000 TUTTLE CROSSING BLVDCity: DUBLIN State: OH Zip: 43016Telephone: 614-760-5000 Fax: 877-842-0349Contact Person: JILL VENNEKOTTER

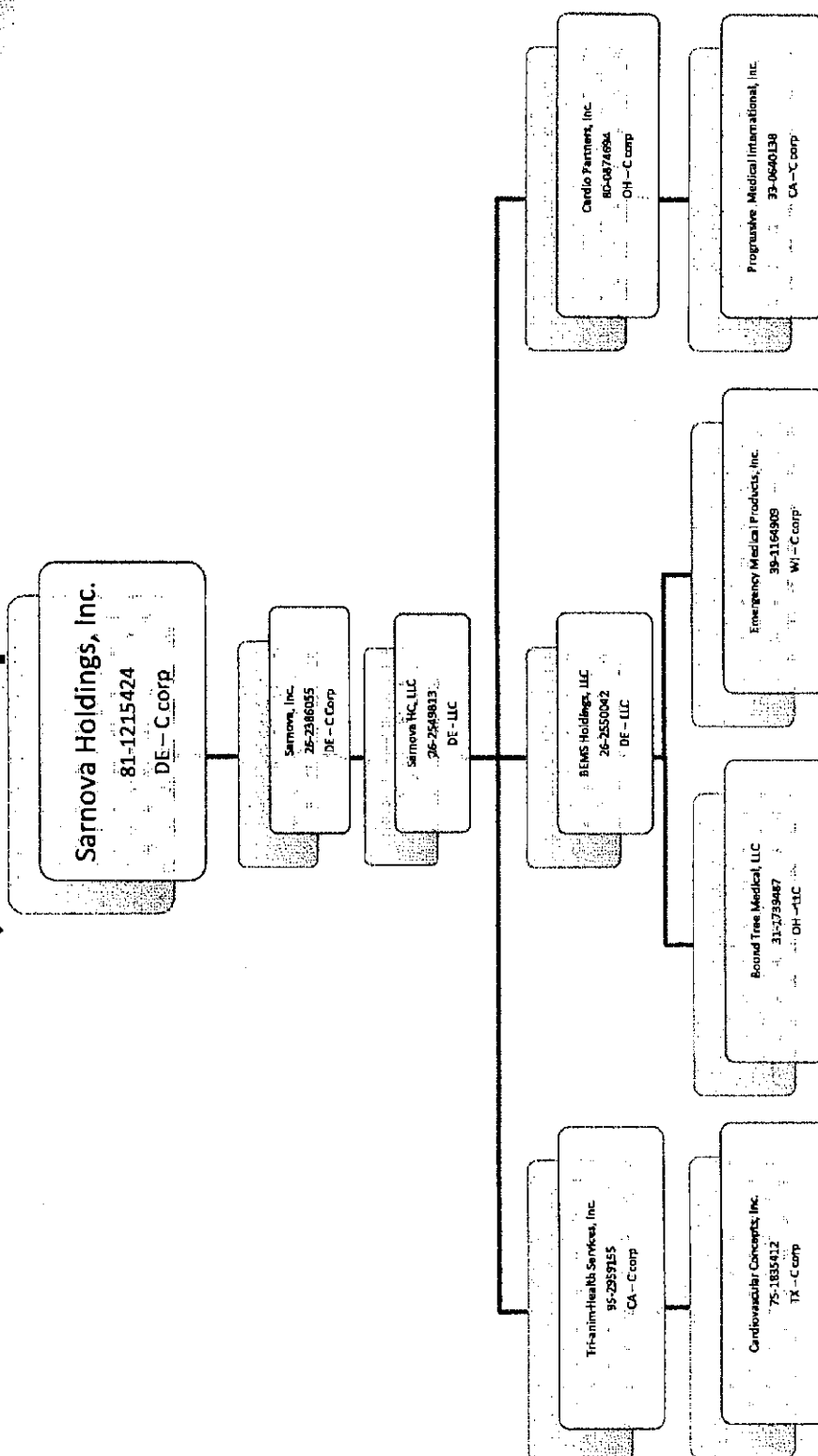
For any corporation non-publicly traded, disclose the following:

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

a) SARNOVA HC, LLC OWNS 100% OF TRI-ANIM HEALTH SERVICES, INC.
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 209,9083) What was the price paid per share? .01A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation****List of officers and directors**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.

Sarnova, Inc. Corporate Chart

sarnova



Updated through June 30, 2017

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

TRI-ANIM HEALTH SERVICES, INC.

FILE NUMBER: C0743366
FORMATION DATE: 04/28/1975
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

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 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 April 19, 2021.

Shirley N. Weber, Ph.D.
Secretary of State

- ★ Please contact this office immediately if any information on this license is incorrect.
- ★ This license must be displayed at the address licensed.
- ★ The license renewal application and fee are due every two years BEFORE the anniversary date. Please note that it is the responsibility of the license holder to remit the licensure fee before the expiration date, whether a payment notice is received or not. Failure to submit the renewal fee before the expiration date will result in a \$100.00 delinquency fee for each location and must be remitted before the license will be issued.
- ★ A license that is amended, including a change of name, ownership, legal entity, or a notification of a change in the location of a licensed place of business will require submission of new application and fee. Applications for these changes can be downloaded from our website at www.dshs.texas.gov.
- ★ Please submit written notice if you close or sell your business.
- ★ If you have any questions or desire additional information concerning the application process or this license, please contact the Drug and Device Business Filing and Verification Unit at (512) 834-6727. In order to serve you better, DSHS would like you to complete the short online survey at: <https://www.surveymonkey.com/r/RLUsurvey>. The information you provide will assist DSHS in its efforts to continually improve and become more responsive to the needs of its customers. Thank you in advance for your cooperation.

TRI ANIM HEALTH SERVICES INC
5000 TUTTLE CROSSING BLVD
DUBLIN OH 43016



TEXAS DEPARTMENT OF STATE HEALTH SERVICES
REGULATORY LICENSING UNIT



TRI-ANIM HEALTH SERVICES INC DBA
TRI ANIM HEALTH SERVICES INC
2911 S GREAT SW PKWY STE 250
GRAND PRAIRIE, TX 75052

Pursuant to Health and Safety Code Chapter 431 (Food, Drug, Device, and Cosmetic Act) and Title 25 of the Texas Administrative Code, and in reliance on statements and representations made by licensee, the licensee shall be subject to all applicable rules, regulations and orders of the Texas Department of State Health Services now or hereafter in effect. The above licensee is authorized to engage in the following activities:

DEVICE DISTRIBUTOR

License # 1002747
Expires: December 6, 2022

NON-TRANSFERABLE

John [Signature]
Commissioner

511029

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: TRI-ANIM HEALTH SERVICES, INC.

Address: 2911 S GREAT SW PARKWAY, STE #250

City: GRAND PRAIRIE State: TX Zip: 75052

I hereby authorize the TEXAS DEPT OF HEALTH AND HUMAN SRVCS to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant *Jill Vennickotter*

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
1002747	Current	01/08/2021	12/06/2022

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

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

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

Signature of State Official	Title	State	Date	State Seal
<i>Justin Arnold</i>	Justin Arnold Compliance Officer	TX	04/08/2021	

Sarnova HC, LLC
(100% Owner of Tri-anim Health Services, Inc.)

PO Box 8023, Dublin, Ohio 43016

State of Organization: DE

Date of Organization: 05/01/2008

EIN: 26-2549813

File No. 4540843

Officers	
NAME	TITLE
Jeffrey M. Prestel	President
Shawn Saylor	CFO
Mark J. Dougherty	Secretary

Tri-anim Health Services, Inc.
(Owned 100% by Sarnova HC, LLC)

State of Incorporation: CA

Date of Incorporation: 04/28/1975

EIN: 95-2959155

Entity ID No. C0743366

Officers	
NAME	TITLE
Jeffrey M. Prestel	CEO
Tom W. Metcalf	President
Shawn Saylor	CFO
Mark J. Dougherty	Secretary

Employee Name (Last Suffix, First MI)	Employment Status	Job	Org Level 4	Org Level 3	Full/Part Time
Arellano, Sharon	Active	Warehouse Associate	Tri-anim Health Services	WHSE Arlington (00)	Full Time
Lee, Kaelin J.	Active	Warehouse Lead	Tri-anim Health Services	WHSE Arlington (00)	Full Time
Luong, Tina T.	Active	Warehouse Associate	Tri-anim Health Services	WHSE Arlington (00)	Full Time
Parson, Steve	Active	Warehouse Associate	Tri-anim Health Services	WHSE Arlington (00)	Full Time
Spencer, Frank L.	Active	Warehouse Associate	Tri-anim Health Services	WHSE Arlington (00)	Full Time
Willman, Chelsea	Active	Warehouse Associate	Tri-anim Health Services	WHSE Arlington (00)	Full Time
Zantjer, Jeffrey T.	Active	Warehouse Manager	Tri-anim Health Services	WHSE Arlington (00)	Full Time

Jeff Zantjer

Fort Worth, TX

Distribution / Operations / Transportation

Demonstrated success in developing and implementing new programs to improve associate productivity, safety and training. Skilled in team building and employee engagement in union and non-union distribution centers. Excels at:

- Supply Chain / Logistics Management
- Inventory Management
- Expense Control
- Budgeting / Planning
- Loss Prevention
- Associate Engagement

Professional Experience

Operations Manager (2016-present)

Mattress Firm, Omaha, NE

- Reengineered warehouse to improve efficiencies for order processing and piece put away.
- Identified new delivery provider and improved stops per truck by 33%.
- Restored customer service levels to store staff and customers for on time deliveries.
- Improved net promoter scores to better than 90% per week.

Warehouse Manager (2014-2016)

Nebraska Furniture Mart, The Colony, TX

- Managed the Customer Pick-up Dock, Projects/Recycling, Return Dock, Machine Training and UPS shipping and receiving.
- Participated in hiring and training over 1500 new team members prior to store opening in the spring of 2015 for a 1.2 million square foot warehouse.
- Inventoried, ordered, maintained and delivered warehouse supplies.
- Exceeded customer wait time KPI by 25%.
- Generated over \$25,000 per month in revenue recycling OCB, EPS and plastic.

Operations Manager (2012-2014)

Sleep Experts, Carrollton, TX

- Managed the warehouse, home delivery and customer service departments.
- Administered policies/procedures in a fair/consistent manner and address employee issues.
- Directed a fleet of delivery vehicles and 20 delivery teams for home and store delivery.
- Developed and implemented associate incentive programs for warehouse picking/loading, delivery team efficiency and customer service.
- KPI's
 - Improved Warehouse Pieces/Hour by 25%
 - Improved Stops/Delivery Route by 16%
 - Reduced Minutes/Delivery by 14%

Warehouse Manager (2010-2012)

Sarnova / Bound Tree Medical, Arlington, TX

- Managed the day to day operation of a medical supply distribution center distributing pharmaceuticals, EMS supplies and medical devices.
- Maintained inventory record keeping for controlled drugs to include processing of 222 Forms and ARCOS reporting to the DEA.
- Designated Drug Representative for the States of California and Florida.
- Interviewing, training and coaching of associates.
- Managed inbound receipts and order processing to maintain balanced picking and on time invoicing and shipment of customer orders.
- Used time studies to improve order processing for picking and shipment of customer orders.
- Reorganized the inbound department to achieve timely receipt of goods and minimize customer backorders.

Lead Supervisor Outbound (2005-2010)

CVS/Caremark, Ennis, TX

- Supervised all operational functions for the 2nd shift operation of a 750,000 square foot automated distribution center.
- Coordinated work activities with other supervisors.
- Maintained balanced picking within CPS and MPS picking modules by taking readings throughout the day and adjusting staffing levels as necessary to achieve projected production levels and finish times.
- Coached and supported subordinates in their decision-making efforts.
- Continually looked for opportunities for change within work team to drive employee engagement, production and service level.
- Improved processes through the completion of CAR's/PAR's.
- Maintained compliance with DEA regulations on pharmaceutical items and conducted quarterly and annual inventories of controlled drugs.

Education

Bachelor of Arts in the College of Social Science
Michigan State University

Job Description



Job Title:	Warehouse Manager	Travel Required:	
Department:	Warehouse	Date Posted:	
Location:		Posting Expires:	
Reports To:	Director of Distribution Center Operations	HR Contact:	
Education:	Associate's degree, Bachelor's degree a plus	Posting URL:	

Summary:

Plans, organizes, and monitors the receiving, storage, and distribution of medical products to include prescription drugs and devices, received from suppliers to ensure on-time, quality shipments to customers.

Essential Duties and Responsibilities:

- Lead start-up operations to include; storage capacity requirements, departmental layout, automation review, process flow, space utilization, staffing requirements, new hire training, and development of key performance metrics.
- Manage staff to ensure timely distribution and receipt of product while meeting standards of budget, policies, procedures and quality.
- Document and maintain, in proper form, all records required relating to the purchase and distribution of all prescription drugs (including controlled substances and devices).
- Develop and implement ongoing quality and process improvement programs.
- Monitor the unloading of all materials into the Receiving Department; ensure materials are staged for counting and inspection and reports accurately reflect material received.
- Implement and maintain a program for inventory control--receiving, documenting, and adjusting product.
- Resolve day-to-day issues using defined processes and working cross-functionally with internal departments.
- Develop and adhere to service and financial metrics, including staffing, capital and expense targets.
- Select, develop, motivate and lead staff to ensure attainment of warehouse goals.
- Monitor key performance metrics and provide associates with individual and team results.
- Assure associates have appropriate training and resources to meet customer needs.
- Maintain safe working conditions and ensure all associates comply with Company safety policies and procedures.
- Assure complete compliance with the Prescription Drug Marketing Act of 1987 (Federal) and with all Federal and State laws and regulation applicable to the conduct of a wholesaler.
- Provide for the proper storage of drugs in order to prevent loss or deterioration.
- Assure security and limited access to all areas holding prescription drugs and devices.

Physical Requirements:

- Ability to stand for long continuous periods of time.
- Ability to climb ladders up to 15 feet.
- May engage in some repetitive motion.
- May engage in frequent bending, stooping, pushing and pulling of parts and part containers.
- Due to the open environment of the warehouse, must be able to work in various weather and temperature conditions to include extreme heat, humidity and cold.
- Ability to use hands to finger, handle or feel; reach with hands and arms; and talk and hear.

- Ability to continuously walk, stoop, kneel, crouch or crawl.
- Ability to occasionally sit, climb or balance.
- Ability to continuously lift and/or move objects up to 10 pounds, frequently lift and/or move objects up to 25 pounds, and occasionally lift and/or move objects that weigh 50+ pounds.
- Specific vision abilities required include close vision, distance vision, color vision, peripheral vision, depth perception and ability to adjust focus.

Requirements:

- Associate's degree, Bachelor's degree preferred.
- A minimum of two years' experience in the manufacturing/ wholesale distribution of drugs and or medical devices.
- A minimum of three years warehouse management experience in a high volume pick pack operation.
- Experience with warehouse management system (WMS).

Skills/Experience Required:

- Ability to work and lead associates in a fast paced operation. Position requires a large percentage of time on the warehouse floor.
- Familiar with the most common material handling equipment – forklift, pallet jack, etc.
- Strong computer skills including proficiency with Microsoft Office suite.
- Strong managerial and conflict resolution skills.
- Able to effectively train, coach and mentor associates; provide current, direct, complete, and "actionable" positive and constructive feedback to team members.
- Results-oriented self-motivated individual who can work in a team environment, as well as make independent decisions.
- Experience developing and implementing processes and procedures.
- Organized and efficient. Able to organize, prioritize and delegate work.
- Excellent documentation and record-keeping abilities.
- Able to make recommendations to effectively resolve problems or issues, by using judgment that is consistent with standards, policies, procedures, regulation or government law.
- Strong communication skills, including ability to influence and communicate at all levels, through verbal and written means. Able to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Supervises:

- Warehouse Supervisors
- Team of Warehouse Associates

Sarnova is an Equal Opportunity Employer. We offer a competitive salary, commensurate with experience, along with a comprehensive benefits package, including 401(k) Plan.

EEO/M/F/Veterans/Disabled

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. 105449156

Application/License No. _____

Tri-anim Health Services, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2241 North Plaza Drive, Visalia, CA 93291, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Bond/5PB, Hartford, CT 06183 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 27, 2010.

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.

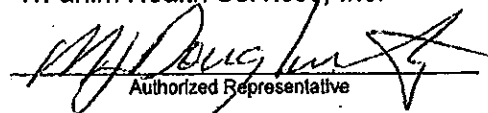
THIS BOND is subject to the following conditions:

- (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 August, 20 10.

APPLICANT/PRINCIPAL
Tri-anim Health Services, Inc.


Authorized Representative

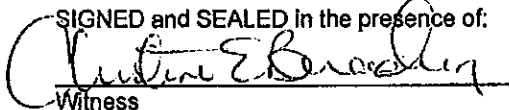
SURETY COMPANY

Travelers Casualty and Surety Company of America


Surety Company's Representative

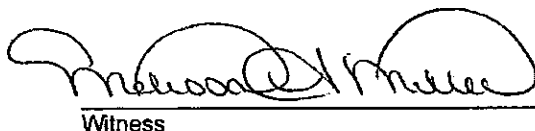
Marcia K. Cesafsky, Attorney-in-fact
print name

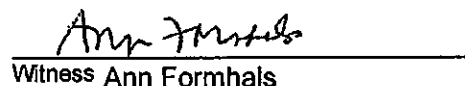
SIGNED and SEALED in the presence of:


Witness

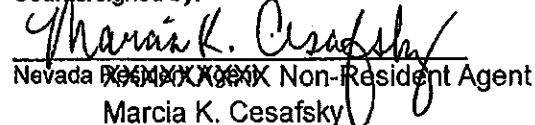
SIGNED and SEALED in the presence of:


Witness Colleen Henehan


Witness


Witness Ann Formhals

Countersigned by:


Nevada ~~Resident~~ Non-Resident Agent
Marcia K. Cesafsky

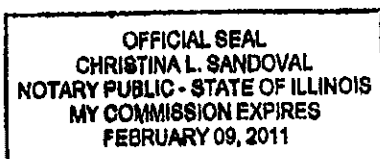
ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 27th day of August, 2010, before me, Christina L. Sandoval, a Notary Public, within and for said County and State, personally appeared Marcia K. Cesafsky to me personally known to be the Attorney-in-Fact of and for Travelers Casualty and Surety Company of America and acknowledged that she 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



WARNING

S POWER OF ATTORNEY IS INVALID WITHOUT THE RED

ORDER



POWER OF ATTORNEY

Farmington Casualty Company
 Fidelity and Guaranty Insurance Company
 Fidelity and Guaranty Insurance Underwriters, Inc.
 St. Paul Fire and Marine Insurance Company
 St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
 Travelers Casualty and Surety Company
 Travelers Casualty and Surety Company of America
 United States Fidelity and Guaranty Company

Attorney-In Fact No. 222391

Certificate No. 003643509

KNOW ALL MEN BY THESE PRESENTS: That St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company and St. Paul Mercury Insurance Company are corporations duly organized under the laws of the State of Minnesota, that Farmington Casualty Company, Travelers Casualty and Surety Company, and Travelers Casualty and Surety Company of America are corporations duly organized under the laws of the State of Connecticut, that United States Fidelity and Guaranty Company is a corporation duly organized under the laws of the State of Maryland, that Fidelity and Guaranty Insurance Company is a corporation duly organized under the laws of the State of Iowa, and that Fidelity and Guaranty Insurance Underwriters, Inc., is a corporation duly organized under the laws of the State of Wisconsin (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint

Christina Sandoval, Colleen F. Henahan, Marcia K. Cesafsky, Patricia M. Doyle, and Triniy R. Garcia

of the City of Chicago, State of Illinois, their true and lawful Attorney(s)-in-Fact, each in their separate capacity if more than one is named above, to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed and their corporate seals to be hereto affixed, this 3rd day of May, 2010.

Farmington Casualty Company
 Fidelity and Guaranty Insurance Company
 Fidelity and Guaranty Insurance Underwriters, Inc.
 St. Paul Fire and Marine Insurance Company
 St. Paul Guardian Insurance Company

St. Paul Mercury Insurance Company
 Travelers Casualty and Surety Company
 Travelers Casualty and Surety Company of America
 United States Fidelity and Guaranty Company



State of Connecticut
 City of Hartford ss.

By: George W. Thompson
 George W. Thompson, Senior Vice President

On this the 3rd day of May, 2010, before me personally appeared George W. Thompson, who acknowledged himself to be the Senior Vice President of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

In Witness Whereof, I hereunto set my hand and official seal.
 My Commission expires the 30th day of June, 2011.



Marie C. Tetreault
 Marie C. Tetreault, Notary Public

WARNING: THIS POWER OF ATTORNEY IS INVALID WITHOUT THE RED BORDER

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, Kori M. Johanson, the undersigned, Assistant Secretary, of Farmington Casualty Company, Fidelity and Guaranty Insurance Company, Fidelity and Guaranty Insurance Underwriters, Inc., St. Paul Fire and Marine Insurance Company, St. Paul Guardian Insurance Company, St. Paul Mercury Insurance Company, Travelers Casualty and Surety Company, Travelers Casualty and Surety Company of America, and United States Fidelity and Guaranty Company do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 27th day of August, 2010


Kori M. Johanson, Assistant Secretary



To verify the authenticity of this Power of Attorney, call 1-800-421-3880 or contact us at www.travelersbond.com. Please refer to the Attorney-In-Fact number, the above-named individuals and the details of the bond to which the power is attached.

R I D E R

To be attached to and form part of:

Bond Number 105712312
 dated February 24, 2012
 issued by the TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
 in the amount of \$ 100,000.00
 on behalf of TRI-ANIM HEALTH SERVICES, INC.
 (Principal)
 and in favor of THE STATE OF NEVADA
 (Obligee)

Now therefore, it is agreed that the following location is added to this bond:

2911 S Great SW Parkway, Ste #250, Grand Prairie, TX 75052

It is also agreed that the (2) two following locations are remaining on this bond. They are as follows:

2241 North Plaza Drive, Visalia, CA 93291

3221 E. Arkansas Ln., Suite 140, Arlington, TX 76010

It is further understood and agreed that all other terms and conditions of this bond shall remain unchanged.

This Rider is to be Effective this 24th day of May, 2021.

Signed, Sealed & Dated this 24th day of May, 2021.

TRI-ANIM HEALTH SERVICES, INC.
 (Principal)

By: _____

TRAVELERS CASUALTY AND SURETY COMPANY OF AMERICA
 (Surety)

By: _____

Rachel Fore, Attorney-in-Fact



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 **Rachel Fore** of **CHICAGO** Illinois

their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this **17th** day of **January**, 2019.



State of Connecticut

City of Hartford ss.

By: _____

Robert L. Raney
 Robert L. Raney, Senior Vice President

On this the **17th** day of **January**, 2019, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the **30th** day of **June**, 2021



Anna P. Nowik
 Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **24th** day of **May**, 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 this Power of Attorney is attached.

ACKNOWLEDGEMENT BY SURETY

STATE OF ILLINOIS
COUNTY OF COOK

On this 24th day of May, 2021, before me, Bartlomiej Siepierski, a Notary Public, within and for said County and State, personally appeared Rachel Fore to me personally known to be the Attorney-in-Fact of and for Travelers Casualty and Surety Company of America 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

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

COPY

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 105449156

Application/License No. _____

Tri-anim Health Services, Inc., doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
2241 North Plaza Drive, Visalia, CA 93291, as
Address of Applicant/Principal

PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
corporation organized under the laws of the state of Connecticut
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Bond/5PB, Hartford, CT 06183 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 27, 2010.

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.



CSS Specialty - Aon Risk Services Central, Inc.

200 E. Randolph, 12th Floor

Chicago, IL 60601

August 27, 2010

Melissa Miller
BOUND TREE MEDICAL, LLC
5000 Tuttle Crossing
Dublin, OH 43016

RE: Bond No. 105449156
STATE OF NEVADA
Wholesale Distributor Permit

Dear Melissa Miller:

Enclosed please find the above referenced bond executed at your request in the amount of \$100,000.00, dated 8/27/2010 for STATE OF NEVADA. Please note the bond must be properly signed and the corporate seal affixed.

Please forward the original to STATE OF NEVADA; a copy has been enclosed for your files.

If you should have any questions, or if I may be of any assistance, please do not hesitate to call me at 312-381-4356.

Sincerely,

CSS Specialty - Aon Risk Services Central, Inc.

A handwritten signature in cursive script that reads "Christina Sandoval".

Christina Sandoval

Enclosure
Record # 2266154

Vennekotter, Jill

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, May 5, 2021 12:59 PM
To: Licensing
Subject: Nevada Wholesaler Application- Tri-Anim Health Services, Inc.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Tri-Anim Health Services, Inc.. The application is incomplete due to the following missing items.

- List of Employees who handle the product daily
- Fingerprint cards and signed waivers for all Officers and directors including the Designated Representative, Jeffrey Zantjer
- Facilities that require a fingerprint background require a surety bond for \$100,000, pursuant to NRS 639.515.

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
 Licensing Specialist
 Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy Suite 206
 Reno, NV 89521
 775-850-1440
m.herrera@pharmacy.nv.gov

Invoice:	Date : 28May21	Shipping :	49.47
Customer :	Weight : 0.45 LBS	Special :	3.59
Phone : (775)850-1440	COO :	Handling :	0.00
Dept :	DV :	0.00 Total :	53.06

Svcs: STANDARD OVERNIGHT
 TOP# 1272 5047 5766



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.



CSS Specialty - Aon Risk Services Central, Inc.

200 E. Randolph, 12th Floor
Chicago, IL 60601

August 27, 2010

Melissa Miller
BOUND TREE MEDICAL, LLC
5000 Tuttle Crossing
Dublin, OH 43016

RE: Bond No. 105449156
STATE OF NEVADA
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Please forward the original to STATE OF NEVADA; a copy has been enclosed for your files.

If you should have any questions, or if I may be of any assistance, please do not hesitate to call me at 312-381-4356.

Sincerely,

CSS Specialty - Aon Risk Services Central, Inc.

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

Christina Sandoval

Enclosure
Record # 2266154

4CC

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: CNS Rx Delivery, LLC

Physical Address: 895 Roberta Lane, Suite 103

City: Sparks State: NV Zip Code: 89431 Telephone: _____

(775) 622-4304 / (702) 419-7563 Fax: (775) 622-4057 Toll Free Number: _____

None E-mail: cnsrxdelivery@gmail.com

Website: None

Managing Pharmacist: Janelle Grace Y Lazo License Number: 19272

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

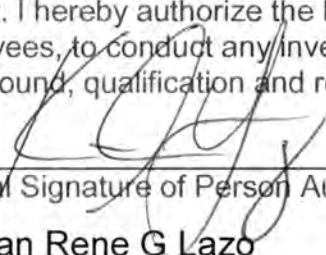
- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest,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


Kristian Rene G Lazo

Print Name of Authorized Person

Date

5/19/2021

Board Use Only

Date Processed: _____

Amount: _____

500

MD # 27025297075

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: Kristian Rene G Lazo %: 50

Name: Janelle Grace Y Lazo %: 50

Name: N/A %: N/A

Name: N/A %: N/A

Partnership Name: N/A

Mailing Address: 895 Roberta Lane, Suite 103

City, State Zip Code: Sparks, NV 89431

Telephone Number: (702) 419-6943 Fax Number: N/A

Contact Person: Kristian Rene G Lazo

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	<u>9</u> am	<u>5</u> pm	Saturday	<u>closed</u> am	<u>closed</u> pm
Sunday	<u>closed</u> am	<u>closed</u> pm	24 Hours	<u>On-Call</u>	

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

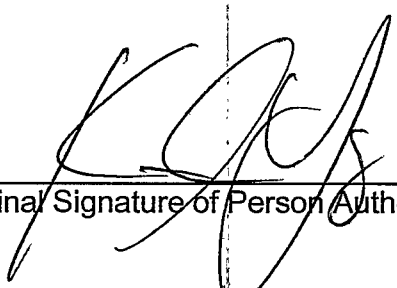
I, Kristian Rene G Lazo

Responsible Person of CNS Rx Delivery, 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

Kristian Rene G Lazo

Print Name of Authorized Person

5/19/2021
Date

Managing Pharmacist

 Pharmacist Name: Janelle Grace Y Lazo

 License #: 19272

 Pharmacy Name: CNS Rx Delivery, 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 #: _____

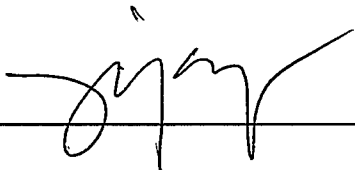
And/or Criminal Action: State: _____ Date: _____ Case #: _____
 County: _____ Court: _____

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

19 May 2021

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **CNS Rx Delivery, 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 03/22/2021, and is in good standing in this state.

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



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/25/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202106251783479

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

SECRETARY OF STATE

DOMESTIC LIMITED-LIABILITY
COMPANY (86) CHARTER

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **CNS Rx Delivery, LLC** did, on 03/22/2021, file in this office the original that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/25/2021.

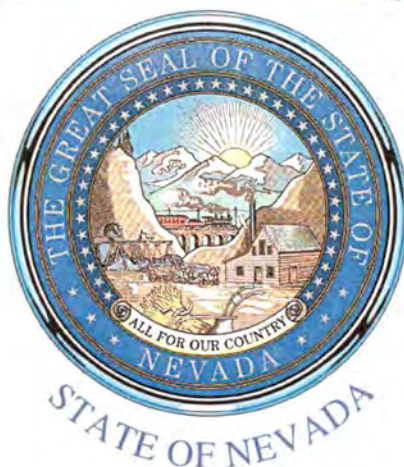
A handwritten signature in cursive script that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202106251783481

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

SECRETARY OF STATE



CERTIFICATE OF FACT

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 documents on file in this office for

CNS Rx Delivery, LLC

Organizational Documents on File	Filing Date
Initial List	03/22/2021



Certificate Number: B202106251783482

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

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 06/25/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

BARBARA K. CEGAVSKE
Secretary of State

KIMBERLEY PERONDI
Deputy Secretary for
Commercial Recordings

STATE OF NEVADA



**OFFICE OF THE
SECRETARY OF STATE**

Commercial Recordings & 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

Kristian Lazo
895 Roberta Lane Ste 103
Sparks, NV 89431, USA

Work Order #: W2021062501577
June 25, 2021
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 467172

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20211560962	6/25/2021 3:40:54 PM	Approved	1	\$150.00	\$150.00
Total							\$150.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6246608432626399104013	Success	\$150.00
Total			\$150.00

Credit Balance: \$0.00

Kristian Lazo
895 Roberta Lane Ste 103
Sparks, NV 89431, USA

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

CNS Rx Delivery, LLC

Nevada Business Identification # NV20212048324

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 03/22/2021.

A handwritten signature in black ink that reads "Barbara K. Cegavske".

Certificate Number: B202103221528063

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

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE

**DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER**

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **CNS Rx Delivery, LLC** did, on 03/22/2021, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 03/22/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202103221528062
You may verify this certificate
online at <http://www.nvsos.gov>

BARBARA K. CEGAVSKE*Secretary of State***KIMBERLEY PERONDI***Deputy Secretary for
Commercial Recordings***STATE OF NEVADA****OFFICE OF THE
SECRETARY OF STATE***Commercial Recordings Division**202 N. Carson Street
Carson City, NV 89701
Telephone (775) 684-5708
Fax (775) 684-7138**North Las Vegas City Hall
2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888***Business Entity - Filing Acknowledgement**

03/22/2021

Work Order Item Number: W2021032202197 - 1208927
Filing Number: 20211324502
Filing Type: Articles of Organization
Filing Date/Time: 03/22/2021 20:22:01 PM
Filing Page(s): 2

Indexed Entity Information:**Entity ID:** E13245032021-6**Entity Status:** Active**Entity Name:** CNS Rx Delivery, LLC**Expiration Date:** None

Non-Commercial Registered Agent

Kristian Rene G Lazo

9434 Rose Willow Ct., Las Vegas, NV 89178, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

A handwritten signature in black ink that reads "Barbara K. Cegavske".

BARBARA K. CEGAVSKE
Secretary of State

STATE OF NEVADA

BARBARA K. CEGAVSKE*Secretary of State*OFFICE OF THE
SECRETARY OF STATE*Commercial Recordings & Notary Division**202 N. Carson Street**Carson City, NV 89701**Telephone (775) 684-5708**Fax (775) 684-7138**North Las Vegas City Hall**2250 Las Vegas Blvd North, Suite 400**North Las Vegas, NV 89030**Telephone (702) 486-2880**Fax (702) 486-2888*

Kristian Lazo
6625 S Valley View Blvd Ste 100-102
Las Vegas, NV 89118, USA

Work Order #: W2021032202197

March 22, 2021

Receipt Version: 1

Special Handling Instructions:**Submitter ID:** 42986**Charges**

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Organization	Fees	20211324502	3/22/2021 8:22:01 PM	InternalReview	1	\$75.00	\$75.00
Initial List	Fees	20211324504	3/22/2021 8:22:01 PM	InternalReview	1	\$150.00	\$150.00
Initial List	Business License Fee	20211324504	3/22/2021 8:22:01 PM	InternalReview	1	\$200.00	\$200.00
Total							\$425.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6164697048936825404082	Success	\$425.00
Total			\$425.00

Credit Balance: \$0.00

Kristian Lazo
6625 S Valley View Blvd Ste 100-102
Las Vegas, NV 89118, 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 & Notary Division
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 North Las Vegas, NV 89030
 Telephone (702) 486-2880
 Fax (702) 486-2888

Kristian Lazo
 6625 S Valley View Blvd Ste 100-102
 Las Vegas, NV 89118, USA

Work Order #: W2021032202197
 March 22, 2021
 Receipt Version: 1

Special Handling Instructions:**Submitter ID:** 42986**Charges**

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Articles of Organization	Fees	20211324502	3/22/2021 8:22:01 PM	InternalReview	1	\$75.00	\$75.00
Initial List	Fees	20211324504	3/22/2021 8:22:01 PM	InternalReview	1	\$150.00	\$150.00
Initial List	Business License Fee	20211324504	3/22/2021 8:22:01 PM	InternalReview	1	\$200.00	\$200.00
Total							\$425.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6164697048936825404082	Success	\$425.00
Total			\$425.00

Credit Balance: \$0.00

Kristian Lazo
 6625 S Valley View Blvd Ste 100-102
 Las Vegas, NV 89118, USA

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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2250 Las Vegas Blvd North, Suite 400
North Las Vegas, NV 89030
Telephone (702) 486-2880
Fax (702) 486-2888

Business Entity - Filing Acknowledgement

03/22/2021

Work Order Item Number: W2021032202197 - 1208928
Filing Number: 20211324504
Filing Type: Initial List
Filing Date/Time: 03/22/2021 20:22:01 PM
Filing Page(s): 2

Indexed Entity Information:

Entity ID: E13245032021-6

Entity Status: Active

Entity Name: CNS Rx Delivery, LLC

Expiration Date: None

Non-Commercial Registered Agent

Kristian Rene G Lazo

9434 Rose Willow Ct., Las Vegas, NV 89178, USA

The attached document(s) were filed with the Nevada Secretary of State, Commercial Recording Division. The filing date and time have been affixed to each document, indicating the date and time of filing. A filing number is also affixed and can be used to reference this document in the future.

Respectfully,

BARBARA K. CEGAVSKE
Secretary of State



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of

Barbara K. Cegavske

Secretary of State
State Of Nevada

Business Number

E13245032021-6

Filing Number

20211324502

Filed On

03/22/2021 20:22:01 PM

Number of Pages

2

702

Formation - Limited-Liability Company

- ☒ NRS 86 - Articles of Organization Limited-Liability Company ☐ NRS 86.544 - Registration of Foreign Limited-Liability Company
- ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)	CNS Rx Delivery, LLC
2. Foreign Entity Name: (Name in home jurisdiction)	
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation: 3b) Date formed: 3c) I declare this entity is in good standing in the jurisdiction of its formation. ☐
4. Registered Agent for Service of Process*: (check only one box)	☐ Commercial Registered Agent (name only below) ☒ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below) Kristian Rene G Lazo Name of Registered Agent OR Title of Office or Position with Entity 9434 Rose Willow Ct. Las Vegas Nevada 89178 Street Address City Zip Code 6625 S Valley View Blvd Las Vegas Nevada 89118 Mailing Address (If different from street address) City Zip Code
4a. Certificate of Acceptance of Appointment of Registered Agent:	<i>I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form.</i> X Kristian Rene G Lazo 03/22/2021 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) ☒ Manager(s) OR ☐ Member(s)
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions) Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) Kristian Rene Lazo Name 9434 Rose Willow Ct. Las Vegas NV 89178 Address City State Zip Code 2) Janelle Grace Lazo Name 9434 Rose Willow Ct. Las Vegas NV 89178 Address City State Zip Code
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual):



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)															
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☒	Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐													
10. Records Office: (Foreign Limited-Liability Companies)	Address Country	City	State Zip code												
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address Country	City	State Zip code												
12. Name, Address and Signature of the Organizer: (NRS 86. NRS 89 -Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <table style="width: 100%;"> <tr> <td style="border: 1px solid black; padding: 2px;">Kristian Rene G Lazo</td> <td style="border: 1px solid black; padding: 2px;">United States</td> </tr> <tr> <td style="text-align: center;">Name</td> <td style="text-align: center;">Country</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">9434 Rose Willow Ct.</td> <td style="border: 1px solid black; padding: 2px;">Las Vegas</td> </tr> <tr> <td style="text-align: center;">Address</td> <td style="text-align: center;">City</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">NV</td> <td style="border: 1px solid black; padding: 2px;">89178</td> </tr> <tr> <td style="text-align: center;">State</td> <td style="text-align: center;">Zip/Postal Code</td> </tr> </table> X <u>Kristian Rene G Lazo</u> (attach additional page if necessary)			Kristian Rene G Lazo	United States	Name	Country	9434 Rose Willow Ct.	Las Vegas	Address	City	NV	89178	State	Zip/Postal Code
Kristian Rene G Lazo	United States														
Name	Country														
9434 Rose Willow Ct.	Las Vegas														
Address	City														
NV	89178														
State	Zip/Postal Code														

AN INITIAL LIST OF OFFICERS MUST ACCOMPANY THIS FILING

Please include any required or optional information in space below:

(attach additional page(s) if necessary)



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application

Initial List Of Officers, Managers, Members, General Partners, Managing Partners, or Trustees:

CNS Rx Delivery, LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of	Business Number
<i>Barbara K. Cegavske</i>	E13245032021-6
Secretary of State	Filing Number
State Of Nevada	20211324504
	Filed On
	03/22/2021 20:22:01 PM
	Number of Pages
	2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
 Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the "Charitable Solicitation Registration Statement" is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>MANAGER</u> :				
Kristian Rene Lazo	USA			
Name	Country			
[REDACTED] Rose Willow Ct.	Las Vegas	NV	89178	
Address	City	State	Zip/Postal Code	
CORPORATION, INDICATE THE <u>MANAGER</u> :				
Janelle Grace Lazo	USA			
Name	Country			
[REDACTED] Rose Willow Ct.	Las Vegas	NV	89178	
Address	City	State	Zip/Postal Code	

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X **Kristian Rene Lazo**

**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

Manager

Title

03/22/2021

Date

July 19, 2021

VIA ELECTRONIC MAIL

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov

Re: Affidavit of Janelle Lazo

Dear Mr. Sedar,

I, Janelle Lazo, will have moved to Reno, Nevada by no later than August 20, 2021 – specifically to the following residential address:

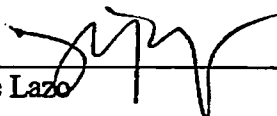
██████ Sharlands Avenue ██████
Reno, NV 89523

I have purchased this property as my new residence. The reason that I am not already residing at this address is because the prior owner needs times to move out. I will gladly provide any additional information needed to establish this as my new residence.

I promise, under the penalty of perjury according to the laws of Nevada, that all of my statements in this document are true and accurate to the best of my ability.

X

Janelle Lazo



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 InformationName of Pharmacy/Wholesaler CNS Rx Delivery, LLCPhysical Address 895 Roberta Lane, Ste. 103City Sparks State NV Zip 89431Mailing Address (if different from physical address) N/ACity N/A State N/A Zip N/ATelephone (775) 622-4304 Website N/ALicensing Company Email AGregorovic@CPharmacyLaw.com**Section 2: Personal Information**First Janelle Grace Middle Ysrael Last LazoAlias(es, nicknames, name changes, etc.) N/ADate of Birth 11/14/1979 SSN or ITIN 348-51-2536 Sex ☐ M ☒ F ☐ XMailing Address 895 Roberta Lane, Suite 103City Reno State NV Zip 89431Telephone [REDACTED] Email cnsrxdelivery@gmail.comAre 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 JL

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 University of the Philippines		From - To (MM/YY - MM/YY) 06/1997 - 04/2001	
Address 670 Padre Faura St., Ermita	City Manila, Philippines	State	Zip 1000
Diploma/Degree obtained, if any BS Pharmacy			
School Name St. Paul College of Pasig		From - To (MM/YY - MM/YY) 06/1993 - 04/1997	
Address St. Paul Rd., Brgy Ugong	City Pasig City, Philippines	State	Zip 1604
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
In-Progress	██████ Sharlands Ave, ██████	Reno	NV	89523
08/18 - Pres.	██████ Rose Willow Ct	Las Vegas	NV	89178
04/13 - 08/18	4765 Deer Forest Ave	Las Vegas	NV	89139
06/08 - 03/13	Lot 10A, Blk13, Coconut St. Greenwoods Exec. Village	Pasig City, Philippines		1602
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 CNS Scripts LLC		From - To (MM/YY - MM/YY) 03/2018 - present	
Business Address 6625 S. Valley View Blvd. Bldg A, Ste 100-102	City Las Vegas	State NV	Zip 89118
Phone (702) 731-4800	Title Pharmacist / Co-Owner	Number of Employed Hours 6500 Hrs.	
Description of Duties Responsible for the day to day pharmacy operations, training, inspections, and audits.			

Business Name Reno Durable Medical Equipment		From - To (MM/YY - MM/YY) Planning/ In-Progress	
Business Address 6403 Parrot Ridge Ct	City Las Vegas	State NV	Zip 89139
Phone (702) 896-1283	Title Partner	Number of Employed Hours N/A	
Description of Duties None yet. Application process is still in planning stages or in progress.			

Business Name CVS Pharmacy		From - To (MM/YY - MM/YY) 03/2016 - 03/2018	
Business Address 9695 S Maryland Parkway	City Las Vegas	State NV	Zip 89123
Phone (702) 896-1283	Title Staff Pharmacist	Number of Employed Hours 3000 Hrs.	
Description of Duties Dispense and fill medications, counsel patients, and immunize.			

Business Name CNS Scripts LLC		From - To (MM/YY - MM/YY) 01/2013 - 08/2015	
Business Address 3370 Pinks Place, Suite F.	City Las Vegas	State NV	Zip 89102
Phone (702) 731-4800	Title Pharmacy Intern	Number of Employed Hours 5000 Hrs.	
Description of Duties Verify prescriptions with doctor's offices, receive new orders from doctors, process refills, data entry, and patients counseling.			

Business Name CNS Scripts LLC		From - To (MM/YY - MM/YY) 09/2013 - 06/2014	
Business Address 3370 Pinks Place Suite F	City Las Vegas	State NV	Zip 89102
Phone 702-731-4800	Title Pharmacy Clerks	Number of Employed Hours 1600 Hrs.	
Description of Duties Data entry and billing.			

Continue on next page if additional space is needed.

Applicant's initials JL

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 JL

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 manufacture 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?		✓

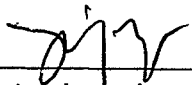
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

08/18


 Original Signature (electronic, copies or stamps not accepted)

19 June 2021
 Date

Applicant's initials JL

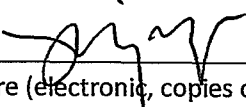
I, Janelle Grace Y. Lazo, certify that as the designated representative for
CNS Rx Delivery, LLC,

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

Janelle Grace Y. Lazo

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

19 June 2021

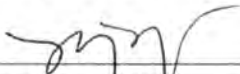
Date

Applicant's initials JL

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.

Janelle Grace Y. Lazo

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

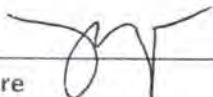
19 June 2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janelle Grace Lazo, 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

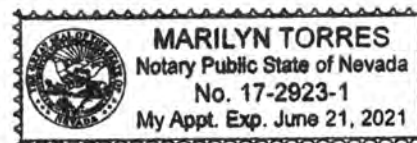
19 June 2021

Date

Subscribed and Sworn to before me this 19 day of June

Notary Public Signature





(Seal)

Applicant's initials JL

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 CNS Rx Delivery, LLC
 Physical Address 895 Roberta Lane, Ste. 103
 City Sparks State NV Zip 89431
 Mailing Address (if different from physical address) N/A
 City N/A State N/A Zip N/A
 Telephone (702) 419-6943 Website N/A
 Licensing Company Email AGregorovic@CPharmacyLaw.com

Section 2: Personal Information

First Janelle Middle Grace Y Last Lazo
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
 Mailing Address S. Valley View Blvd., Ste.
 City Las Vegas State NV Zip 89118
 Telephone Email Janelle@cnsscripts.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 SV

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		University of the Philippines		From - To (MM/YY - MM/YY)
				06/1997 - 04/2001
Address		City	State	Zip
670 Padre Faura St., Ermita		Manila, Philippines		1000
Diploma/Degree obtained, if any				
BS Pharmacy				
School Name		St. Paul College of Pasig		From - To (MM/YY - MM/YY)
				06/1993 to 04/1997
Address		City	State	Zip
St. Paul Rd., Brgy Ugong		Pasig City, Philippines		1604
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
08/18-Pres	██████████ Rose Willow Ct.	Las Vegas	NV	89178
From - To (MM/YY - MM/YY)	Address	City	State	Zip
04/13-08/18	4765 Deer Forest Ave.	Las Vegas	NV	89139
From - To (MM/YY - MM/YY)	Address	City	State	Zip
06/08-03/13	Lot 10a Blk 13 Coconut St.	Pasig City, Philippines		1602
From - To (MM/YY - MM/YY)	Address	City	State	Zip
	Greenwoods Exec. Village			
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 CNS Scrips, LLC			From - To (MM/YY - MM/YY) 03/2018 - present	
Business Address 6625 S Valley View Blvd Ste 100		City Las Vegas	State NV	Zip 89118
Phone 702-731-4800	Title Pharmacy Manager / Co-owner			
Description of Duties Responsible for day to day pharmacy operations, training, inspections and audits				
Business Name Reno Durable Medical Equipment			From - To (MM/YY - MM/YY) Planning/In Progress	
Business Address 6403 Parrot Ridge Ct		City Las Vegas	State NV	Zip 89139
Phone 702-896-1283	Title Partner			
Description of Duties None yet. Application process is still in planning stages or in progress				
Business Name CVS Pharmacy			From - To (MM/YY - MM/YY) 03/2016 - 03/2018	
Business Address 9695 S Maryland Parkway		City Las Vegas	State NV	Zip 89123
Phone 702-896-1283	Title Staff Pharmacist			
Description of Duties Dispense and fill medications, counsel patients and immunize				
Business Name CNS Scrips, LLC			From - To (MM/YY - MM/YY) 06/2014 - 03/2016	
Business Address 3370 Pinks Place Ste F		City Las Vegas	State NV	Zip 89102
Phone 702-731-4800	Title Pharmacy Intern			
Description of Duties Verify prescriptions with doctor's offices, receive new orders from doctors, process refills, data entry, patient counselling				
Business Name CNS Scrips, LLC			From - To (MM/YY - MM/YY) 09/2013 - 06/2014	
Business Address 3370 Pinks Place Ste F		City Las Vegas	State NV	Zip 89102
Phone 702-731-4800	Title Pharmacy Clerk			
Description of Duties Data entry and billing				
Continue on next page if additional space is needed.				

Applicant's initials

YV

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 82

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 82

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
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 SL

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.

Janelle Lazo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

19 May 2021

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Janelle LAZO, 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.

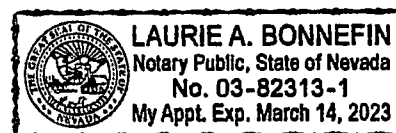
Original Signature

Date

19 May 2021

Subscribed and Sworn to before me this 19th day of May, 2021

Notary Public Signature



(Seal)

Applicant's initials VL

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 InformationName of Pharmacy/MDEG/Wholesaler CNS Rx Delivery, LLCPhysical Address 895 Roberta Lane, Ste. 103City Sparks State NV Zip 89431Mailing Address (if different from physical address) N/ACity N/A State N/A Zip N/ATelephone (702) 419-6943 Website N/ALicensing Company Email AGregorovic@CAPHarmacyLaw.com**Section 2: Personal Information**First Kristian Rene Middle Gatchalian Last LazoAlias(es, nicknames, name changes, etc.) N/ADate of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ XMailing Address [REDACTED] Rose Willow CtCity Las Vegas State NV Zip 89178Telephone (702) 419-6943 Email Kristian@cnssscrips.comAre 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 KL

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 University of North Carolina at Pembroke		From - To (MM/YY - MM/YY) 08/2008 - 05/2012	
Address 1 University Drive	City Pembroke	State NC	Zip 28372
Diploma/Degree obtained, if any Bachelors of Science in Chemistry, Bachelors of Science in Biology			
School Name Bladen Community College		From - To (MM/YY - MM/YY) 08/2007 - 05/2008	
Address 7418 NC Hwy 41W	City Dublin	State NC	Zip 28332
Diploma/Degree obtained, if any			
School Name University of North Carolina at Wilmington		From - To (MM/YY - MM/YY) 08/2005 - 07/2006	
Address 601 S College Road	City Wilmington	State NC	Zip 28403
Diploma/Degree obtained, if any			
School Name Lumberton Senior High School		From - To (MM/YY - MM/YY) 08/2001 - 05/2005	
Address 3901 Fayetteville Rd	City Lumberton	State NC	Zip 28358
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) 08/2018 - present	Address Rose Willow Ct	City Las Vegas	State NV	Zip 89178
From - To (MM/YY - MM/YY) 08/2013 - 08/2018	Address 4765 Deer Forest Ave	City Las Vegas	State NV	Zip 89139
From - To (MM/YY - MM/YY) 01/2013 - 08/2013	Address 7413 Via Del Mar St	City Las Vegas	State NV	Zip 89131
From - To (MM/YY - MM/YY) 05/1999 - 01/2013	Address 202 Village Walk East	City Lumberton	State NC	Zip 28358
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 KL

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 CNS Scrips, LLC			From - To (MM/YY - MM/YY) 03/2018 - present	
Business Address 6625 S. Valley View Blvd. Bldg A, Ste 100-102		City Las Vegas	State NV	Zip 89118
Phone (702) 731-4800	Title Owner / President			
Description of Duties In charge of purchasing of all medications for pharmacy. Part of management group for billing and HR. Manages all logistics for Pharmacy deliveries.				
Business Name CNS Scrips, LLC			From - To (MM/YY - MM/YY) 01/2016 - 03/2018	
Business Address 3370 Pinks Place, Suite F.		City Las Vegas	State NV	Zip 89102
Phone (702) 731-4800	Title General Manager			
Description of Duties Managed inventory, billing, and reconciliation of Part D transactions for pharmacy. Managed Logistics for CNS Medication Deliveries.				
Business Name CNS Scrips, LLC			From - To (MM/YY - MM/YY) 08/2015 - 01/2016	
Business Address 3370 Pinks Place, Suite F.		City Las Vegas	State NV	Zip 89102
Phone (702) 731-4800	Title Reconciliation Analyst / Billing			
Description of Duties Reconciled all medication processed through Part D to ensure all covered medications were billed to insurance. Assigned as main purchaser of medications for Pharmacy.				
Business Name CNS Scrips, LLC			From - To (MM/YY - MM/YY) 01/2013 - 08/2015	
Business Address 3370 Pinks Place, Suite F.		City Las Vegas	State NV	Zip 89102
Phone (702) 731-4800	Title Pharmacy Technician			
Description of Duties Filled and processed medications for CNS Scrips. Also assisted in acquiring refills from doctor's office.				
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			

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.			
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Applicant's initials KL

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 manufacture 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?		✓

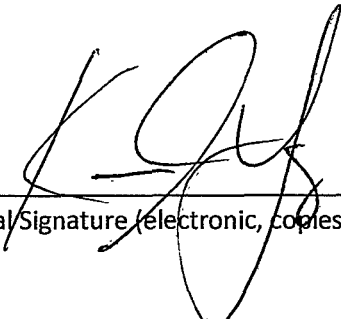
Applicant's initials KL

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
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)

5/19/2021
Date

Applicant's initials KL

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.

Kristian Lazo

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

Date

5/19/2021

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Kristian Lazo, 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.

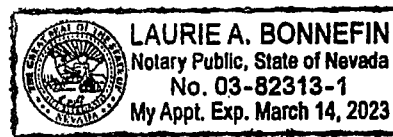
Original Signature

Date

5/19/2021

Subscribed and Sworn to before me this 19th day of May, 2021

Notary Public Signature



Applicant's initials KL

4DD

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

- ☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- ☒ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership – Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ER at Valley Vista

Physical Address: 7230 Decatur Blvd

City: North Las Vegas State: NV Zip Code: 89084 Telephone: 702-534-7200

Fax: 702-534-7201 Toll Free Number: N/A

E-mail: vihar.patel@uhsinc.com

Website: _____

Managing Pharmacist: Nicolle Gunn License Number: 17890 NV

7/29/21

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

CONSTANT

AGKNOA

Page 1

7/29/21

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

Nicole Gunn
Print Name of Authorized Person

7.23.21
Date

Board Use Only

Date Processed: _____

Amount: \$500 Check #

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: Valley Hospital Medical Center, INC %: 72.5%

Name: Triad Nevada Holdings, LLC %: 27.5%

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Valley Health System, LLC

Mailing Address: 2075 East Flamingo Rd

City, State Zip Code: Las Vegas, NV 89119

Telephone Number: 702-388-4888 Fax Number: _____

Contact Person: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

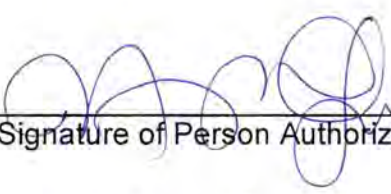
I, Nicole Gunn

Responsible Person of ER at Valley Vista

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

Nicole Gunn
Print Name of Authorized Person

7-23-21
Date

Managing Pharmacist

 Pharmacist Name: Niccole Gunn

 License #: 17890

 Pharmacy Name: ER at Valley Vista

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☒	☐
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:	State: <u>n/a</u>	Date: _____	Case #: _____
And/or Criminal Action:	State: <u>n/a</u>	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

7-23-21

Nicolle Gunn
Centennial Hills Hospital Medical Center
6900 N Durango Dr
Las Vegas, NV 89149

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Ste 206
Reno, NV 89509

Re: Letter of Explanation for Misdemeanor Arrest

To Whom it May Concern:

I was living with my mother and her boyfriend, whom I got in an argument with on July 25th 2006. Words were exchanged and he tried to kick me out of the house, so I obliged and packed my belongings. However, I was not "fast enough" because he wanted me out of there as soon as possible. He was getting in my face while I packed, and, as a result, I shoved him away from me. He immediately called the cops on me, and when two police officers arrived, I was already in my car preparing to find a place to move to. The officers took my statement, but because I strive to uphold my integrity, I admitted to pushing him. As a part of their duty to protect and serve, they had to arrest me, even though they both stated that it was ridiculous for them to respond there in the first place. They assured me that nothing drastic would probably result from this and a judge might throw this case out since there was no physical harm done. I was held in jail for a few hours and was given a court date after my immediate release. When I went for my court appearance a month later, my name was not on the docket. I was informed that the case was denied/dismissed by the District Attorney's Office, and, according to the letter they provided, the office was not filing formal charges against me either. Enclosed is a copy of that letter, which I have previously furnished to the Board when I answered "YES" on a question on prior applications (technician renewal, intern license, new pharmacist license). Hopefully, this explanation and attached documentation are sufficient and, if there are any additional questions, contact me via phone at [REDACTED]

Sincerely,



Nicolle Gunn, PharmD #17890
(Formerly Nicolle de Guzman)

Enclosure: Letter from Office of the District Attorney

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 ER at Valley Vista
 Physical Address 7230 Decatur Blvd
 City North Las Vegas State NV Zip 89084
 Mailing Address (if different from physical address) 6900 North Durango Drive, Las Vegas, NV 89149
 City Las Vegas State NV Zip 89149
 Telephone 702-534-7200 Website N/A
 Licensing Company Email nicolle.gunn@uhsinc.com (back up andrew.jackson@uhsinc.com)

Section 2: Personal Information

First Nicolle Middle _____ Last Gunn
 Alias(es, nicknames, name changes, etc.) Nicolle de Guzman
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☐ M ☒ F ☐ X
 Mailing Address [REDACTED] Belvedere Canyon Ave
 City Las Vegas State NV Zip 89139
 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

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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 <i>Roseman University of Health Sciences</i>		From - To (MM/YY - MM/YY) <i>Aug 2007 - June 2010</i>	
Address <i>11 Sunset way</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89104</i>
Diploma/Degree obtained, if any <i>PharmD / Doctor of Pharmacy</i>			
School Name <i>University of Nevada, Las Vegas</i>		From - To (MM/YY - MM/YY) <i>08/04 - 05/07</i>	
Address <i>4505 S. Maryland Pkwy</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89154</i>
Diploma/Degree obtained, if any <i>n/a</i>			
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) <i>12/12 - present</i>	Address <i>[redacted] Belvedere Canyon Ave</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89139</i>
From - To (MM/YY - MM/YY) <i>01/08 - 12/12</i>	Address <i>3104 Scalise Ct</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89141</i>
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 <i>Centennial Hills Hospital</i>		From - To (MM/YY - MM/YY) <i>02/16 - present</i>	
Business Address <i>6900 N Durango Dr</i>	City <i>Las Vegas</i>	State <i>NV</i>	Zip <i>89139</i>
Phone <i>702-629-1522</i>	Title <i>pharmacist</i>	Number of Employed Hours <i>5247.97</i>	
Description of Duties <i>supervise technicians, verify orders for accuracy + safety, supervise fill & check in narcotics</i>			

Business Name <i>Vons Pharmacy 2391/Hagen</i>		From - To (MM/YY - MM/YY) <i>10/2010 - 11/2015</i>	
Business Address <i>1031 Nevada Hwy</i>	City <i>Las Vegas Boulder City</i>	State <i>NV</i>	Zip <i>89005</i>
Phone <i>702-293-5159</i>	Title <i>staff pharmacist</i>	Number of Employed Hours <i>~8000 hours</i>	
Description of Duties <i>verify prescriptions, check in CII orders, counsel patients</i>			

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			

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 manufacture 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:

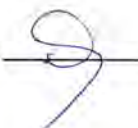
Date of Event/Arrest	Disposition Date	State	City	County
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
Reason/Charge				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

Applicant's initials



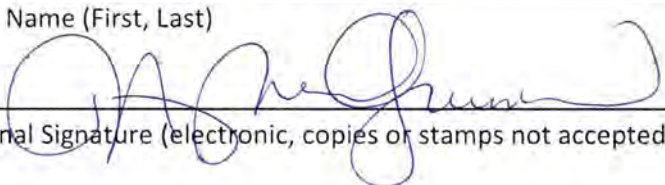
I, Nicolle Gunn, certify that as the designated representative for

that I am qualified as follows and will comply with the following:

1. I am at least 21 years of age;
3. I have been employed for at least 6,000 hours in a pharmacy or with a wholesaler in a capacity related to the dispensing and distribution of, and recordkeeping related to, prescription drugs.
4. I will be actively involved in and aware of the actual daily operations of the pharmacy or wholesaler;
5. I will be employed full-time in a managerial level position with the pharmacy or wholesaler;
6. I will be physically present at site of the pharmacy or at the facility of the wholesaler during regular business hours, except when the absence of the representative is authorized, including sick leaves, vacation leaves and other authorized absences; and
7. I will serve in this representative capacity for only one pharmacy or wholesaler at a time

Nicolle Gunn

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

7.23.21

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.

Nicole Gunn

Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

7.23.21
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

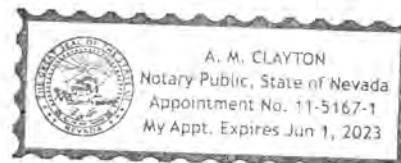
I, NICOLE GUNN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation 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

7.23.21
Date

Subscribed and Sworn to before me this 23 day of JULY, 2021

[Signature]
Notary Public Signature



(Seal)

Applicant's initials [Signature]



OFFICE OF THE DISTRICT ATTORNEY

Regional Justice Center • 200 Lewis Ave • PO Box 552212 • Las Vegas NV 89155-2212
(702) 671-2500

DAVID ROGER
District Attorney

Date: *August 25, 2006*

Name: *Nicolle Degugman*

You were arrested on or about *07/25/2006* which resulted in the following charges being sent to the District Attorney's Office for consideration:

Charges: *Battery domestic violence - no prior convictions*

This letter is to inform you that our office has determined not to file formal charges against you. You do not have to appear in court on the date given to you when released from jail. If bail was posted at the Clark County Detention Center, or at the Las Vegas Justice Court, it will be returned to you, or to the person who posted it, by the court.

If this office receives additional information about these charges, we have the right to file these charges at a later time. If we subsequently file charges against you, you will be notified by mail of a new date to appear in court.

DAVID ROGER
District Attorney

D.A. File No: *06M17773X*

Judy Olney

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 #: W2020120300311
December 3, 2020
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	20201079791	12/3/2020 8:48:09 AM	Approved	1	\$150.00	\$150.00
Annual List	Business License Fee	20201079791	12/3/2020 8:48:09 AM	Approved	1	\$200.00	\$200.00
Total							\$350.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6070140773476663803017	Success	\$350.00
Total			\$350.00

UHS of Delaware
367 S. Gulph Road
King of Prussia, PA 19406, USA

BARBARA K. CEGAVSKE

Secretary of State

KIMBERLEY PERONDIDeputy Secretary for
Commercial Recordings

STATE OF NEVADA

OFFICE OF THE
SECRETARY OF STATE

Commercial Recordings Division

202 N. Carson Street

Carson City, NV 89701

Telephone (775) 684-5708

Fax (775) 684-7138

North Las Vegas City Hall

2250 Las Vegas Blvd North, Suite 400

North Las Vegas, NV 89030

Telephone (702) 486-2880

Fax (702) 486-2888

Business Entity - Filing Acknowledgement

12/03/2020

Work Order Item Number: W2020120300311 - 977543
Filing Number: 20201079791
Filing Type: Annual List
Filing Date/Time: 12/03/2020 08:48:09 AM
Filing Page(s): 2

Indexed Entity Information:**Entity ID:** LLC295-1998**Entity Name:** VALLEY HEALTH
SYSTEM LLC**Entity Status:** Active**Expiration Date:** 01/21/2498

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,

A handwritten signature in black ink that reads "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:

VALLEY HEALTH SYSTEM LLC

NAME OF ENTITY

NV19981003340

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 <i>Barbara K. Cegavske</i>	Business Number LLC295-1998
Secretary of State State Of Nevada	Filing Number 20201879791
	Filed On 12/03/2020 08:48:09 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

☐ 005 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below.

☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

☐ Unit-owners' Association

☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

☐ No - no additional form is required

☐ Yes - the "Charitable Solicitation Registration Statement" is required.

☐ The Organization claims exemption pursuant to NRS 82A 210 - the "Exemption From Charitable Solicitation Registration Statement" is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Annual or Amended List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers:

CORPORATION, INDICATE THE MANAGING MEMBER:

VALLEY HOSPITAL MEDICAL CENTER INC

Name

Country

367 SOUTH GULPH ROAD

KING OF PRUSSIA

PA

19406-0958

Address

City

State Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X Steve Filton

Authorized Signer

12/03/2020

Signature of Officer, Manager, Managing Member,
General Partner, Managing Partner, Trustee,
Subscriber, Member, Owner of Business,
Partner or Authorized Signer *FORM WILL BE RETURNED IF*

Title

Date

UNSIGNED

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

VALLEY HEALTH SYSTEM LLC

Nevada Business Identification # NV19981003340

Expiration Date: 01/31/2022

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 12/03/2020.

Barbara K. Cegavske

Certificate Number: B202012031253601

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

BARBARA K. CEGAVSKE
Secretary of State

4EE

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: TELNET-RX TELEPHARMACY

Physical Address: 3940 PROSPECT AVE STE R YORBA LINDA
CA 92886

Mailing Address: 3940 PROSPECT AVE STE R

City: YORBA LINDA State: CA Zip Code: 92886

Telephone: 714 203 1165 Fax: 877-251-2677

Toll Free Number: 800 298 0479 (Required per NAC 639.708)

E-mail: CONTACTUS@TELNETRX.COM Website: N/A

Managing Pharmacist: TUNOT KIEN NUYEN License Number: RPH 54039

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

Yes/No

☒ ☐ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

All boxes must be checked

For the application to be complete

Remote Order Verification for Nevada Hospital

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

* NEVADA PHARMACIST: NIRMAL PATEL

EMPLOYED

LICENSE: 16005

OK 8/5/21 NS

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

TUNG KIEN NGUYEN

Print Name of Authorized Person

07/20/2021

Date

Page 2

Board Use Only	Date Processed: _____	Amount: \$500 Check # 0093606567
----------------	-----------------------	----------------------------------

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CALIFORNIAParent Company if any: TELNET-RX TELEPHARMACY INC.Mailing Address: 3940 PROSPECT AVE STE RCity: YORBA LINDA State: CA Zip: 92886Telephone: 714 203 1165 Fax: 877 251 2677Contact Person: NIRMAL PATEL @ 562 659 2004 cell

For any corporation non publicly traded, disclose the following:

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

a) NIRMAL PATEL [REDACTED] TYLER LANE UPLAND CA 91784
Name Addressb) TUNG KIEN NGUYEN [REDACTED] BROOKLYN AVE YORBA LINDA CA 92886
Name Addressc) GORDON SMITH P.O. BOX [REDACTED] MORENO VALLEY CA 92552
Name Addressd) EDUAR AREVALO [REDACTED] PHILADELPHIA STREET POMONA, CA 91766
Name Address2) Provide the number of shares issued by the corporation. 100,0003) What was the price paid per share? \$0.20/Share4) What date did the corporation actually receive the cash assets? 03/18/2020

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 11 am 6 pmSaturday N/A am _____ pmSunday N/A am _____ pm24 Hours N/AA 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

NIRMAL PATEL CEO, SECRETARY, DIRECTOR

TUNG KIEN NGUYEN CFO, DIRECTOR, PRESIDENT

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, TUNG KIEN NGUYEN

Responsible Person of TELNET-RA TELEPHARMACY 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

TUNG KIEN NGUYEN
Print Name of Authorized Person

07/20/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF CALIFORNIA)
) ss.
ORANGE COUNTY)

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

1. I am the CFO, PRESIDENT for TELNET-RX TELEPHARMACY (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, TUNG KIEN NGUYEN do hereby swear under penalty of perjury that the assertions of this affidavit are true.

SUBSCRIBED AND SWORN TO
before me, a notary public this
day of _____, 20____

NOTARY PUBLIC

Name _____

SEE ATTACHED
CALIFORNIA
ACKNOWLEDGEMENT

Mark I. Sedar

From: Nirmal Patel <npatel@telnetrx.com>
Sent: Wednesday, August 4, 2021 3:17 PM
To: Mark I. Sedar
Subject: Re: Quick Question Remote order verification for Hospital in NV

Mark

Thanks and There is no onsite inspection from board of pharmacy yet just got license

Please let me know if anything else needed.

Thanks for support
 Nirmal

Sent from my iPhone

On Aug 4, 2021, at 3:09 PM, Mark I. Sedar <msedar@pharmacy.nv.gov> wrote:

Hi Nirmal,

One last item I will need is a copy of your most recent inspection. Please feel free to email the documents.

Thank you,

Mark Sedar
 COO
 Nevada State Board of
 Pharmacy
 (775) 850-1440
msedar@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.

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: Mark I. Sedar
Sent: Thursday, June 17, 2021 7:19 AM

To: 'npatel@telnetrx.com' <npatel@telnetrx.com>
 Subject: RE: Quick Question Remote order verification for Hospital in NV

Nirmal,

Please see my responses below.

Mark Sedar
 COO
 Nevada State Board of
 Pharmacy
 (775) 850-1440
msedar@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.

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: Nirmal Patel <npatel@telnetrx.com>
Sent: Wednesday, June 16, 2021 2:25 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: Quick Question Remote order verification for Hospital in NV

Mark

Also please see attached question....

1- PIC question based on my last email need to have it before application for non resident license application or apply after & before serving hospital in NV **(Before)**
 2-type of pharmacy retail ok and do i have to mark cognitive services based on attachment? **(Yes)**

Please advise

Thanks



Nirmal Patel Rph.
 CEO
 TelNet-Rx Pharmacy Services

Npatel@telnetrx.com

TelNetRx.com

Cell: 562-659-2004

Work: 800-298-0479

TELNET-RX INC. PHARMACY SERVICES CONFIDENTIALITY NOTICE: This e-mail communication and any attachments may contain confidential and privileged information including but not limited to Protected Health Information all of which is intended only for the use of the designated recipients. If you are not the intended recipient, or authorized to receive for the recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution or copying of it or its contents is prohibited. If you have received this communication in error, please destroy all copies of this communication and any attachments and contact the sender by reply e-mail.

On Wed, 16 Jun 2021 17:13:31 -0400, Nirmal Patel <npatel@telnetrx.com> wrote:

Mark

Thanks for your time and one question when i apply for non resident license dose my PIC from California need to have NV license before applying for non resident license or he can apply after?

Thanks

--

Nirmal Patel Rph.

CEO

TelNet-Rx Pharmacy Services

Npatel@telnetrx.com

TelNetRx.com

Cell: 562-659-2004

Work: 800-298-0479

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On Wed, 16 Jun 2021 19:58:09 +0000, "Mark I. Sedar" <msedar@pharmacy.nv.gov> wrote:

Nirmal,

I have time between 1:30 and 2:30 available today. You can call me at 775-850-1440 x 105.

Mark Sedar

COO

Nevada State Board of
Pharmacy

(775) 850-1440

msedar@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: Nirmal Patel <npatel@telnetrx.com>
Sent: Wednesday, June 16, 2021 11:45 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: RE: Quick Question Remote order verification for Hospital in NV

Good Morning Mark

Thank you for follow up email and I just left voice mail please let me know what time is

best today or best for you anytime this week.

Thanks for support.

--

Nirmal Patel Rph.
CEO
TelNet-Rx Pharmacy Services
Npatel@telnetrx.com
TelNetRx.com
Cell: 562-659-2004
Work: 800-298-0479

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On Wed, 16 Jun 2021 15:16:22 +0000, "Mark I. Sedar" <msedar@pharmacy.nv.gov> wrote:

Good morning Nirmal,

Please feel free to contact me at 775-7850-1440 x 105.

Regards,

Mark Sedar

COO

Nevada State Board of
Pharmacy

(775) 850-1440

msedar@pharmacy.nv.gov

<image001.jpg>

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From: Pharmacy Board <pharmacy@pharmacy.nv.gov>
Sent: Wednesday, June 16, 2021 7:39 AM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Fw: Quick Question Remote order verification for Hospital in NV

From: Nirmal Patel <npatel@telnetrx.com>
Sent: Tuesday, June 15, 2021 5:35 PM
To: Pharmacy Board
Subject: Quick Question Remote order verification for Hospital in NV

Hello Dear Board of Pharmacy

I just left voice mail and want to sch call with you before applying for non resident permit for remote order verification for hospital pharmacy (inpatient) in NV. Please call on my cell [REDACTED] or email best time to talk and thank you for support.

Thanks

--
Nirmal Patel Rph.
CEO
TelNet-Rx Pharmacy Services
Npatel@telnetrx.com
TelNetRx.com
Cell: 562-659-2004
Work: 800-298-0479

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**CALIFORNIA ALL-PURPOSE
CERTIFICATE OF ACKNOWLEDGMENT
(CALIFORNIA 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.

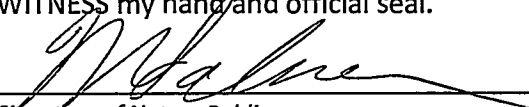
STATE OF CALIFORNIA)
COUNTY OF ORANGE)

On July 21, 2021 before me, Michala M. Salinas, Notary Public
(Date) (Here Insert Name and Title of the Officer)

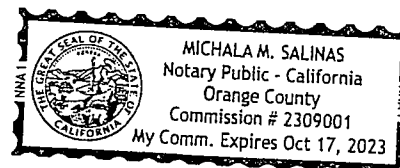
personally appeared Tung Kien Nguyen,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same
in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument
the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.


Signature of Notary Public

(Notary Seal)



ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Affidavit for Out of State Pharmacy License Document Date: July 21, 2021

Number of Pages: 1 Signer(s) Other Than Named Above: n/a

Additional Information: n/a



Secretary of State Certificate of Status

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

Entity Name: TELNET-RX TELEPHARMACY INC.
File Number: C4569176
Registration Date: 02/19/2020
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of July 19, 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.

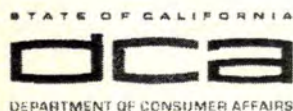


IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of July 20, 2021.

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

Certificate Verification Number: R4WD7EY

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bizfile.sos.ca.gov/certification/index.



Board of Pharmacy



ORIGINAL CERTIFICATE

Retail Pharmacy Permit

LICENSE NO. PHY 57910

ISSUE DATE JUNE 09, 2021

TELNET-RX TELEPHARMACY

3940 PROSPECT AVE STE R
YORBA LINDA CA 92886

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

CORPORATION

TUNG KIEN NGUYEN

PHARMACIST IN CHARGE

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

PLACE RENEWAL LICENSE HERE

VALID UNTIL JUNE 01, 2022

RECEIPT NUMBER 00000000

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

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

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

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

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



Nevada State Board of Pharmacy

For licensing inquiries please send an email to, pharmacy@pharmacy.nv.gov (mailto:pharmacy@pharmacy.nv.gov).

For current information on [disciplinary actions taken against licensees](#), please send an email to shunting@pharmacy.nv.gov (mailto:shunting@pharmacy.nv.gov).

VERIFY LICENSE

Last Name	First Name	License#	City	State	Country	Discipline	Action
Patel	Nirmal	16005	UPLAND	CA	United States	None	

License Number : 16005

Name : Patel, Nirmal

License Type : Pharmacist

License Status : Active

License Date : 05/07/2003

Discipline :

Expiration Date : 10/31/2021



Document Type	Date	Name	Uploaded By	Link	Actions
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[illegible]

MAIL FILED DOCUMENTS TO:

Filed in Orange County

Hugh Nguyen, Clerk-Recorder



23.00

* \$ R 0 0 1 1 8 4 8 9 2 3 \$ *

20206579898 9:30 am 07/17/20

340 MainPh1A F01

23.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00

ON THE DATE INDICATED BY
FILESTAMP ABOVE

NAME TELNET-RX TELEPHARMACY INC

ADDRESS 3940 PROSPECT AVE, SUITE R

CITY/ST/ZIP YORBA LINDA, CA 92886-1752

THESE FEES APPLY AT THE TIME OF FILING
(Provide a self-addressed, stamped envelope, if
mailed)Filing fee \$23.00 for one business name
\$7.00 for each additional business name
\$7.00 for each additional partner after twoHUGH NGUYEN
CLERK - RECORDER
601 N. Ross Street
POST OFFICE BOX 238
Santa Ana, CA 92701

FICTITIOUS BUSINESS NAME STATEMENT

THE FOLLOWING PERSON(S) IS (ARE) DOING BUSINESS AS:

1.	FICTITIOUS BUSINESS NAME(S) TELNET-RX TELEPHARMACY		BUSINESS PHONE NO. 800 298-0479 (Optional)	
1A.	☒ New Statement ☐ Refile ☐ Change			
2.	STREET ADDRESS, CITY & STATE OF PRINCIPAL PLACE OF BUSINESS (DO NOT USE P.O. BOX OR P.M.B.) 3940 PROSPECT AVE, SUITE R YORBA LINDA		STATE CA	ZIP CODE 92886-1752
3.	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME) TELNET-RX TELEPHARMACY INC		If Corporation / LLC State of Incorporation or organization CA	
	RES. / CORP. ADDRESS (DO NOT USE A P.O. BOX OR P.M.B.) 3940 PROSPECT AVE, SUITE R YORBA LINDA		STATE CA	ZIP CODE 92886 -1752
	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
	RES. / CORP. ADDRESS (DO NOT USE A P.O. BOX OR P.M.B.)		STATE	ZIP CODE
	FULL NAME OF REGISTERED OWNER (IF CORPORATION, ENTER CORPORATION NAME)		If Corporation / LLC State of Incorporation or organization	
	RES. / CORP. ADDRESS (DO NOT USE A P.O. BOX OR P.M.B.)		STATE	ZIP CODE
4.	HAVE YOU STARTED DOING BUSINESS YET? ☐ Yes ☒ No NOTICE - IN ACCORDANCE WITH SUBDIVISION (a) OF SECTION 17920, A FICTITIOUS NAME STATEMENT GENERALLY EXPIRES AT THE END OF FIVE YEARS FROM THE DATE ON WHICH IT WAS FILED IN THE OFFICE OF THE COUNTY CLERK, EXCEPT AS PROVIDED IN SUBDIVISION (b) OF SECTION 17920, WHERE IT EXPIRES 40 DAYS AFTER ANY CHANGE IN THE FACTS SET FORTH IN THE STATEMENT PURSUANT TO SECTION 17913 OTHER THAN A CHANGE IN THE RESIDENCE ADDRESS OF A REGISTERED OWNER. A NEW FICTITIOUS BUSINESS NAME STATEMENT MUST BE FILED BEFORE THE EXPIRATION. THE FILING OF THIS STATEMENT DOES NOT OF ITSELF AUTHORIZE THE USE IN THIS STATE OF A FICTITIOUS BUSINESS NAME IN VIOLATION OF THE RIGHTS OF ANOTHER UNDER FEDERAL, STATE, OR COMMON LAW (SEE SECTION 14411 ET SEQ., BUSINESS AND PROFESSIONS CODE).			
5.	THIS BUSINESS IS CONDUCTED BY: (Check One Only) ☐ A Trust ☐ A State Or Local Registered Domestic Partnership ☐ An Individual ☒ A Corporation ☐ A General Partnership ☐ A Limited Partnership ☐ An Unincorporated Association ☐ A Limited Liability Partnership ☐ Copartners ☐ A Married Couple ☐ A Joint Venture ☐ A Limited Liability Company			

I declare that all information in this statement is true and correct.

(A registrant who declares as true any material matter pursuant to Section 17913 of the Business and Professions Code that the registrant knows to be false is guilty of a misdemeanor punishable by a fine not to exceed one thousand dollars (\$1,000).)

 REGISTRANT(S) NAME TELNET-RX TELEPHARMACY INC TUNG NGUYEN CHIEF OPERATING OFFICER
 (Type or Print Name) Print Name and Title of Office/Manager or General Partner

REGISTRANT(S) SIGNATURE

If corporation, also print corporate title of officer. If LLC, also print title of officer or manager.

FICTITIOUS BUSINESS NAME STATEMENT

THIS IS A TRUE CERTIFIED COPY OF THE
RECORD IF IT BEARS THE SEAL,
IMPRINTED IN PURPLE, OF THE ORANGE
COUNTY CLERK-RECORDER
Hugh Nguyen, Clerk-Recorder



4FF

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: PH03910)
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: ValisureRX, LLC

Physical Address: 5 Science Park STE 1

Mailing Address: 5 Science Park STE 1

City: New Haven State: CT Zip Code: 06511

Telephone: 203-497-7370 Fax: 203-497-7371

Toll Free Number: 833-497-7370 (Required per NAC 639.708)

E-mail: jitu@medlypharmacy.com Website: _____

Managing Pharmacist: Deanna Akinbajo License Number: PCT.0012604

Joseph Simonson
TYPE OF PHARMACY

NV.LC.# 20645 V. 8/21 NS
SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☒ ☐ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☒ ☐ Other: Mail Order

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

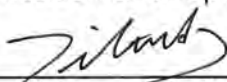
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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



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

Jitendra Patel
Print Name of Authorized Person

3-15-2021
Date

Page 2

Board Use Only	Date Processed: _____	Amount: <u>500</u> MO # <u>20857784226</u>
----------------	-----------------------	---

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: ConnecticutParent Company if any: Medly Health Inc.Mailing Address: 5 Science Park, STE 1City: New Haven State: CT Zip: 06511Telephone: (203) 497-7370 Fax: (203) 497-7371Contact Person: Jitendra 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) Marg Patel - [REDACTED] Geldner Ave, Staten Island, NY 10306
Name Addressb) Sahaj Patel - [REDACTED] Geldner Ave, Staten Island, NY 10306
Name Addressc) Jitendra Patel - [REDACTED] Ellerhausen Drive, Montville, NJ 07045
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 1,785,7143) What was the price paid per share? \$0.00014) What date did the corporation actually receive the cash assets? \$2,750,000

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

List any physician shareholders and percentage of ownership. ,

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>9:00</u> am	<u>5:00</u> pm	Saturday	<u>9:00</u> am	<u>5:00</u> pm
Sunday	<u>Closed</u> am	<u>Closed</u> pm	24 Hours	<u>N/A</u>	

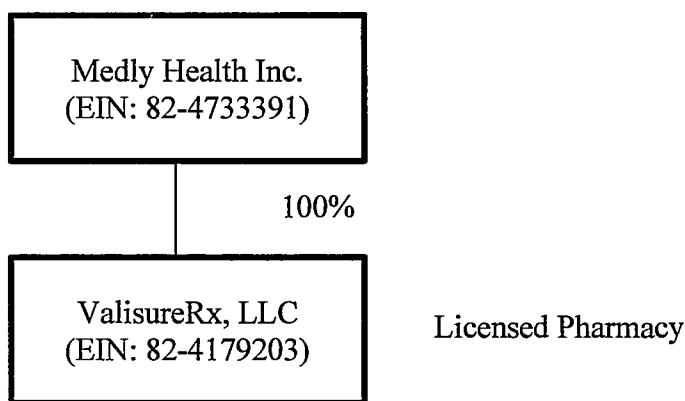
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

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

**POST-TRANSFER
ORGANIZATIONAL CHART**



Medly Health Inc.		
Officers		
Name	Title	Home Address
MARG PATEL	Chief Executive Officer	█ Geldner Ave, Staten Island, NY 10306
SAHAJ PATEL	Executive Chairman	█ Geldner Ave, Staten Island, NY 10306
JITENDRA PATEL	Vice-President	█ Ellerhausen Drive, Montville, NJ 07045

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jitendra Patel

Responsible Person of Medly Health 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

Jitendra Patel

Print Name of Authorized Person

3-15-2021

Date

Department of Consumer Protection
Drug Control Division
450 Columbus Blvd, Suite 901
Hartford, CT 06103
www.ct.gov/dcp/dcd
DCP.DrugControl@ct.gov

VALISURERX LLC
5 SCIENCE PARK STE 1
NEW HAVEN, CT 06511-1989
PCY.0002369



A. Licensing Information

- | | | | |
|--|---|----------|-------------|
| 1. Does the Federal DEA number in e-License match the pharmacy's DEA? | ☒ Yes ☐ No | Comments | |
| 2. Does the pharmacy hold any other registrations (i.e. CSW)? | ☒ Yes ☐ No | Comments | CSW.0004251 |
| 3. Is the entire premise licensed as a pharmacy? | ☒ Yes ☐ No | Comments | |
| 4. If the answer to 3 is no, does the business have an active PME permit? (20-623) | ☐ Yes ☐ No | Comments | n/a |

B. Signage

- | | | | |
|--|---|--|------------------------------|
| 1. Are the pharmacy's hours of operation posted at front entrance (20-576-16(3))? | ☒ Yes ☐ No | Comments | |
| 1a. Hours of Operation | Monday-Friday 9am-5pm | | |
| 1b. Is the pharmacy open a minimum of 35 hours each week? (20-576-13) | ☒ Yes ☐ No | Comments | |
| 2. Is the pharmacy manager's name posted? (20-576-21) | ☒ Yes ☐ No | Comments | |
| 3. Is the pharmacy manager's information correct in e-License and is their license active? | ☒ Yes ☐ No | Pharmacy Manager Name and License Number | Deanna Akinbajo, PCT.0012604 |
| 4. Do staff pharmacists have active licenses? (20-593) | ☒ Yes ☐ No | Comments | |
| 5. Is the quality assurance sign posted, visible and readable? (20-635(b)) | ☒ Yes ☐ No | Comments | |
| 6. Is the generic substitution sign posted in a location easily seen by consumers? (20-619(d)) | ☒ Yes ☐ No | Comments | |

C. ENTIRE BUSINESS

- | | | | |
|---|---|----------|--|
| 1. Is the general appearance of the entire business clean/orderly/uncluttered/clear of obstructions? (20-579(a) (18)) | ☒ Yes ☐ No | Comments | |
| 2. Is store stock (OTC, baby formula ...) absent of deteriorated, expired, misbranded and recalled stock? (21a-105) and (21a-106) | ☒ Yes ☐ No | Comments | |
| 3. How many store products were reviewed? | 624 products (includes prescription and otc products) | | |
| 4. How many store products were deteriorated, expired, misbranded and/or recalled? (21a-105) and (21a-106) | 0 | | |
| 5. Are deteriorated, expired, misbranded and recalled products held where they cannot be accidentally used? (21a-105) and (21a-106) | ☒ Yes ☐ No | Comments | |

6. Are the storage areas properly maintained to insure the integrity of products stored within? (21a-105) and (21a-106) ☒ Yes ☐ No

Comments

D. PRESCRIPTION DEPARTMENT GENERAL

1. Is access to the prescription department restricted to essential and authorized personnel? (20-576-14) and (20-576-16(2)) ☒ Yes ☐ No

Comments

2. Is access to pharmaceutical stock storage areas not under pharmacist supervision limited/controlled? (20-576-14), (20-576-16(2)), (20-576-18(a)), 21a-115-32(c) (1) ☒ Yes ☐ No

Comments

3. Is the general appearance of the prescription department acceptable? (20-579(a)(18)) ☒ Yes ☐ No

Comments

4. Is the prescription counter clean and uncluttered? (20-579(a)(18)) ☒ Yes ☐ No

Comments

5. Is the prescription balance clean and in good working order? (20-576-12) ☒ Yes ☐ No

Comments

6. Are adequate reference materials available for properly filling, compounding and dispensing prescriptions? (20-576-12) ☒ Yes ☐ No

Comments

7. Are child-resistant safety containers used as indicated when dispensing prescriptions? ☒ Yes ☐ No

Comments

8. Are the hypodermic needles/syringes properly stored? (21a-66(a)) and (21a-66-2) ☐ Yes ☒ No

Comments n/a

9. Is pharmaceutical equipment in good working order? (20-576-12) ☒ Yes ☐ No

Comments

10. Is the refrigerator for pharmaceutical stock in good working order? Does it maintain required temperature? (20-576-12) ☒ Yes ☐ No

Comments

E. Pharmacy Technicians

1. Do the pharmacy technicians have active registrations? (20-598(a)) ☒ Yes ☐ No

Comments

2. Does the pharmacy manager maintain a written record documenting each pharmacy technician's initial and continuing training? (20-576-37(c)) and (20-576-37(c)(5)) ☒ Yes ☐ No

Comments Advise: Pharmacist Manager - signature (not initials)

3. Is the pharmacy technician to pharmacist ratio in compliance? (20-576-36) ☒ Yes ☐ No

Comments

4. Do the pharmacy technicians perform only supportive functions? (20-576-32(b)) and (20-576-38) ☒ Yes ☐ No

Comments

5. Do pharmacy technicians perform their supportive functions under the direct supervision of a pharmacist? (20-576-38) ☒ Yes ☐ No

Comments

6. Does each pharmacy technician bear identification clearly identifying them as a pharmacy technician? (20-576-39(c)) ☒ Yes ☐ No

Comments

F. PHARMACEUTICAL STOCK

1. How many products were reviewed?	0	Comments	See C. 3. above
2. How many products were deteriorated, expired, misbranded and/or recalled?	0	Comments	
3. Is the pharmaceutical stock absent of deteriorated, expired, misbranded and recalled stock? (21a-105) and (21a-106)	☒ Yes ☐ No	Comments	
4. Are deteriorated, expired, misbranded and recalled products held where they cannot be accidentally used? (21a-106)	☒ Yes ☐ No	Comments	
5. Is the pharmaceutical stock properly stored? (21a-106), (21a-105 (a)(5)), (20-617)	☒ Yes ☐ No	Comments	

G. Computer System

1. What is the name of the computer's software?	PrimeRX		
2. Does the prescription label bear the required information?	Comments		
☒ Pharmacy's Name and Address ☒ Patient's Name or Animal's Name/Species and Owner's Name ☒ Prescriber's Name ☒ Name and Quantity of Medication Dispensed ☒ Manufacturer's Name if Generic Substitution ☒ Expiration Date of Medication ☒ Directions for Use ☒ Date Dispensed/Refilled ☒ Serial/Prescription Number ☒ Cautionary Statements are may be required by law			
3. Does the computer system guarantee the confidentiality of information in the data bank? (20-576-51), (20-576-52), (21a-244-9), (21a-244-10)	☒ Yes ☐ No	Comments	
4. Does the computer system provide safeguards against additions, deletions and unauthorized changes? (20-576-51), (20-576-52), (21a-244-9), (21a-244-10)	☒ Yes ☐ No	Comments	
5. Does the computer system provide on-line retrieval of required information? (20-576-45), (21A-244-1), (21A-244-2)	☒ Yes ☐ No	Comments	
6. Does the computer system provide on-line retrieval for at least six months from the last dispensing? (20-576-44(b)) and (2a-244-1(b))	☒ Yes ☐ No	Comments	
7. Can the computer system be reconstructed if the data is destroyed? (20-576-52) and (21a-244-10)	☒ Yes ☐ No	Comments	
8. Are the computer backups securely stored? (20-576-52)	☒ Yes ☐ No	Comments	
9. Where are the computer backups stored?	AmazonS3-1 cloud storage		
10. How often are the computer backups performed?	nightly		

11. Can the computer system provide the required refill information in a report format within 48 hours? (20-576-45), (20-576-47), (21a-244-4)

- ☒ Patient's Name
☒ Prescribing Practitioner's Name
☒ Name or Initials of Dispensing Pharmacist
☒ Name, Dosage Form, Strength, and Quantity of Drug Dispensed
☒ Date of Dispensing for Each Refill
☒ Serial Number of the Original Prescription Order

Comments

12. If controlled substance refill data is maintained electronically, are signature logs properly signed? (21a-244-3(2)) ☐ Yes ☐ No

Comments

n/a

13. If non-controlled substance refill data is maintained via hard copy printouts, are said printouts properly signed and filed? (20-576-46(1)) ☒ Yes ☐ No ☐ N/A

Comments

14. If controlled substance refill data is maintained via hard copy printouts, are printouts properly signed and filed? (21a-244-3(1)) ☐ Yes ☐ No ☒ N/A

Comments

n/a

H. Automated Dispensing Machine

1. Does the pharmacy utilize an automated dispensing system? ☐ Yes ☒ No

Comments

If no, Proceed to I (Quality Assurance)

2. What is the name of the automated dispensing system?

3. Is the automated dispensing system clean and dust free? ☐ Yes ☐ No

Comments

4. Is an automated dispensing system maintenance log maintained? ☐ Yes ☐ No

Comments

5. Are expiration dates and lot numbers current and accurate? ☐ Yes ☐ No

Comments

6. Are "penicillin-type" medications stored within the automated dispensing system? ☐ Yes ☐ No

Comments

7. If the answer to 6 is yes, do "penicillin-type" medications have their own output mechanism? ☐ Yes ☐ No ☐ N/A

Comments

8. Are "sulfa-type" medications stored within the automated dispensing system? ☐ Yes ☐ No

Comments

9. If the answer to 8 is yes, do "sulfa-type" medications have their own output mechanism? ☐ Yes ☐ No

Comments

10. Are controlled substance medications stored within the automated dispensing system? ☐ Yes ☐ No

Comments

I. Quality Assurance

1. Is quality assurance statement provided to consumer/ caregiver upon pick up/delivery of dispensed Rx(s)? (20-635(c)) ☒ Yes ☐ No

Comments

2. Does the pharmacy maintain a written copy of its quality assurance program? (20-635(a)(b)(c)(d)) ☒ Yes ☐ No

Comments

3. Is the pharmacy's quality assurance program readily available to all pharmacy personnel? (20-635-2), (20-635-3), (20-635-4), (20-635-5(a)) ☒ Yes ☐ No

Comments

4. Does the quality assurance review for each reported prescription error contain the required information? (20-635-4) ☒ Yes ☐ No

Comments

5. Does the pharmacy maintain a record of each quality assurance review for at least three years? (20-635) ☒ Yes ☐ No

Comments

J. Immunizations

1. Does the pharmacy participate in a vaccination program? (20-633) ☐ Yes ☒ No

Comments

2. Is a copy of the pharmacy's collaborative practice agreement for immunizations readily available? (20-633-2(a)) ☐ Yes ☐ No ☒ N/A

Comments

3. Does each immunizing pharmacist have documentation of successfully completing an approved immunization training program? (20-633-2(b)) ☐ Yes ☐ No ☒ N/A

Comments

4. Does the vaccination program use the same Quality Assurance Program or does it have a separate Quality Assurance Program for vaccine related programs? (20-635-2) (Note: If separate, verify that the information in the record is complete) ☐ Combined ☐ Separate

Comments n/a

5. If the answer to 4 is separate, does the quality assurance review for immunizations contain the required information? ☐ Yes ☐ No ☒ N/A

Comments

6. If the answer to 4 is separate, does the pharmacy maintain a record of each quality assurance review for immunizations for at least three years? ☐ Yes ☐ No ☒ N/A

Comments

K. Naloxone

1. Are any pharmacists certified to prescribe naloxone? ☐ Yes ☒ No

Comments

2. If the answer to 1 is yes, which pharmacists are certified? ☐ Yes ☐ No ☒ N/A

Comments

3. If the answer to 1 is yes, do naloxone prescriptions bear required information? ☐ Yes ☐ No ☒ N/A

Comments

4. If the answer to 1 is yes, is adequate documentation maintained that individuals receiving naloxone are properly trained? ☐ Yes ☐ No ☒ N/A

Comments

L. Non-Controlled Substance Prescriptions

1. Are non-controlled substance prescriptions properly filed in numerical order? (20-615(a)) ☒ Yes ☐ No

Comments

2. Do non-controlled substance prescriptions bear the required information? (20-614), (20-615), (20-617) ☒ Yes ☐ No

Comments

3. Are non-controlled substance prescriptions received orally reduced to writing and properly filed? (20-614(b)) and (20-615)	☒ Yes ☐ No	Comments	
4. Are non-controlled substance prescriptions refilled only after practitioner authorization? (20-616)	☒ Yes ☐ No	Comments	
5. Are non-controlled substance prescription records maintained for a minimum of three years? (20-615) and (20-576-46)	☒ Yes ☐ No	Comments	
6. Were there any issues while reviewing non-controlled substance prescription records?	☐ Yes ☒ No	Comments	

M. Schedule II Controlled Substance Prescriptions

1. Are Schedule II controlled substance "non-LTC/hospice" prescriptions transmitted and received via facsimile properly executed? ((21a-249(k)) CFR 1306.13	☐ Yes ☐ No ☒ N/A	Comments	
2. Are Schedule II controlled substance "LTC/hospice" prescriptions transmitted and received via facsimile properly executed? (21-214-3) and CFR 1306.13	☐ Yes ☐ No ☒ N/A	Comments	
3. Were partially dispensed Schedule II controlled substance prescriptions properly documented? (21a-249(f)) CFR 1306.13)	☐ Yes ☐ No ☒ N/A	Comments	

N. Schedule III, IV and V Controlled Substance Prescriptions

1. Are Schedule III-V controlled substance prescriptions received orally reduced to writing and properly filed? (21a-249(k))	☐ Yes ☐ No	Comments	n/a
2. Are Schedule III-V controlled substance prescriptions transmitted and received via facsimile properly executed? (21a-243-15)	☐ Yes ☐ No	Comments	n/a

O. All Controlled Substance Prescriptions

1. Are Schedule II-V controlled substance prescriptions properly filed in chronological sequence by date and serial number? (21a-249(k))	☐ Yes ☐ No	Comments	n/a
2. Are controlled substance prescriptions that are dispensed and subsequently returned to stock properly documented?	☐ Yes ☐ No ☐ N/A	Comments	n/a
3. Do controlled substance prescriptions bear the required information? (21a-249)	☐ Yes ☐ No	Comments	n/a
4. Were there any altered, forged, pre-signed controlled substance prescriptions? (21a-266)	☐ Yes ☐ No	Comments	n/a
5. Are controlled substance prescription records maintained for a minimum of three years? (21a-254)	☐ Yes ☐ No	Comments	n/a
6. Were there any issues while reviewing the controlled substance prescription records?	☐ Yes ☐ No	Comments	n/a

P. Controlled Substance Storage

1. Are all Schedule III, IV and V controlled substance stock stored properly? (21a-262-5(b))	☐ Yes ☐ No	Comments	n/a
2. If applicable, Is all Schedule III controlled substance stock properly stored in an approved safe after a Drug Control Division advisement? (21a-262-2 (f))	☐ Yes ☐ No ☒ N/A	Comments	n/a
3. Is all Schedule II controlled substance stock properly stored in an approved safe? (21a-262-5 (a,b,c,f), 21a-262-2(f))	☐ Yes ☐ No	Comments	n/a
4. Is the controlled substance safe securely locked except to remove/replace items? (21a-262-2(b&c))	☐ Yes ☐ No	Comments	n/a
5. If the controlled substance safe has a day lock, is the day lock in good working order? (21a-262-2(c))	☐ Yes ☐ No ☒ N/A	Comments	n/a

Q. All Controlled Substance Prescriptions

1. Is the biennial inventory readily available and inclusive of all controlled substance stock on hand when conducted? (21a-254h)	☒ Yes ☐ No	Comments	n/a (we do not dispense or store controls)
2. Was the biennial inventory properly conducted? (21a-254 (h))	☒ Yes ☐ No	Comments	n/a (we do not dispense or store controls)
3. Did the biennial inventory have any cross-outs or white-out?	☐ Yes ☒ No	Comments	
4. On which date was the biennial inventory conducted?	<u>12/23/2020</u>		
5. At what time was the biennial inventory conducted?	☒ Opening ☐ Closing		
6. Who conducted the biennial inventory?	<u>Deanna Akinbajo</u>		

R. Schedule II Controlled Substance Receipt Records

1. Are DEA 222 forms maintained in an organized manner and stored in a limited access area?	☒ Yes ☐ No	Comments	n/a (we do not dispense or store controls)
2. Were any pre-signed DEA 222 forms observed?	☐ Yes ☐ No	Comments	n/a
3. Are DEA 222 forms properly executed and stored separate from all other records? (21a-254(f))	☐ Yes ☐ No	Comments	n/a
4. Who has been given power of attorney to sign DEA 222 forms?	<u>n/a</u>		

S. Schedule III, IV and V Controlled Substance Receipt Records

1. Are the Schedule III, IV and V controlled substance receipt records current and stored separate from all other records? (21a-254 (f))	☐ Yes ☐ No	Comments	n/a
--	--	----------	-----

2. Do the Schedule III, IV and V controlled substance receipt records bear the required information? (21a-254)

- ☐ Date of Receipt
☐ Name and address of the person from whom received
☐ Kind and Quantity of controlled substance received

Comments

n/a

T. All Controlled Substance Receipt Records

1. Who is the pharmacy's primary wholesaler?

Amerisource Bergen

2. Who is the pharmacy's secondary wholesaler?

ANDA

3. Who is the pharmacy's tertiary wholesaler?

Blupax

4. Are all controlled substance receipt and inventory records maintained for a minimum of three years? (21a-254)

☐ Yes ☐ No

Comments

U. CONTROLLED SUBSTANCE - MISCELLANEOUS

1. Does the pharmacy maintain a perpetual inventory?

☐ Yes ☐ No

Comments

n/a

2. Has the pharmacy documented and reported all controlled substance losses? (21a-262-3 (b))

☐ Yes ☐ No ☐ N/A

Comments

n/a

3. Where does the pharmacy store their completed DEA 106 forms?

n/a

Note: Due to the COVID-19 pandemic, this pharmacy compliance inspection consisted of an off-site review of required documentation by this Agent. By signing this inspection document, Pharmacist Manager Deanna Akinbajo is affirming compliance to all requirements listed above that are highlighted.

Daniel E.
 Carpenter, Drug
 Control Agent

Digitally signed by Daniel
 E. Carpenter, Drug
 Control Agent
 Date: 2021.06.30 07:08:39
 -04'00'

Drug Control Agent Signature and Date

Deanna Akinbajo 12/21/2021

Pharmacist Signature and Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Connecticut)
New Haven) ss.
COUNTY)

I, Deanna Akinbajo, 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 Pharmacy manager for Valisure Rx, 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, Deanna Akinbajo do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Deanna Akinbajo
Name

SUBSCRIBED AND SWORN TO
before me a notary public this
24th day of February, 2021.

[Signature]
NOTARY PUBLIC



**State of Connecticut
Department of Consumer Protection
Commission of Pharmacy
450 Columbus Blvd
Hartford, CT 06103**

10/19/2020

VALISURERX LLC
ValisureRX, LLC
5 SCIENCE PARK STE 1
NEW HAVEN, CT 06511-1989

VERIFICATION OF LICENSE

Name & Address of Record:

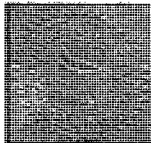
VALISURERX LLC
5 SCIENCE PARK STE 1
NEW HAVEN CT 06511-1989

LICENSE HISTORY

License Type: PHARMACY
License Number: PCY.0002369
Dates Active: From: 03/23/2018 To: 08/31/2021
License expires on: 08/31/2021

DISCIPLINARY ACTIONS

No record of disciplinary actions. License is in good standing.



CERTIFIED BY:

Heather Hoynes 10/19/20

Heather Hoynes, Board Administrator
Commission of Pharmacy

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

This is your Pharmacy license certificate for your records. Such license shall be posted in a conspicuous place at the licensed location and shown to any properly interested person on request. Do not attempt to make any changes or alter this certificate in any way. This license is not transferable.

In an effort to be more efficient and Go Green, the department asks that you keep your email information with our office current. All renewal notifications and certificates will only be emailed to the last reported email on record. You can access your account with your User ID and Password at www.elicense.ct.gov to verify, add or change your email, mailing address or print a duplicate certificate.

All pharmacies are required to submit an application with the applicable fee(s) for changes to your license. Information and instructions to complete the changes online are available on our website at www.ct.gov/dcp. Questions regarding this license can be emailed to dcp.pharmacylicense@ct.gov.

Mailing Address:

VALISURERX LLC
ValisureRX, LLC
5 SCIENCE PARK STE 1
NEW HAVEN, CT 06511-1989

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

jessica@valisure.com

STATE OF CONNECTICUT ♦ DEPARTMENT OF CONSUMER PROTECTION

Be it known that

VALISURERX LLC

**5 SCIENCE PARK STE 1
NEW HAVEN, CT 06511-1989**

has been certified by the Department of Consumer Protection as a licensed

PHARMACY

Community: Yes Infusion/Sterile Compounding: No Long-Term Care: No Nuclear: No Specialty: No

Pharmacy Manager: **DEANNA AKINBAJO**

License #: PCY.0002369

Effective Date: 09/01/2020

Expiration Date: 08/31/2021

verify online at www.elicense.ct.gov

Michelle Seagull

Michelle Seagull, Commissioner



VALISURERX, LLC
5 SCIENCE PARK STE 1
NEW HAVEN, CT 06511-1989



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
FV7431137	05-31-2021	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5	RETAIL PHARMACY	03-27-2018

VALISURERX, LLC
5 SCIENCE PARK STE 1
NEW HAVEN, CT 06511-1989

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
FV7431137	05-31-2021	\$731

SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
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VALISURERX, LLC
5 SCIENCE PARK STE 1
NEW HAVEN, CT 06511-1989

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**RE: ME Disciplinary Action Explanation**

March 5, 2021

To Whom It May Concern:

In August 2020, ValisureRX, LLC, located at 5 Science Park STE 1, New Haven, CT 06511, entered into a Consent Agreement with the Maine Board of Pharmacy for failure to submit a Change of Pharmacist in Charge ("PIC") Application within seven days of the change of PIC. Under the Consent Agreement, ValisureRx received a Warning from and paid a \$250.00 civil penalty to the Maine Board of Pharmacy. We note that, Medly Health, Inc. is to acquire the membership units/stock of ValisureRx on April 19, 2021. This disciplinary action by the Maine Board of Pharmacy occurred under ValisureRx's prior ownership.

Please feel free to contact me by phone at 203-891-5746, or by email at jessica@valisure.com, if you have any questions about this matter. You may also contact our pharmacy manager, Deanna Akinbajo, by phone at 475-241-3487, or by email at akinbajod@valisure.com.

Sincerely,

Jessica Williston, MA
Director of Operations
ValisureRX, LLC

109150660v.1

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
VALISURE RX, LLC	)	
	)	CONSENT AGREEMENT
Case No. 2020-PHA-16340	)	

PARTIES

This document is a Consent Agreement regarding disciplinary action against the mail order prescription pharmacy license of Valisure RX, LLC ("Valisure RX") in the State of Maine. The parties to this Consent Agreement are: Valisure RX, 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, Valisure RX was licensed by the Board as a mail order prescription pharmacy, license no. MO40002463, located at 5 Science Park, Suite 1 FL E in New Haven, Connecticut.
2. On August 5, 2019, Theo Blaise Rukundo replaced Paul Barry, Jr. as the pharmacist in charge ("PIC") of Valisure RX, thereby requiring Valisure RX to submit a Change of PIC application to the Board within 7 days after the PIC change.
3. Valisure RX, however, did not file a change of PIC application with the Board until August 16, 2019.
4. On June 10, 2020, Board Administrator, Geraldine Betts, filed an administrative complaint with the Board alleging that Valisure RX had failed to file a timely change of PIC application.

5. This administrative complaint was docketed as Case No. 2020-PHA-16340.
6. Under Board Rules Chapter 11, § 3, upon a change of PIC, a mail order pharmacy must file a new application with the Board by registered mail no later than seven (7) days after the change.
7. Pursuant to the Board's delegation of authority dated January 3, 2019, which authorizes Board Staff to offer prescribed consent agreements to resolve first-time violations of PIC change notification requirements, this Consent Agreement is being offered to finally resolve Case No. 2020-PHA-16340.
8. Absent acceptance of this Consent Agreement by signing and dating it and returning it to Board of Pharmacy, Complaint Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, ME 04333 by **July 31, 2020**, , the Board will resolve this matter by holding an adjudicatory hearing.

COVENANTS

9. Valisure RX admits to the facts as stated above and admits that such conduct constitutes grounds for discipline pursuant to 10 M.R.S. § 8003(5-A)(A)(5) for violating a rule of the Board, specifically Board Rules Chapter 11, § 3, by failing to file a new application with the Board by registered mail no later than 7 days after a change of PIC.
10. As **DISCIPLINE** for the violation admitted to in paragraph 9 above, Valisure RX agrees to accept the imposition of:
 - a. A **WARNING**; and
 - b. A **CIVIL PENALTY** in the amount of two hundred fifty dollars (\$250.00). Payment of the civil penalty shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to Board of Pharmacy, Complaint Division, Office of Professional and Occupational Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement.

11. This Consent Agreement is not appealable and is effective until modified or terminated by the parties hereto.

12. Violation of any of the terms or conditions of this Consent Agreement by Valisure RX 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 Valisure RX agree that no further agency action will be initiated against Valisure RX's license by the Board based upon the specific violations admitted to herein, except or unless Valisure RX 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 Valisure RX, and this Consent Agreement will be introduced as evidence in any future adjudicatory hearing involving Valisure RX. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining discipline in any further complaints against Valisure RX.

17. Valisure RX 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.

VALISURE RX, LLC.

DATED:

7/29/2020

BY:

Authorized Representative

Adam Clark-Joseph
Printed NameDirector
Title

DATED:

8/13/2020Joseph Bruno
JOSEPH BRUNO, R.Ph., President
Maine Board of Pharmacy

DATED:

8/13/2020Andrew L. Black
ANDREW L. BLACK
Assistant Attorney General



State of Connecticut

Lookup Detail View

Name and Address

Name	License Address
VALISURERX LLC	5 SCIENCE PARK STE 1 NEW HAVEN, CT 06511-1989

Credential Information

Credential	License Type	Effective Date	Expiration Date	Status	Community	Infusion/Sterile Compounding	Long-Term Care	Nuclear	Specialty
PCY.0002369	PHARMACY	09/01/2020	08/31/2021	ACTIVE	Yes	No	No	No	No

Pharmacy Manager

Pharmacist in charge

Pharmacy Manager	Pharmacist Credential	Credential Status
DEANNA AKINBAJO	PCT.0012604	ACTIVE

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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: PH03076)
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: Well Care Apothecary, LLC to Well Care Group Parent Holdings, LLC

Physical Address: 3300 W Charleston Blvd Ste B

City: Las Vegas State: Zip Code: 89102 Telephone:

702-410-7801 Fax: 702-988-8806 Toll Free Number:

E-mail: Charleston@MyWellCarePharmacy.com

Website: www.mywellcarepharmacy.com

Managing Pharmacist: Marie Katrina Labrador License Number: 19074

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

✓ 7/22/21

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

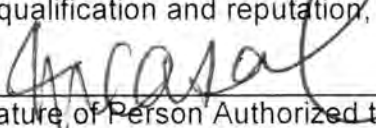
Within the last five (5) years:

- 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

4/30/2021
Date

Board Use Only

Date Processed: _____

Amount: 500
check # 9518840501

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: 702-410-7825 Fax Number: 702-946-0409

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 7:00 pm Saturday 11:00 am 5:00 pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20171134073

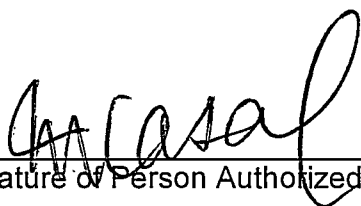
STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Marcelino Casal

Responsible Person of Well Care Apothecary, LLC to Well Care Group Parent Holdings 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

4/30/2021

Date

Managing Pharmacist

Pharmacist Name: Marie Katrina Labrador License #: 19074

Pharmacy Name: Well Care Apothecary, LLC to Well Care Group Parent Holdings 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

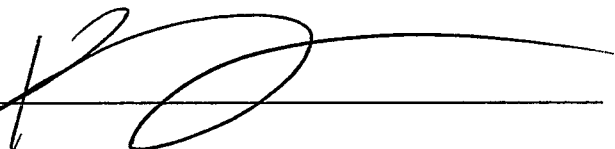
Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

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



4/30/2021

Date

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 InformationName of Pharmacy/MDEG/Wholesaler Well Care Group Parent Holdings, LLCPhysical Address 3300 W Charleston Blvd Ste BCity Las Vegas State NV Zip 89102Mailing Address (if different from physical address) 3312 W Charleston BlvdCity Las Vegas State NV Zip 89102Telephone 702-410-7801 Website www.mywellcarepharmacy.comLicensing Company Email charleston@mywellcarepharmacy.com**Section 2: Personal Information**First Marcelino Middle Palma Last Casal

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

Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ XMailing Address Tyndrum AveCity Henderson State NV Zip 89044Telephone Email Marce.Casal@mywellcarepharmacy.comAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

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

No

✓

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)**

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

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

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 Don Bosco		From - To (MM/YY - MM/YY) 09/1974-06/1982	
Address Philippines	City	State	Zip
Diploma/Degree obtained, if any			
School Name John Borroughs High School		From - To (MM/YY - MM/YY) 09/1985-06/1988	
Address 1920 W Clark Ave	City Burbank	State CA	Zip 91506
Diploma/Degree obtained, if any			
School Name University of the Pacific		From - To (MM/YY - MM/YY) 09/2003-06/2006	
Address 3601 Pacific Ave	City Stockton	State CA	Zip 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) 05/09-Current	Address [REDACTED] Tyndrum Ave	City Henderson	State NV	Zip 89044
From - To (MM/YY - MM/YY) 04/07-05/09	Address 9586 Observer St	City Las Vegas	State NV	Zip 89123
From - To (MM/YY - MM/YY) 12/03-04/07	Address 632 Irving Dr	City Burbank	State CA	Zip 91504
From - To (MM/YY - MM/YY) 07/00-12/03	Address 2024 N Evergreen St	City Burbank	State CA	Zip 91505
From - To (MM/YY - MM/YY) 08/83-07/00	Address 206 N Screenland Dr	City Burbank	State CA	Zip 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

Applicant's initials Amc

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 Well Care Pharmacy LLC	From - To (MM/YY - MM/YY) 11/07-Current
---	--

Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
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Phone 702-410-7825	Title CEO
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Description of Duties
Leadership oversight of entity and business development

Business Name New Hope Placement, LLC	From - To (MM/YY - MM/YY) 2015-Current
--	---

Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
--	-------------------	-------------	--------------

Phone 702-410-7825	Title CEO
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Description of Duties
Leadership oversight of entity and business development

Business Name Transformations Care, LLC	From - To (MM/YY - MM/YY) 2016-Current
--	---

Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
--	-------------------	-------------	--------------

Phone 702-410-7825	Title CEO
-----------------------	--------------

Description of Duties
Leadership oversight of entity and business development

Business Name	From - To (MM/YY - MM/YY)
---------------	---------------------------

Business Address	City	State	Zip
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Phone	Title
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Description of Duties

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

Continue on next page if additional space is needed.

Applicant's initials

Chal

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			

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.			
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Applicant's initials AMC

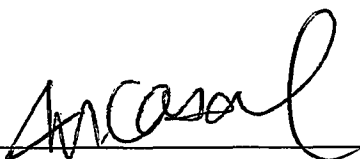
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (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.

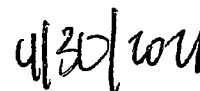
This is in response to Question # _____. Provide all the following where applicable:

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)



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)

4/30/2021

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.

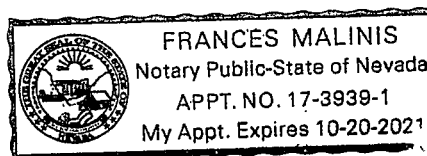
Original Signature

4/30/2021

Date

Subscribed and Sworn to before me this 30th day of April 2021

Notary Public Signature



(Seal)

Applicant's initials MC

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 3300 W Charleston Blvd Ste B

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) 3312 W Charleston Blvd

City Las Vegas State NV Zip 89102

Telephone 702-410-7801 Website www.mywellcarepharmacy.com

Licensing Company Email charleston@mywellcarepharmacy

Section 2: Personal Information

First Marcelino Middle Palma Last Casal

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

Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X

Mailing Address Tyndrum Ave

City Henderson State NV Zip 89044

Telephone 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

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 Don Bosco		From - To (MM/YY - MM/YY) 09/1974-06/1982		
Address Philippines	City	State	Zip	
Diploma/Degree obtained, if any				
School Name John Borroughs High School		From - To (MM/YY - MM/YY) 09/1985-06/1988		
Address 1920 W Clark Ave	City Burbank	State CA	Zip 91506	
Diploma/Degree obtained, if any				
School Name University of the Pacific		From - To (MM/YY - MM/YY) 09/2003-06/2006		
Address 3601 Pacific Ave	City Stockton	State CA	Zip 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) 05/09-Current	Address [REDACTED] Tyndrum Ave	City Henderson	State NV	Zip 89044
From - To (MM/YY - MM/YY) 04/07-05/09	Address 9586 Observer St	City Las Vegas	State NV	Zip 89123
From - To (MM/YY - MM/YY) 12/03-04/07	Address 632 Irving Dr	City Burbank	State CA	Zip 91504
From - To (MM/YY - MM/YY) 07/00-12/03	Address 2024 N Evergreen St	City Burbank	State CA	Zip 91505
From - To (MM/YY - MM/YY) 08/83-07/00	Address 206 N Screenland Dr	City Burbank	State CA	Zip 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

Applicant's initials MAC

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 Pharmacy LLC		From - To (MM/YY - MM/YY) 11/07-Current	
Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
Phone 702-410-7825	Title CEO	Number of Employed Hours	
Description of Duties Leadership oversight of entity and business development			
Business Name New Hope Placement, LLC		From - To (MM/YY - MM/YY) 2015-Current	
Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
Phone 702-410-7825	Title CEO	Number of Employed Hours	
Description of Duties Leadership oversight of entity and business development			
Business Name Transformations Care, LLC		From - To (MM/YY - MM/YY) 2016-Current	
Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
Phone 702-410-7825	Title CEO	Number of Employed Hours	
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.

Applicant's initials Mal 4

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 AW 5

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

Marcelino Casal

I, _____, certify that as the designated representative for

Well Care Group Parent Holdings 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)

Marcelino Casal

Original Signature (electronic, copies or stamps not accepted)

4/30/2021

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.

Marcelino Casal

Print Name (First, Last)

Marcelino Casal

4/30/2021

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, 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.

Marcelino Casal

4/30/2021

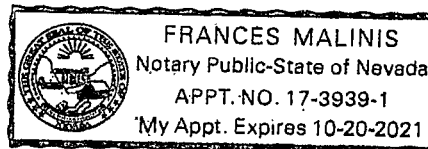
Original Signature

Date

Subscribed and Sworn to before me this 30th day of April 2021

Notary Public Signature

[Signature]



(Seal)

Applicant's initials MC

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 3300 W Charleston Blvd Ste B
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) 3312 W Charleston Blvd
 City Las Vegas State NV Zip 89102
 Telephone 702-410-7801 Website www.mywellcarepharmacy.com
 Licensing Company Email charleston@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 University of Southern California		From - To (MM/YY - MM/YY) 01/1991-05-1993	
Address	City Los Angeles	State CA	Zip 90007
Diploma/Degree obtained, if any			
School Name Valley College		From - To (MM/YY - MM/YY) 08/1987-08/1990	
Address	City North Hollywood	State CA	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) 03/21-Present	Address [REDACTED] Opal Valley St	City Henderson	State NV	Zip 89052
From - To (MM/YY - MM/YY) 01/18-02/21	Address 1733 Cypress Manor Dr.	City Henderson	State NV	Zip 89012
From - To (MM/YY - MM/YY) 07/15-12/17	Address 2784 Brands Hatch Ct	City Henderson	State NV	Zip 89052
From - To (MM/YY - MM/YY) 05/14-06/15	Address 515 Via Presa	City San Clemente	State CA	Zip 92672
From - To (MM/YY - MM/YY) 06/12-05/14	Address 3530 Castleman Ln	City Burbank	State CA	Zip 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 Well Care Group		From - To (MM/YY - MM/YY) 05/15-Present	
Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
Phone	Title CFO		
Description of Duties CFO			
Business Name MDRX		From - To (MM/YY - MM/YY) 01/16-06/20	
Business Address 118 Corporate Park Dr	City Henderson	State NV	Zip 89074
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name Attik Space		From - To (MM/YY - MM/YY) 2010-2015	
Business Address 2537 N Ontario St	City Burbank	State CA	Zip 91504
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name Think Media Outdoor		From - To (MM/YY - MM/YY) 2010-present	
Business Address	City Burbank	State CA	Zip 89504
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name Homebase		From - To (MM/YY - MM/YY) 01/2019-Present	
Business Address 3312 W Charleston Blvd	City Las Vegas	State NV	Zip 89102
Phone	Title		
Description of Duties Managing Partner			
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

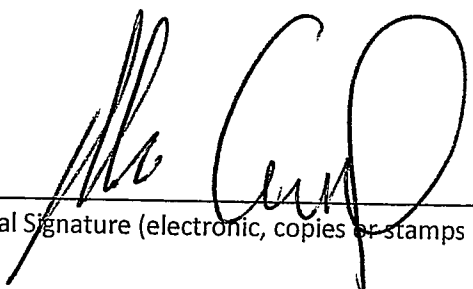


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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


 Original Signature (electronic, copies or stamps not accepted)

4/30/2011
 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)

04/30/2021

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.

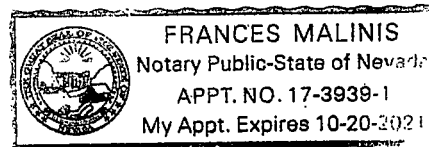
Original Signature

04/30/2021

Date

Subscribed and Sworn to before me this 30th day of April 2021.

Notary Public Signature



(Seal)

Applicant's initials

MSC 7

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 3300 W Charleston Blvd Ste B

City Las Vegas State NV Zip 89102

Mailing Address (if different from physical address) 3312 W Charleston Blvd

City Las Vegas State NV Zip 89102

Telephone 702-553-2575 Website www.mywellcarepharmacy.com

Licensing Company Email charleston@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: _____

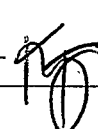
Military Occupation/Specialty _____

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

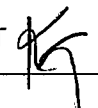
KT 

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 UNIVERSITY OF CALIFORNIA RIVERSIDE		From - To (MM/YY - MM/YY) 09/2002-06/2006	
Address 900 UNIVERSITY AVE	City RIVERSIDE	State CA	Zip 92521
Diploma/Degree obtained, if any BACHELORS OF SCIENCE IN BIOLOGICAL SCIENCES WITH A CONCENTRATION IN MEDICAL BIOLOGY			
School Name VALENCIA HIGH SCHOOL		From - To (MM/YY - MM/YY) 09/1998-06/2002	
Address 27801 DICKASON DR	City VALENCIA	State CA	Zip 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) 06/2018- PRESENT	Address [REDACTED] SILVER COAST ST	City LAS VEGAS	State NV	Zip 89139
From - To (MM/YY - MM/YY) 02/2009-06/2018	Address 6335 CHEVAL LAKE WAY	City LAS VEGAS	State NV	Zip 89148
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 KT 

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 MENTAL HEALTH CARE CONSULTANTS		From - To (MM/YY - MM/YY) 2016-PRESENT	
Business Address 3312 W Charleston Blvd	City Las vegas	State NV	Zip 89102
Phone 702-291-7121	Title Director of Operations/ Managing Partner		
Description of Duties Manages clinic operations at 5412 Boulder Hwy Las Vegas,NV 89122			
Business Name Medtrans		From - To (MM/YY - MM/YY) 07/2015-2016	
Business Address 3312 W Charleston Blvd	City Las vegas	State NV	Zip 89102
Phone 702-291-7121	Title Director of Operations		
Description of Duties Managed clinic operations at 5412 Boulder Hwy Las Vegas,NV 89122			
Business Name Well Care Pharmacy		From - To (MM/YY - MM/YY) 07/2008-07/2015	
Business Address 4101Wagon Trail Ave	City Las vegas	State NV	Zip 89119
Phone 702-431-3832	Title 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.

Applicant's initials **KT** 

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

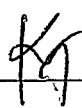
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

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 ^{KT} 

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 KT  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				
Lawsuit/Arbitration/Bankruptcy				
Name of Business/Industry/Entity				

Provide explanation below:

Original Signature (electronic, copies or stamps not accepted)

Date

4/30/2021

Applicant's initials

KT KT

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)

04/30/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

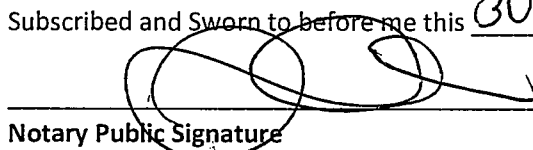
I, KRISTINE THOMPSON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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.

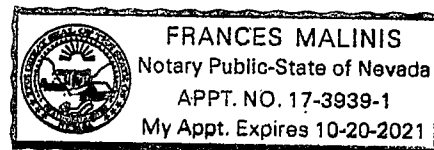

Original Signature

04/30/2021

Date

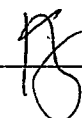
Subscribed and Sworn to before me this 30th day of April 2021


Notary Public Signature



(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 3300 W Charleston Blvd Ste B
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) 3312 W Charleston Blvd
 City Las Vegas State NV Zip 89102
 Telephone 702-410-7801 Website www.mywellcarepharmacy.com
 Licensing Company Email charleston@mywellcarepharmacy.com

Section 2: Personal Information

First Michael Middle Palma Last Casal
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address Stonebridge Circle
 City Cookeville State TN Zip 38501
 Telephone 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



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 University of California, Davis School of Medicine		From - To (MM/YY - MM/YY) 08/1990-06/1994	
Address 4610 X St	City Sacramento	State CA	Zip 95817
Diploma/Degree obtained, if any Medical Doctor			
School Name California State University		From - To (MM/YY - MM/YY) 01/1986-01/1990	
Address 5151 State University Dr	City Los Angeles	State CA	Zip 90032
Diploma/Degree obtained, if any PA Med			
School Name John Burroughs High School		From - To (MM/YY - MM/YY) 06/1982-05/1986	
Address 1920 W Clark Ave	City Burbank	State CA	Zip 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) 10/2004-Current	Address Stonebridge Circle	City Cookeville	State TN	Zip 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 Women's Health Services		From - To (MM/YY - MM/YY) 2000-Present	
Business Address 1080 Neal St #200	City Cookeville	State TN	Zip 38501
Phone 931-520-1529	Title Physician/Owner		
Description of Duties Physician			
Business Name Infinity Development Group		From - To (MM/YY - MM/YY) 2003-Present	
Business Address 1080 Neal St #200	City Cookeville	State TN	Zip 38501
Phone 931-520-1529	Title Owner		
Description of Duties			
Business Name Infinity Family Practice		From - To (MM/YY - MM/YY) 7/2010-Present	
Business Address 1080 Neal St #102	City Cookeville	State TN	Zip 38501
Phone 931-526-3316	Title Owner		
Description of Duties			
Business Name Infinity Birthing Center		From - To (MM/YY - MM/YY) 2012-2017	
Business Address 1080 Neal St #303	City Cookeville	State TN	Zip 38501
Phone 931-520-1529	Title Owner		
Description of Duties Closed			
Business Name Infinity Adult Day Services		From - To (MM/YY - MM/YY) 08/2017-01/2021	
Business Address 1080 Neal St #302	City Cookeville	State TN	Zip 38501
Phone	Title Owner		
Description of Duties Closed			
Continue on next page if additional space is needed.			

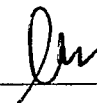
Applicant's initials



Business Name Fire and Ice Cryo Med Spa		From - To (MM/YY - MM/YY) 8/2018-Present	
Business Address 650 S Jefferson Ave #112		City Cookeville	State TN
Phone 931-559-3473	Title Partner		
Description of Duties Medical Director			
Business Name Attik Space		From - To (MM/YY - MM/YY) 2010-2015	
Business Address 2537 N Ontario St.		City Burbank	State CA
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
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

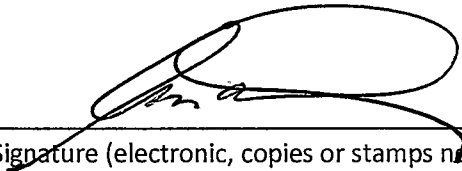


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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	N/A			
Plaintiff/Defendant/Claimant/Respondent	Lawsuit/Arbitration/Bankruptcy			
Name of Business/Industry/Entity				

Provide explanation below:


Original Signature (electronic, copies or stamps not accepted)

4/30/2021
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.

Michael Casal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/30/2021

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.

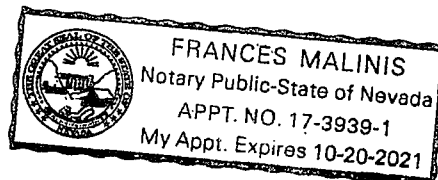
Original Signature

4/30/2021

Date

Subscribed and Sworn to before me this 30th day of April 2021

Notary Public Signature



(Seal)

Applicant's initials

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89512



May 3, 2021

Re: Change of Ownership for Well Care Apothecary, LLC (License #: PH03076) and Well Care Discount Pharmacy LLC (License #: PHN02869)

Dear Sir or Madam,

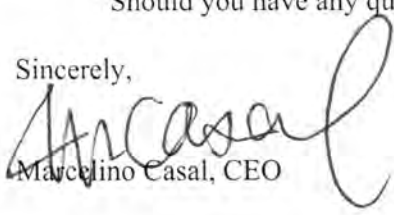
Enclosed please find an application for a change of ownership of Well Care Apothecary, LLC (License #: PH03076) and Well Care Discount Pharmacy LLC (License #: PHN02869) (collectively, the "Licensees" and each individually a "Licensee"). The change of ownership results from a restructuring of the Licensees and various other affiliated businesses. The current sole owner of each of the Licensees is Marcelino Casal. After the restructuring, Marcelino Casal will continue to own indirectly more than a 50% beneficial ownership interest in the Licensees, however, the direct owner of the Licensees will become a limited liability company taxed as a partnership. More specifically, following the restructuring, the Licensee will be owned as follows:

1. Each of the Licensees will be 100% owned by Well Care Group Parent Holdings LLC, a Delaware limited liability company registered in Nevada ("Parent Holdings"), which is manager-managed by Marcelino Casal.
2. Parent Holdings will be owned by individuals and various limited liability companies with the top four largest direct and indirect individual beneficial owners listed on the enclosed applications, including Marcelino Casal who will continue to own an indirect beneficial ownership interest in Parent Holdings equal to 68.46%.

Even though the restructuring will not result in a change in more than 50% of the indirect beneficial ownership of the Licensees, we are nonetheless filing the enclosed applications for change of ownership consistent with NAC 639.227 sec. 1 because of the change of the direct owner of the Licensees from Marcelino Casal to Parent Holdings. In the event that the Nevada State Board of Pharmacy determines that we may proceed with the restructuring of the Licensees prior to the expiration of the 15-day period specified under NAC 639.227 sec. 1, we would appreciate you communicating that to us so that we may proceed with the restructuring prior to the expiration of the 15-day period.

Should you have any questions or concerns, please do not hesitate to contact me at [REDACTED]

Sincerely,


Marcelino Casal, CEO

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: PHN02869)
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: Well Care Discount Pharmacy, LLC to Well Care Group Parent Holdings, LLC

Physical Address: 3300 W Charleston Blvd Ste A

City: Las Vegas State: Zip Code: 89102 Telephone:

702-553-2575 Fax: 702-509-5379 Toll Free Number:

E-mail: CMPD@MyWellCarePharmacy.com

Website: www.mywellcarepharmcy.com

Managing Pharmacist: Ashkan Mousavinasab License Number: 15440

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

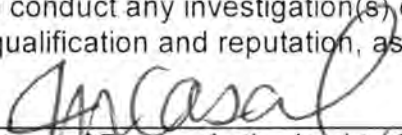
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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



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

Marcelino Casal
Print Name of Authorized Person

4/30/2021
Date

Board Use Only

Date Processed: _____

Amount: _____

500
Check # 9518840500

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: 702-410-7825 Fax Number: 702-946-0409

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 7:00 pm Saturday 11:00 am 5:00 pm

Sunday Closed am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20121318610

Include with the application for a partnership continued

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Marcelino Casal

Responsible Person of Well Care Discount Pharmacy, LLC to Well Care Group Parent Holdings 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

4/30/2021
Date

Managing Pharmacist

Pharmacist Name: Ashkan Mousavinasab License #: 15440

Pharmacy Name: Well Care Discount Pharmacy, LLC to Well Care Group Parent Holdings 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?	☐	☒

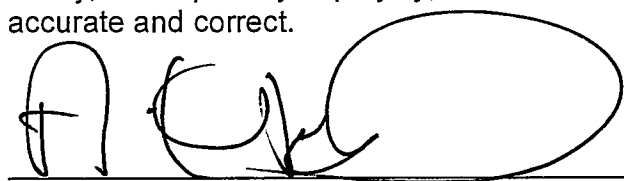
If you marked YES to any of the numbered questions above, please include the following information

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

4/30/2021
Date

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 3300 W Charleston Blvd Ste A
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) 3312 W Charleston Blvd
 City Las Vegas State NV Zip 89102
 Telephone 702-553-2575 Website www.mywellcarepharmacy.com
 Licensing Company Email cmpd@mywellcarepharmacy.com

Section 2: Personal Information

First Marcelino Middle Palma Last Casal
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address Tyndrum Ave
 City Henderson State NV Zip 89044
 Telephone 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 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 Don Bosco		From - To (MM/YY - MM/YY) 09/1974-06/1982	
Address Philippines	City	State	Zip
Diploma/Degree obtained, if any			
School Name John Borroughs High School		From - To (MM/YY - MM/YY) 09/1985-06/1988	
Address 1920 W Clark Ave	City Burbank	State CA	Zip 91506
Diploma/Degree obtained, if any			
School Name University of the Pacific		From - To (MM/YY - MM/YY) 09/2003-06/2006	
Address 3601 Pacific Ave	City Stockton	State CA	Zip 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) 05/09-Current	Address [REDACTED] Tyndrum Ave	City Henderson	State NV	Zip 89044
From - To (MM/YY - MM/YY) 04/07-05/09	Address 9586 Observer St	City Las Vegas	State NV	Zip 89123
From - To (MM/YY - MM/YY) 12/03-04/07	Address 632 Irving Dr	City Burbank	State CA	Zip 91504
From - To (MM/YY - MM/YY) 07/00-12/03	Address 2024 N Evergreen St	City Burbank	State CA	Zip 91505
From - To (MM/YY - MM/YY) 08/83-07/00	Address 206 N Screenland Dr	City Burbank	State CA	Zip 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

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 Well Care Pharmacy LLC		From - To (MM/YY - MM/YY) 11/07-Current	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-410-7825	Title CEO	Zip 89102	
Description of Duties Leadership oversight of entity and business development			

Business Name New Hope Placement, LLC		From - To (MM/YY - MM/YY) 2015-Current	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-410-7825	Title CEO	Zip 89102	
Description of Duties Leadership oversight of entity and business development			

Business Name Transformations Care, LLC		From - To (MM/YY - MM/YY) 2016-Current	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-410-7825	Title CEO	Zip 89102	
Description of Duties Leadership oversight of entity and business development			

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

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

Continue on next page if additional space is needed.

Applicant's initials AMC 4

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			

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

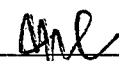
Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Applicant's initials



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:

Amc

Original Signature (electronic, copies or stamps not accepted)

2/20/2021

Date

Applicant's initials Amc

Marcelino Casal

I, _____, certify that as the designated representative for

Well Care Group Parent Holdings 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)

Marcelino Casal

Original Signature (electronic, copies or stamps not accepted)

4/30/2021

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.

Marcelino Casal

Print Name (First, Last)

Marcelino Casal

4/30/2021

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, 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.

Marcelino Casal

Original Signature

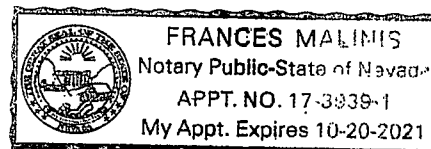
4/30/2021

Date

Subscribed and Sworn to before me this 30th day of April 2021

[Signature]

Notary Public Signature



(Seal)

Applicant's initials MC

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 3300 W Charleston Blvd Ste A
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) 3312 W Charleston Blvd
 City Las Vegas State NV Zip 89102
 Telephone 702-553-2575 Website www.mywellcarepharmacy.com
 Licensing Company Email cmpd@mywellcarepharmacy.com

Section 2: Personal Information

First Marcelino Middle Palma Last Casal
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address Tyndrum Ave
 City Henderson State NV Zip 89044
 Telephone 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

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 Don Bosco		From - To (MM/YY - MM/YY) 09/1974-06/1982	
Address Philippines	City	State	Zip
Diploma/Degree obtained, if any			
School Name John Borroughs High School		From - To (MM/YY - MM/YY) 09/1985-06/1988	
Address 1920 W Clark Ave	City Burbank	State CA	Zip 91506
Diploma/Degree obtained, if any			
School Name University of the Pacific		From - To (MM/YY - MM/YY) 09/2003-06/2006	
Address 3601 Pacific Ave	City Stockton	State CA	Zip 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.)

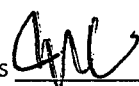
From - To (MM/YY - MM/YY) 05/09-Current	Address Tyndrum Ave	City Henderson	State NV	Zip 89044
From - To (MM/YY - MM/YY) 04/07-05/09	Address 9586 Observer St	City Las Vegas	State NV	Zip 89123
From - To (MM/YY - MM/YY) 12/03-04/07	Address 632 Irving Dr	City Burbank	State CA	Zip 91504
From - To (MM/YY - MM/YY) 07/00-12/03	Address 2024 N Evergreen St	City Burbank	State CA	Zip 91505
From - To (MM/YY - MM/YY) 08/83-07/00	Address 206 N Screenland Dr	City Burbank	State CA	Zip 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

Applicant's initials ANC

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 Well Care Pharmacy, LLC		From - To (MM/YY - MM/YY) 11/07-Current	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-410-7825	Title CEO		
Description of Duties Leadership oversight of entity and business development			
Business Name New Hope Placement, LLC		From - To (MM/YY - MM/YY) 2015-Current	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-410-7825	Title CEO		
Description of Duties Leadership oversight of entity and business development			
Business Name Transformations Care, LLC		From - To (MM/YY - MM/YY) 2016-Current	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-410-7825	Title CEO		
Description of Duties Leadership oversight of entity and business development			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
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 ABC

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

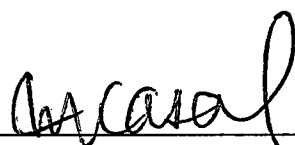
Carl

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	N/A			
Plaintiff/Defendant/Claimant/Respondent				
Name of Business/Industry/Entity		Lawsuit/Arbitration/Bankruptcy		

Provide explanation below:

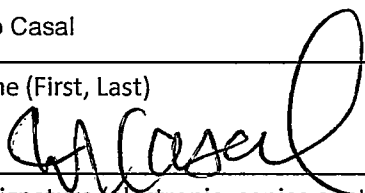

Original Signature (electronic, copies or stamps not accepted)

4/30/2021
Date
Applicant's initials AKC

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)



4/30/2021

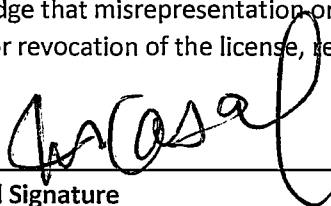
Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

Nevada
State of _____, 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.

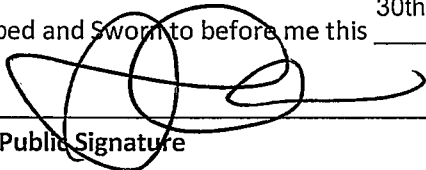


Original Signature

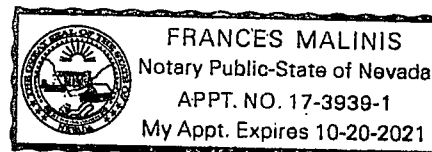
4/30/2021 -

Date

Subscribed and Sworn to before me this 30th day of April 2021



Notary Public Signature



(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 InformationName of Pharmacy/MDEG/Wholesaler Well Care Group Parent Holdings, LLCPhysical Address 3300 W Charleston Blvd Ste ACity Las Vegas State NV Zip 89102Mailing Address (if different from physical address) 3312 W Charleston BlvdCity Las Vegas State NV Zip 89102Telephone 702-553-2575 Website www.mywellcarepharmacy.comLicensing Company Email cmpd@mywellcarepharmacy.com**Section 2: Personal Information**First Maximilian Middle Palma Last Casal

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

Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ XMailing Address Opal Valley StCity Henderson State NV Zip 89052Telephone Email max@thewellcaregroup.comAre 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 University of Southern California		From - To (MM/YY - MM/YY) 01/1991-05-1993	
Address	City Los Angeles	State CA	Zip 90007
Diploma/Degree obtained, if any			
School Name Valley College		From - To (MM/YY - MM/YY) 08/1987-08/1990	
Address	City North Hollywood	State CA	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) 03/21-Present	Address [REDACTED] Opal Valley St	City Henderson	State NV	Zip 89052
From - To (MM/YY - MM/YY) 01/18-02/21	Address 1733 Cypress Manor Dr.	City Henderson	State NV	Zip 89012
From - To (MM/YY - MM/YY) 07/15-12/17	Address 2784 Brands Hatch Ct	City Henderson	State NV	Zip 89052
From - To (MM/YY - MM/YY) 05/14-06/15	Address 515 Via Presa	City San Clemente	State CA	Zip 92672
From - To (MM/YY - MM/YY) 06/12-05/14	Address 3530 Castleman Ln	City Burbank	State CA	Zip 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

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 Well Care Group		From - To (MM/YY - MM/YY) 05/15-Present	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone	Title CFO		
Description of Duties CFO			
Business Name MDRX		From - To (MM/YY - MM/YY) 01/16-06/20	
Business Address 118 Corporate Park Dr		City Henderson	State NV
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name Attik Space		From - To (MM/YY - MM/YY) 2010-2015	
Business Address 2537 N Ontario St		City Burbank	State CA
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name Think Media Outdoor		From - To (MM/YY - MM/YY) 2010-present	
Business Address		City Burbank	State CA
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name Homebase		From - To (MM/YY - MM/YY) 01/2019-Present	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone	Title		
Description of Duties Managing Partner			
Continue on next page if additional space is needed.			

Applicant's initials

 3

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			

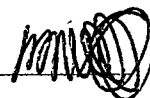
Business Name		From - To (MM/YY – MM/YY)	
Business Address		City	State Zip
Phone	Title		
Description of Duties			

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

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.			
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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

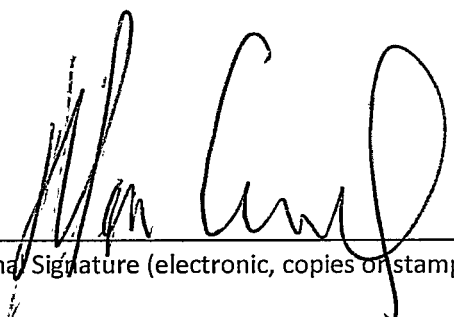


Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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	N/A			
Plaintiff/Defendant/Claimant/Respondent				
Lawsuit/Arbitration/Bankruptcy				
Name of Business/Industry/Entity				

Provide explanation below:


 Original Signature (electronic, copies or stamps not accepted)

4/30/2011
 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)

04/30/2021

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.

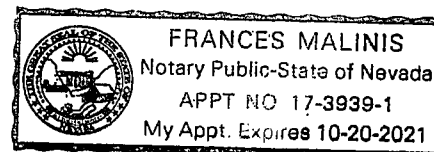
Original Signature

04/30/2021

Date

Subscribed and Sworn to before me this 30th day of April 2021.

Notary Public Signature



(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 InformationName of Pharmacy/MDEG/Wholesaler Well Care Group Parent Holdings, LLCPhysical Address 3300 W Charleston Blvd Ste ACity Las VegasState NVZip 89102Mailing Address (if different from physical address) 3312 W Charleston BlvdCity Las VegasState NVZip 89102Telephone 702-553-2575Website www.mywellcarepharmacy.comLicensing Company Email cmpd@mywellcarepharmacy.com**Section 2: Personal Information**First KRISTINEMiddle YUMULLast THOMPSONAlias(es, nicknames, name changes, etc.) KRISTINE PALMA YUMULDate of Birth [REDACTED]SSN or ITIN [REDACTED]Sex ☐ M ☒ F ☐ XMailing Address [REDACTED] SILVER COAST STCity LAS VEGASState NVZip 89139Telephone [REDACTED]Email KRISTINE@THEWELLCAREGROUP.COMAre you a citizen of the United States? ☒ Yes ☐ No**Section 3: Military Service (NRS 622.120)**

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

No

✓

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

KT

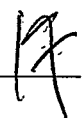
Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)				
School Name UNIVERSITY OF CALIFORNIA RIVERSIDE			From - To (MM/YY - MM/YY) 09/2002-06/2006	
Address 900 UNIVERSITY AVE		City RIVERSIDE	State CA	Zip 92521
Diploma/Degree obtained, if any BACHELORS OF SCIENCE IN BIOLOGICAL SCIENCES WITH A CONCENTRATION IN MEDICAL BIOLOGY				
School Name VALENCIA HIGH SCHOOL			From - To (MM/YY - MM/YY) 09/1998-06/2002	
Address 27801 DICKASON DR		City VALENCIA	State CA	Zip 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) 06/2018- PRESENT	Address [REDACTED] SILVER COAST ST	City LAS VEGAS	State NV	Zip 89139
From - To (MM/YY - MM/YY) 02/2009-06/2018	Address 6335 CHEVAL LAKE WAY	City LAS VEGAS	State NV	Zip 89148
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 KT 

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 MENTAL HEALTH CARE CONSULTANTS		From - To (MM/YY - MM/YY) 2016-PRESENT	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-291-7121	Title Director of Operations/ Managing Partner		
Description of Duties Manages clinic operations at 5412 Boulder Hwy Las Vegas, NV 89122			
Business Name Medtrans		From - To (MM/YY - MM/YY) 07/2015-2016	
Business Address 3312 W Charleston Blvd		City Las Vegas	State NV
Phone 702-291-7121	Title Director of Operations		
Description of Duties Managed clinic operations at 5412 Boulder Hwy Las Vegas, NV 89122			
Business Name Well Care Pharmacy		From - To (MM/YY - MM/YY) 07/2008-07/2015	
Business Address 4101 Wagon Trail Ave		City Las Vegas	State NV
Phone 702-431-3832	Title General Manager		
Description of Duties Managed Pharmacy Operations and Marketing			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Continue on next page if additional space is needed.			

Applicant's initials KT 

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

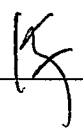
Business Name		From - To (MM/YY – MM/YY)	
Business Address	City	State	Zip
Phone	Title		
Description of Duties			

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 KT 

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 manufacture 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?		✓

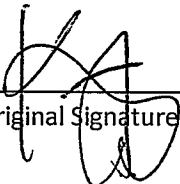
Applicant's initials KT 

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:

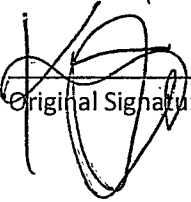

 Original Signature (electronic, copies or stamps not accepted)

4/30/2011
 Date
 Applicant's initials KT 

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)

04/30/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NEVADA, ss. County of CLARK

I, KRISTINE 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.



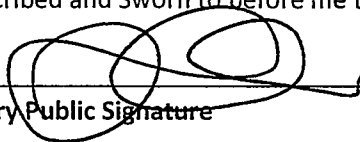
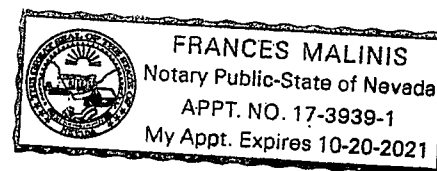
Original Signature

04/30/2021

Date

Subscribed and Sworn to before me this 30th day of April 2021.

Notary Public Signature

(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 3300 W Charleston Blvd Ste A
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) 3312 W Charleston Blvd
 City Las Vegas State NV Zip 89102
 Telephone 702-553-2575 Website www.mywellcarepharmacy.com
 Licensing Company Email cmpd@mywellcarepharmacy.com

Section 2: Personal Information

First Michael Middle Palma Last Casal
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☒ M ☐ F ☐ X
 Mailing Address Stonebridge Circle
 City Cookeville State TN Zip 38501
 Telephone Email m.casal@thewellcaregroup.com
 Are you a citizen of the United States? ☒ Yes ☐ No

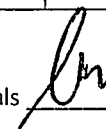
Section 3: Military Service (NRS 622.120)

	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



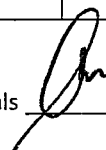
Section 5: List your high school and college experience beginning with the most current. (Use a separate piece of paper if additional space is needed.)

School Name University of California, Davis School of Medicine		From - To (MM/YY - MM/YY) 08/1990-06/1994	
Address 4610 X St	City Sacramento	State CA	Zip 95817
Diploma/Degree obtained, if any Medical Doctor			
School Name California State University		From - To (MM/YY - MM/YY) 01/1986-01/1990	
Address 5151 State University Dr	City Los Angeles	State CA	Zip 90032
Diploma/Degree obtained, if any PA Med			
School Name John Burroughs High School		From - To (MM/YY - MM/YY) 06/1982-05/1986	
Address 1920 W Clark Ave	City Burbank	State CA	Zip 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) 10/2004-Current	Address Stonebridge Circle	City Cookeville	State TN	Zip 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

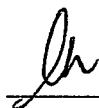


Section 7: Beginning with the most current employment, list your work history and corporations, partnerships or any other business ventures with which you have been associated as an officer, director, shareholder, stockholder, partner, owner, or related capacity within the last 10 years.

Business Name Women's Health Services		From - To (MM/YY - MM/YY) 2000-Present	
Business Address 1080 Neal St #200	City Cookeville	State TN	Zip 38501
Phone 931-520-1529	Title Physician/Owner		
Description of Duties Physician			
Business Name Infinity Development Group		From - To (MM/YY - MM/YY) 2003-Present	
Business Address 1080 Neal St #200	City Cookeville	State TN	Zip 38501
Phone 931-520-1529	Title Owner		
Description of Duties			
Business Name Infinity Family Practice		From - To (MM/YY - MM/YY) 7/2010-Present	
Business Address 1080 Neal St #102	City Cookeville	State TN	Zip 38501
Phone 931-526-3316	Title Owner		
Description of Duties			
Business Name Infinity Birthing Center		From - To (MM/YY - MM/YY) 2012-2017	
Business Address 1080 Neal St #303	City Cookeville	State TN	Zip 38501
Phone 931-520-1529	Title Owner		
Description of Duties Closed			
Business Name Infinity Adult Day Services		From - To (MM/YY - MM/YY) 08/2017 - 01/2021	
Business Address 1080 Neal St#302	City Cookeville	State TN	Zip 38501
Phone	Title Owner		
Description of Duties Closed			
Continue on next page if additional space is needed.			

Applicant's initials

Business Name Fire and Ice Cryo Med Spa		From - To (MM/YY - MM/YY) 8/2018-Present	
Business Address 650 S Jefferson Ave #112		City Cookeville	State TN
Phone 931-559-3473	Title Partner		
Description of Duties Medical Director			
Business Name Attik Space		From - To (MM/YY - MM/YY) 2010-2015	
Business Address 2537 N Ontario St.		City Burbank	State CA
Phone	Title		
Description of Duties Cofounder/Partner			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title		
Description of Duties			
Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
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?		✓

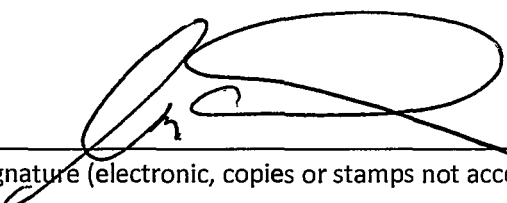
Applicant's initials *Dr*

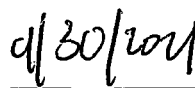
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

Michael Casal

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

4/30/2021

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.

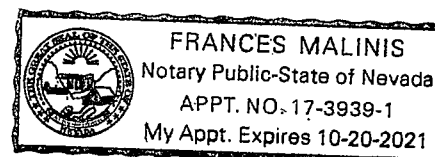
Original Signature

4/30/2021

Date

Subscribed and Sworn to before me this 30th day of April 2021.

Notary Public Signature



(Seal)

Applicant's initials

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 – July 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 – July 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 – July 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 – July 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 – July 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 – July 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.

5A

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID POTTER, MD,
Certificate of Registration No. CS28902,**

Respondent.

CASE NO. 19-260-CS-N

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent David Potter, MD, held a controlled substance registration, Certificate of Registration No. CS28902, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as an anesthesiologist at Northern Nevada Medical Center (NNMC) at the time of the events alleged herein.

3. On or about October 23, 2019, NNMC commenced an investigation into allegations that Respondent had diverted dangerous drugs

4. The subsequent investigation produced evidence that Respondent diverted 3 vials of diphenhydramine from a Pyxis automated medication dispensing system for his personal use.

5. On or about April 1, 2021, Respondent signed a written admission to diverting dangerous drugs as alleged herein.

APPLICABLE LAW

6. It is a criminal offense to acquire a dangerous drug except as authorized by law. NRS 454.311(1).

7. It is a criminal offense to possess or use a dangerous drug except as authorized by law. NRS 454.316(1); NRS 454.346(1); NRS 454.351(1).

8. Supplying or diverting drugs from 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).

9. 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).

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).

11. The Board may suspend or revoke a controlled substance registration upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unlawful Acquisition of Dangerous Drugs

12. By diverting and acquiring dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.311(1) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

SECOND CAUSE OF ACTION

Unlawful Possession/Use of Dangerous Drugs

13. By diverting, possessing and/or using dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.316(1), NRS 454.346(1) and/or NRS 454.351(1), 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 - Diversion

14. By diverting dangerous drugs as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction

15. By diverting dangerous drugs as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction, engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

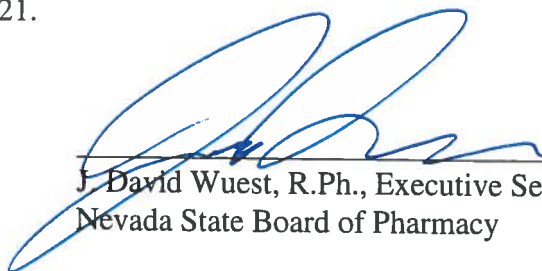
FIFTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

16. By diverting dangerous drugs as alleged herein, Respondent committed an act that would render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.255.

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 25th day of May, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 19-260-CS-N

Petitioner,

v.

**DAVID POTTER, MD,
Certificate of Registration No. CS28902,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 14, 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

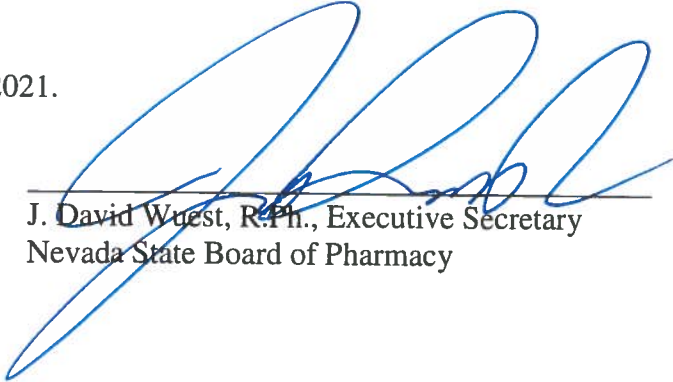
IV.

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 25th day of May, 2021.

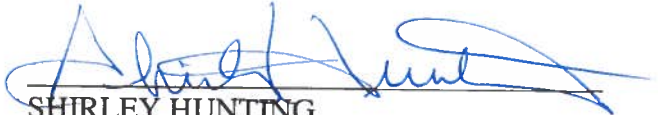


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of June, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

David Potter, MD
7040 Buckhorn Circle
Colorado Springs, CO 80919



SHIRLEY HUNTING

FILED

JUL 15 2021

NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 19-260-CS-N
	)	
Petitioner,	)	
	)	
v.	)	
	)	
DAVID POTTER, M.D.,	)	
	)	
Certificate of Registration No. CS28902	)	
Respondent.	)	
	/	

**ANSWER AND NOTICE OF DEFENSE
OF RESPONDENT DAVID POTTER, M.D.**

Respondent David Potter, M.D., hereby files with the Nevada State Board of Pharmacy ("Board"), his Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on May 25, 2021. Dr. Potter does not have an objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him.

ANSWER TO ACCUSATION

Dr. Potter agrees that the Board has jurisdiction in this matter as set forth in Paragraph 1. Dr. Potter further answers the Factual Allegations set forth in the Accusation as follows:

Factual Allegations: Paragraphs 2-5

Paragraph 2: Dr. Potter admits that he was employed as an anesthesiologist at Northern Nevada Medical Center (NNMC) in October 2019.

Paragraph 3: Dr. Potter is without sufficient knowledge regarding when NNMC may have initiated an investigation into allegations related to diversion of dangerous drugs but admits he is aware that such an investigation was conducted in approximately the fall of 2019.

Paragraph 4: Dr. Potter is without sufficient knowledge as to what evidence was produced by the investigation of NNMC but does admit that he diverted 3 vials of diphenhydramine from a Pyxis system in 2019 for personal use.

Paragraph 5: Dr. Potter agrees that he did sign a written admission that he diverted dangerous drugs on April 1, 2021, specifically diphenhydramine, when interviewed by Pharmacy Board Staff.

Applicable Law: Paragraphs 6 through 11

Dr. Potter agrees that Paragraphs 6 through 11 of the Accusation accurately reflect current Nevada law.

Causes of Action: Paragraphs 12 through 16

First cause of action (paragraph 12): Dr. Potter declines to respond to the allegations set forth therein.

Second cause of action (paragraph 13): Dr. Potter declines to respond to the allegations set forth therein.

Third cause of action (paragraph 14): Dr. Potter declines to respond to the allegations set forth therein.

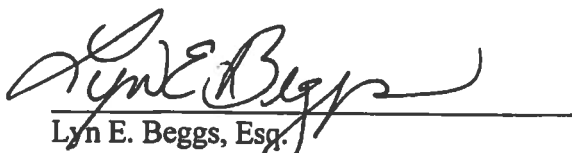
Fourth cause of action (paragraph 15): Dr. Potter declines to respond to the allegations set forth therein.

Fifth cause of action (paragraph 16): Dr. Potter declines to respond to the allegations set forth therein.

NOTICE OF DEFENSE/MITIGATING INFORMATION

Dr. Potter has admitted and taken responsibility for the diversion of diphenhydramine in October of 2019 from NNMC. Dr. Potter was suffering from a substance abuse disorder at the time he removed the diphenhydramine. Dr. Potter resigned his position at NNMC in October 2019 and subsequently entered into in-patient treatment which he completed in August 2020. Dr. Potter has been following the aftercare recommendations of his treatment program which includes group meetings, individual therapy and continued involvement with a physician assistance program. As Dr. Potter currently resides in Colorado, he is participating in the Colorado Physician Assistant Program and is compliant with all terms of the program, including random drug screens. At this time, Dr. Potter has no plans to return to Nevada to practice medicine.

Respectfully submitted this 15th day of July, 2021.



Lyn E. Beggs, Esq.
Attorney for Respondent David Potter, M.D.

Statement of Dr. David Potter

I, Dr. David Potter, do hereby swear that the following information to the best of my recollection, as provided to Nevada State Board of Pharmacy (NBOP) investigator Monica S. Segedy and Nevada State Board of Medical Examiners (NSBME) investigator Samantha M. Hendricks is true and accurate. Also present for the interview was Attorney Eric Steiner, NBOP General Counsel Courtney Lee, and NBOP Deputy Executive Secretary Yen Long.

I am a licensed medical doctor in the state of Nevada and the state of Colorado, and I specialize in Anesthesiology.

On 10/23/2019, in the early evening, I had completed providing anesthesia for a surgery at the Northern Nevada Medical Center. Prior to the surgery I acquired between 1-3 vials of Diphenhydramine (Benadryl) from the Pyxis machine I placed the vial(s) in my sock during surgery with the intention of injecting the drug prior to going home.

After the surgery was complete, I went into the hospital Locker/Bathroom and injected the Diphenhydramine. Shortly thereafter, I was approached by Dr. Scott Parkhill, the head of the Associated Anesthesiologists with whom I was employed. Dr. Parkhill asked me if I had placed medication vials in my socks during surgery and I advised that I had. Dr. Parkhill asked me to turn the vial(s) over and then gave me the option to immediately resign from my employment. Dr. Parkhill advised if I did not immediately resign, I would be fired. I advised that I would resign, and I turned over a vial, or vials, of Diphenhydramine along with a used syringe to Dr. Parkhill. I do not recall how many vials of Diphenhydramine I had taken. Shortly after I resigned, I left the state of Nevada and returned to my home in Colorado.

I self-reported to the Colorado Board of Medical Examiners and on the recommendation of the Colorado Physician Health Program (CPHP) I entered into a rehabilitation program. Since this incident occurred, I spent 90 days in the Talbott Recovery Program for Health Care Professionals in Atlanta.

Since my 90 days with Talbott, I have continued to work on my recovery and follow the recommendations of CPHP as I suffer from polysubstance abuse including alcohol and pain medications as well as depression. I currently participate in more than three (3) group therapy style meetings, such as Healthy

Healers and LifeRing. I also see a recovery therapist every two weeks, and I report to an addiction doctor once a month.

I am currently taking oral naltrexone daily to treat my opioid and alcohol disorders. I continue to work with CPHP, and the above noted recovery groups report my participation and progress each week to the CPHP, and quarterly to the Colorado Board of Medical Examiners.

I would welcome the opportunity to return to my duties as an Anesthesiologist in Nevada and Colorado. Once I resume my duties, CPHP has recommended that I receive injections of Vivitrol or Naltrexone in an effort to ensure I do not have a relapse.

I am truly sorry for my actions, and I take full responsibility for the mistakes I have made. I am working daily to better myself and I want nothing more than to return to work as a licensed medical doctor.

Signed: _____



Date: 04/01/2021

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**DAVID POTTER, MD,
Certificate of Registration No. CS28902,**

Respondent.

CASE NO. 19-260-CS-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. Respondent David Potter, MD, Certificate of Registration No. CS28902, appeared with counsel, Lyn Beggs, Esq. 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

1. At the time of the events set forth herein, David Potter, MD, held a controlled substance registration, Certificate of Registration No. CS28902, issued by the Board.
2. Respondent was employed as an anesthesiologist at Northern Nevada Medical Center (NNMC) at the time of the events herein.
3. On or about October 23, 2019, NNMC commenced an investigation into allegations that Respondent had diverted dangerous drugs
4. The subsequent investigation produced evidence that Respondent diverted 3 vials of diphenhydramine from a Pyxis automated medication dispensing system for his personal use.
5. Respondent failed to renew his Certificate of Registration No. CS28902, which expired on October 31, 2020.

6. On or about April 1, 2021, Respondent signed a written admission to diverting dangerous drugs.

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, because at the time of the events herein, Respondent held a controlled substance registration issued by the Board.

2. The applicable law in this matter is as follows:

A. It is a criminal offense to acquire a dangerous drug except as authorized by law. NRS 454.311(1).

B. It is a criminal offense to possess or use a dangerous drug except as authorized by law. NRS 454.316(1); NRS 454.346(1); NRS 454.351(1).

C. Supplying or diverting drugs from 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).

D. 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).

E. 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).

F. The Board may suspend or revoke a controlled substance registration upon a finding that the registrant has committed an act that would render registration inconsistent with

the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

3. By diverting and acquiring dangerous drugs, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.311(1) and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

4. By diverting, possessing and/or using dangerous drugs, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.316(1), NRS 454.346(1) and/or NRS 454.351(1), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(12).

5. By diverting dangerous drugs, 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 453.236(1)(e), NRS 453.241(1) and/or NRS 639.210(4).

6. By diverting dangerous drugs, 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).

7. By diverting dangerous drugs, Respondent committed an act that would render his registration inconsistent with the public interest, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1) and/or NRS 639.255.

ORDER

THEREFORE, THE BOARD HEREBY ORDERS AS FOLLOWS:

1. The expired certificate of registration of Respondent David Potter, MD, Certificate of Registration No. CS28902, is forfeited pursuant to NRS 639.180(6).

2. Respondent may not possess (except pursuant to the lawful order of a practitioner), administer, prescribe or dispense a controlled substance until he applies to the Board for registration pursuant to NRS 453.226(1).

3. In the event Respondent applies for registration pursuant to NRS 453.226(1) or for any other registration or certificate with the Board, he shall appear before the Board to answer questions and give testimony regarding his application, his compliance with this Order, and the facts and circumstances underlying this matter.

4. Respondent shall accept this Order as a public reprimand regarding his duties and responsibilities as a practitioner when granted authority to access, possess, administer and/or dispense controlled substance and/or dangerous drugs.

5. Pursuant to NRS 639.255(1)(f) and NAC 639.955(5), Respondent shall pay a fine of One Thousand Dollars (\$1,000.00) 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 ninety (30) days of the effective date of this Order.

6. Pursuant to NRS 622.400, Respondent shall pay Five Hundred Dollars (\$500.00) to partially reimburse the Board for reasonable attorney's fees and recoverable costs incurred in investigating and prosecuting this matter. Payment shall be made by *cashier's check*, *certified check* or *money order* made payable to the "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 ninety (30) days of entry of this Order.

7. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing 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 not inconsistent with the provisions of NRS Chapter 453 and/or NRS Chapter 639.

8. This Order is effective immediately.

IT IS SO ORDERED.

Entered this ____ day of September, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5B

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).

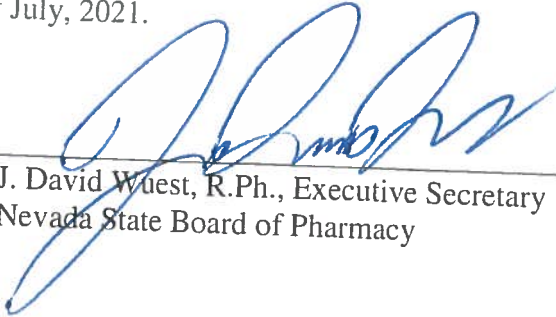
TENTH CAUSE OF ACTION

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,

CASE NO. 19-053-CS-S

Petitioner,

v.

KORD T. STREBEL, MD,
Certificate of Registration Nos. CS13593 and
PD00333,

Respondent.

STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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
1950 Pinto Ln
Las Vegas, NV 89106



KRISTOPHER MANGOSING

5C

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 19-053-RPH-S

Petitioner,

v.

THOMAS E. STREBEL, RPH,
Certificate of Registration Nos. 18239 and
TD01379,

Respondent.

STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

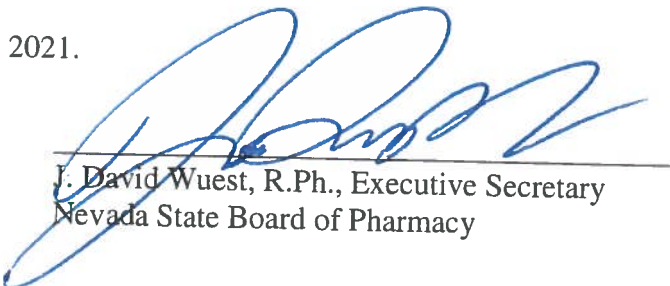
IV.

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
1950 Pinto Ln
Las Vegas, NV 89106



KRISTOPHER MANGOSING

5D



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**WALGREENS PHARMACY #5814,
License No. PHN01519,**

**SHANELA BLAS-CATACUTAN, RPH,
Certification of Registration No. 17360, and**

**REXEQUIEL NER, RPH,
Certificate of Registration No. 18472,**

Respondents.

**CASE NOS. 18-117-PHN-S
18-117-RPH-A-S
18-117-RPH-B-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 Walgreens Pharmacy #5814 ("Walgreens #5814") held a Nevada Pharmacy License No. PHN01519, and Respondent Shanela Blas-Catacutan, RPh, ("Blas-Catacutan") held a Nevada Pharmacist Certificate of Registration No. 17360, and Rexequiel Ner, RPh, ("Ner") held a Nevada Pharmacist Certificate of Registration No. 18472, all issued by the Board.

FACTUAL ALLEGATIONS

2. Blas-Catacutan was employed as the pharmacy manager of Walgreens #5814 and Ner was employed as a staff pharmacist at Walgreens #5814 during the alleged and relevant timeframes.

3. On October 1, 2018, patient B.D. received a prescription for oxycodone 30 mg, for 28 days, quantity 120 tablets, with no refills.
4. On the same day, October 1, 2018, patient B.D. presented her prescription at Walgreens #5814, the prescription information was entered into Walgreens' computer system, and designated as prescription #3246240.
5. During the filling process, it was discovered that Walgreens #5814 was out of stock of oxycodone 30 mg tablets. Ner returned the written prescription to patient B.D without cancelling prescription #3246240 in Walgreens' computer system.
6. On or about October 4, 2018, patient B.D. presented her written prescription for oxycodone at Walgreens #10783 (NOT Respondent Walgreens #5814), which dispensed prescription #738113 for patient B.D. Pharmacy records confirm that patient B.D. picked up her prescription for oxycodone from Walgreens #10783.
7. On or about October 17, 2018, Walgreens' computer system prompted Walgreens #5814 staff to fill the prescription when oxycodone 30 mg tablets were back in stock. A computer-generated text was sent to patient B.D. indicating that her prescription for oxycodone (which was already filled at Walgreens #10783) was available for pick up at Walgreens #5814.
8. Ner overrode the duplication therapy flag drug utilization review (DUR) warning in the computer system, and Blas-Catacutan failed to recognize the duplication error upon verification of the prescription. Pharmacy records confirm that patient B.D. picked up a second fill for her single oxycodone prescription on October 17, 2018.
9. Blas-Catacutan stated that she did not place the fill tag or sticker on the back of the hard copy written prescription at the time she verified the prescription.

10. The error was discovered when the prescribing practitioner A.V.L. reported the duplicate fill for patient B.D. to the Prescription Monitoring Program.

FIRST CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Ner)

11. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

12. Ner engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to cancel the original written prescription returned to patient B.D., failed to act upon the DUR warning in the computer system and overrode the DUR alert for prescription #738113, which resulted in Walgreens #5814 dispensing a duplicate fill for a single oxycodone prescription. Ner is therefore subject to discipline pursuant to NRS 639.210(4).

SECOND CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Blas-Catacutan)

13. Blas-Catacutan engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription #738113 as accurate when it was not, which resulted in Walgreens #5814 dispensing a duplicate fill for a single oxycodone prescription. Blas-Catacutan is therefore subject to discipline pursuant to NRS 639.210(4).

THIRD CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility (Respondent Walgreens #5814)

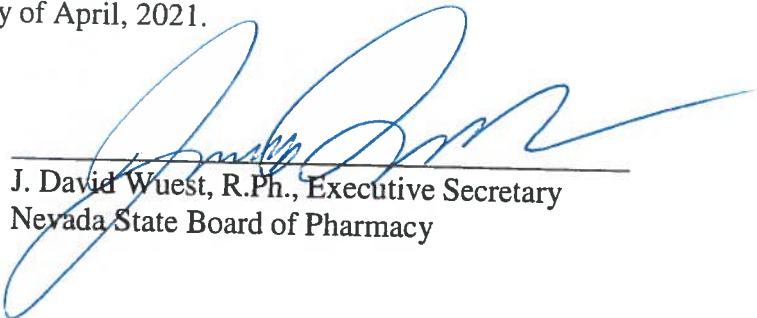
14. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." Further, 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).

15. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens #5814 is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.230(5) and NAC 639.945(2) and is therefore subject to discipline.

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 1st 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 to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 18-117-PHN-S

Petitioner,

v.

**WALGREENS PHARMACY #5814,
License No. PHN01519,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

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

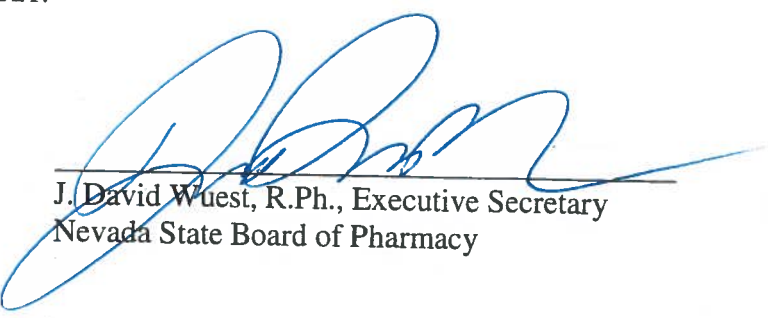
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1st day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

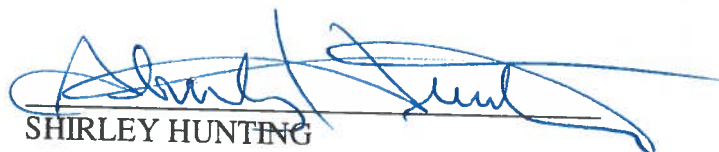
CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
1834 Glory Lily Court
Las Vegas, NV 89123

Rexequiel Ner, R.Ph.
3201 Rainmaker St
Las Vegas, NV 89129



SHIRLEY HUNTING

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.

WALGREENS PHARMACY #5814
 License No. PH01519,

SHANELA BLAS-CATACUTAN, RPH,
 Certificate of Registration No. 17360

REXEQUIEL NER, RPH,
 Certificate of Registration No. 18472,

Respondents.

CASE NOS. 18-117-PHN-S

18-117-PH-A-S

18-117-PH-B-S

RESPONDENTS' ANSWER AND
 NOTICE OF DEFENSE

Respondents Walgreens Pharmacy #5814, Shanela Blas-Catacutan, RPh, Rexequiel Ner, RPh, 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 that during the filling process, it was discovered that Walgreens #5814 was out of stock of oxycodone 30 mg tablets. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 5 and therefor deny the same.

6. Respondents admit the allegations in paragraph 6.

7. Respondents admit the allegations in paragraph 7.

8. Pharmacy records speak for themselves. Aside from those records, Respondents specifically deny that Ner failed to recognize a duplication error upon verification of the prescription. There was no duplication error when Ner performed the DUR. The DUR was conducted on or about October 1, 2018. At that time, there was no clinically significant drug duplication because the patient had been receiving Oxycodone at regular, appropriate intervals. The October 4, 2018, fill at Walgreens #10783 had not yet occurred. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 8 and therefore deny the same.

9. Respondents lack sufficient knowledge to admit or deny the allegations in paragraph 9 and therefore deny the same.

10. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 10 and therefore deny the same.

FIRST CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Ner)

11. Paragraph 11 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 11 implies any unprofessional or unlawful conduct, Respondents deny the same.

12. Respondents deny the allegations in paragraph 12.

SECOND CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Blas-Catacutan)

13. Respondents deny the allegations in paragraph 13.

THIRD CAUSE OF ACTION

Pharmacy/Pharmacy Owner Responsibility (Respondent Walgreens #5814)

14. Paragraph 14 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 14 implies any unprofessional or unlawful conduct, Respondents deny the same.

15. Respondents deny the allegations in paragraph 15.

OTHER DEFENSES

16. Each cause of action fails to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

17. 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.

18. To the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

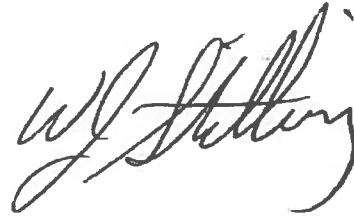
PRAYER FOR RELIEF

19. 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.

20. That the Board dismiss all Causes of Action in the Notice.

21. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 18th day of June 2021.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Walgreens Pharmacy #5814
Shanela Blas-Catacutan, R.Ph.
Rexequiel Ner, R.Ph.

CERTIFICATE OF SERVICE

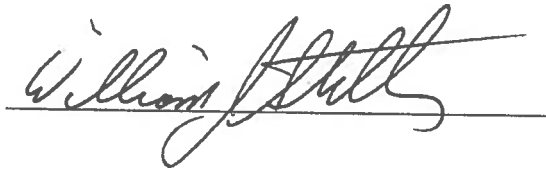
I hereby certify that on June 18, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

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.

**WALGREENS PHARMACY #5814,
License No. PHN01519,**

**SHANELA BLAS-CATACUTAN, RPH,
Certification of Registration No. 17360, and**

**REXEQUIEL NER, RPH,
Certificate of Registration No. 18472,**

Respondents.

**Case Nos. 18-117-PHN-S
 18-117-RPH-A-S
 18-117-RPH-B-S**

STIPULATION AND ORDER

Courtney K. Lee, General Counsel for Petitioner, the Nevada State Board of Pharmacy ("Board"), and Respondent Walgreens Pharmacy #5814 ("Walgreens 5814"), Pharmacy License No. PHN01519, Respondent Shanela Blas-Catacutan, RPh ("Blas-Catacutan"), Certificate of Registration No. 17360, Respondent Rexequiel Ner, RPh ("Ner"), Certificate of Registration No. 18472, by and through counsel, William Stilling, Esq. of Stilling & Harrison, **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondents and this matter.
2. On or about April 1, 2021, Board Staff served Respondents Walgreens 5814, Blas-Catacutan, and Ner 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 June 18, 2021, Respondents Walgreens 5814, Blas-Catacutan, and Ner filed their joint Answer and Notice of Defense through commonly retained counsel, William Stilling, Esq.
4. Respondents are 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. 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.

6. 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.

7. 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 Accusation, that:

A. Respondent Ner discovered the pharmacy did not have oxycodone in stock and returned the prescription to the patient without deleting the existing prescription in the computer system, which left a duplicate prescription in the patient's profile, in violation of NAC 639.945(1)(d) and (i).

B. Respondent Blas-Catacutan mistakenly dispensed a duplicate prescription in violation of NAC 639.945(1)(d) and (i).

C. As the pharmacy at which the violation of law alleged herein occurred, Respondent Walgreens 5814 is responsible for the violations pursuant to NRS 639.230(5) and NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation and are grounds for action pursuant to NRS 639.210 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 Walgreens 5814 stipulate to the following penalties:

A. Respondent shall pay a fine of Five-Hundred Dollars (\$500.00) for the violation(s);

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; and

10. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Blas-Catacutan stipulate to the following penalties:

A. Respondent shall pay a fine of Five-Hundred Dollars (\$500.00) for the violation(s);

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; and

C. Respondent shall complete two (2) additional hours of continuing education regarding record keeping within ninety (90) days of entry of this Order.

11. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Ner stipulate to the following penalties:

A. Respondent shall pay a fine of Five-Hundred Dollars (\$500.00) for the violation(s);

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; and

C. Respondent shall complete two (2) additional hours continuing education

regarding record keeping within ninety (90) days of entry of this Order.

12. 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.

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 August 31, 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.

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.

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 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.

16. 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.

17. 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

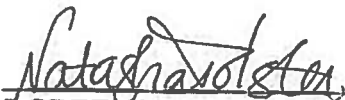
located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of entry of this Order.

18. 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 *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 13 day of August, 2021

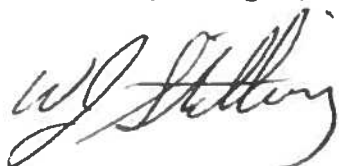

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
 Signed this __ day of August, 2021

Signed this __ day of August, 2021

SHANELA BLAS-CATACUTAN,
RPH,
Certificate of Registration No. 17360

REXEQUIEL NER, RPH
Certificate of Registration No. 18472

APPROVED AS TO FORM AND
CONTENT
 this 13th day of August, 2021



Signed this __ day of August, 2021

WILLIAM STILLING, ESQ.
Counsel for Respondents

COURTNEY K. LEE, ESQ.
General Counsel
Nevada State Board of Pharmacy

Respondents have 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:

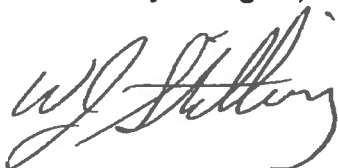
Signed this ____ day of August, 2021

WALGREENS PHARMACY #5814
 Pharmacy License No. PHN01519
 Signed this 13th day of August, 2021

SHANELA BLAS-CATACUTAN,
 RPH,
 Certificate of Registration No. 17360

**APPROVED AS TO FORM AND
 CONTENT**

this 13th day of August, 2021



Signed this ____ day of August, 2021

REXEQUIEL NER, RPH
 Certificate of Registration No. 18472

Signed this ____ day of August, 2021

COURTNEY K. LEE, ESQ.
 General Counsel
 Nevada State Board of Pharmacy

Respondents have 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.

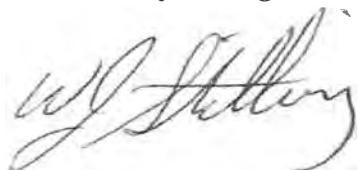
AGREED:

Signed this ____ day of August, 2021

WALGREENS PHARMACY #5814
Pharmacy License No. PHN01519
 Signed this ____ day of August, 2021

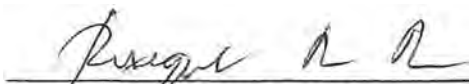
SHANELA BLAS-CATACUTAN,
RPH,
Certificate of Registration No. 17360

APPROVED AS TO FORM AND
CONTENT
 this 13th day of August, 2021



WILLIAM STILLING, ESQ.
Counsel for Respondents

Signed this 14 day of August, 2021


REXEQUEL NER, RPH
Certificate of Registration No. 18472

Signed this ____ day of August, 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 Walgreens Pharmacy #5814 Pharmacy License No. PHN01519, Respondent Shanela Blas-Catacutan, RPH, Certificate of Registration No. 17360, and Respondent Rexequiel Ner, RPH, Certificate of Registration No. 18472, in Case No. 18-117 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of September , 2021.

Helen Park, President
Nevada State Board of Pharmacy

5E

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-117-RPH-A-S

Petitioner,

v.

**SHANELA BLAS-CATACUTAN, RPH,
Certification of Registration No. 17360,**

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

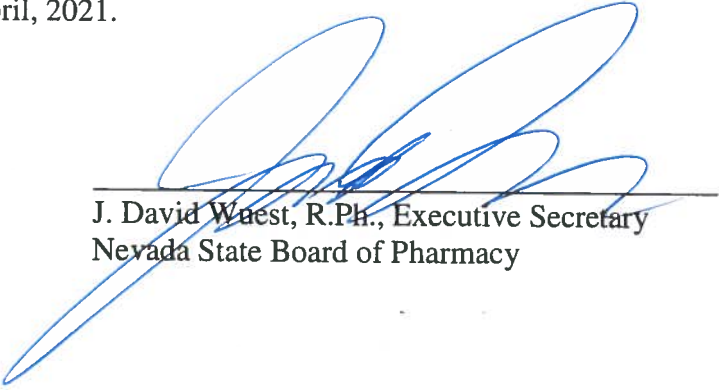
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 1st day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

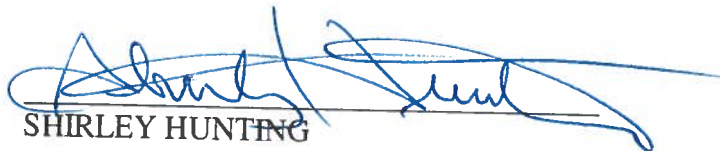
CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
1834 Glory Lily Court
Las Vegas, NV 89123

Rexequiel Ner, R.Ph.
3201 Rainmaker St
Las Vegas, NV 89129



SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 18-117-RPH-B-S

Petitioner,

v.

**REXEQUIEL NER, RPH,
Certificate of Registration No. 18472,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

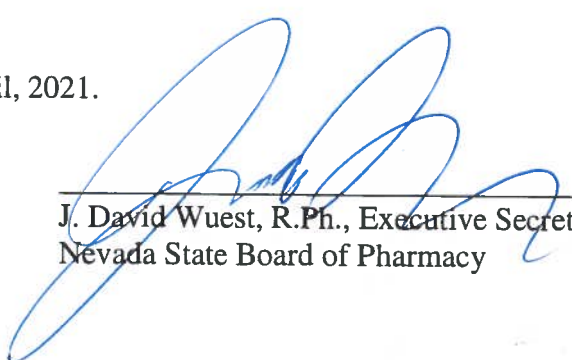
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

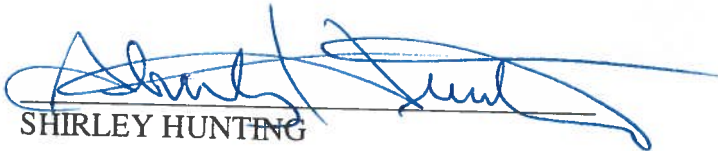
CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
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1834 Glory Lily Court
Las Vegas, NV 89123

Rexequiel Ner, R.Ph.
3201 Rainmaker St
Las Vegas, NV 89129



SHIRLEY HUNTING

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NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****WALGREENS PHARMACY #5814,
License No. PHN01519, and****SHANELA BLAS-CATACUTAN, RPH,
Certification of Registration No. 17360,****Respondents.****CASE NOS. 18-042-PHN-S
18-042-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 Walgreens Pharmacy #5814 ("Walgreens #5814") held a Nevada Pharmacy License No. PHN01519, and Respondent Shanela Blas-Catacutan, RPh, ("Blas-Catacutan") held a Nevada Pharmacist Certificate of Registration No. 17360, both issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent Blas-Catacutan was employed as the managing pharmacist of Walgreens #5814 during the alleged and relevant timeframes.

3. On or about April 20, 2018, practitioner I.C. prescribed for patient M.P., who was 7 years old at the time, Methylphenidate 5 mg tablets: two (2) written prescriptions were tendered to Walgreens #5814 on April 30, 2018, one with the notation "Do not fill before 05/20/2018" and the other with the notation "Do not fill before 06/20/2018". The prescription

information was scanned by J.C.E. and entered into Walgreens' computer system, and designated as prescription #3161427.

4. On or about May 30, 2018, upon a request by patient M.P.'s mother to fill one of the held written prescriptions, the written prescription with the notation "Do not fill before 06/20/2018" was selected.

5. On or about May 30, 2018, Blas-Catacutan performed the final data entry, data verification, filling, and product verification for prescription #3161427. Prescription #3161427 was misfilled with Methadone 5 mg tablets instead of the Methylphenidate 5 mg tablets as prescribed. Blas-Catacutan failed to detect the error when she verified data entry as accurate during the final product review.

6. On or about May 31, 2018, patient M.P. reportedly ingested 1 tablet of the misfilled Methadone and was rushed to Centennial Hills Hospital by his mother, then transferred to Summerlin Hospital, children's ward, for observation. Subsequently, patient M.P. displayed symptoms of multiple mood swings.

FIRST CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Blas-Catacutan)

7. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an "incompetent, unskillful, or negligent manner." NAC 639.945(1)(i).

8. Blas-Catacutan violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she failed to strictly follow the practitioner's order not to fill the prescription for Methylphenidate 5 mg before June 20, 2018, and filling the prescription on May 31, 2018. Blas-Catacutan further violated NAC 639.252(2) and engaged in

unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription # 3161427 as accurate when it was not, which resulted in Walgreens #5814 dispensing *Methadone* 5 mg tablets instead of the *Methylphenidate* 5 mg tablets as prescribed. Blas-Catacutan is therefore subject to discipline pursuant to NRS 639.210(4).

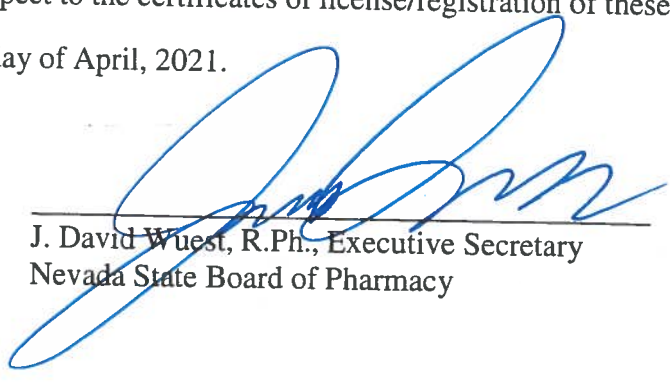
SECOND CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Walgreens #5814)

9. NRS 639.230(5) provides: "Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board." 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).

10. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens #5814 is responsible for those violations, including those of the pharmacy's employees, pursuant to NRS 639.230(5) and NAC 639.945(2) and is therefore subject to discipline.

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 1st 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 to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 18-042-PHN-S

Petitioner,

v.

**WALGREENS PHARMACY #5814,
License No. PHN01519,**

Respondent.

**STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive

006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

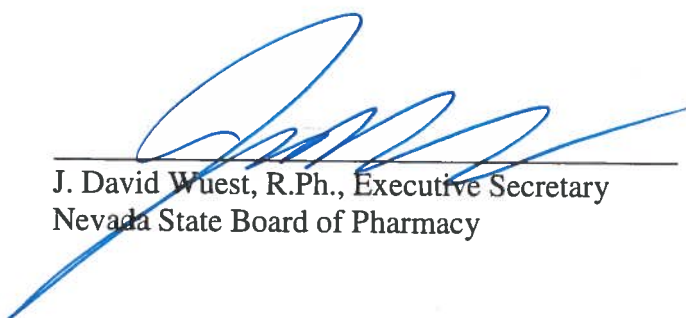
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of April, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
1834 Glory Lily Court
Las Vegas, NV 89123


SHIRLEY HUNTING

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.

WALGREENS PHARMACY #5814

License No. PH01519,

SHANELA BLAS-CATACUTAN, RPH,

Certificate of Registration No. 18472,

Respondents.

**CASE NOS. 18-042-PHN-S
 18-042-PH-S**

**RESPONDENTS' ANSWER AND
 NOTICE OF DEFENSE**

Respondents Walgreens Pharmacy #5814, Shanela Blas-Catacutan, RPh, 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 lack sufficient knowledge to admit or deny the other allegations in paragraph 3 and therefor deny the same.
4. Respondents admit the allegations in paragraph 4.
5. Respondents admit that on or about May 30, 2018, Blas-Catacutan performed the final data entry, data verification, filling, and product verification for prescription #316 I427, which was filled with methadone 5 mg tablets.
6. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 6 and therefor deny the same.

FIRST CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Ner)

7. Paragraph 7 contains a summary of law that is not susceptible to admission or denial. To the extent the allegations in paragraph 7 imply that any respondent engaged in unprofessional or unlawful conduct, Respondents deny such allegations.
8. Respondents deny the allegations in paragraph 8.

SECOND CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Blas-Catacutan)

9. Paragraph 9 contains a summary of law that is not susceptible to admission or denial. To the extent the allegations in paragraph 9 imply that any respondent engaged in unprofessional or unlawful conduct, Respondents deny such allegations.
10. Respondents deny the allegations in paragraph 9.

OTHER DEFENSES

11. Each cause of action fails to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

12. 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.

13. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

PRAYER FOR RELIEF

14. 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.

15. That the Board dismiss all Causes of Action in the Notice.

16. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 18th day of June 2021.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Walgreens Pharmacy #5814
Shanela Blas-Catacutan, R.Ph.

CERTIFICATE OF SERVICE

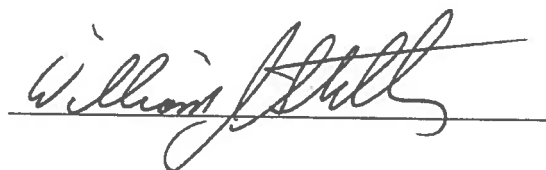
I hereby certify that on June 18, 2021, I caused to be served a true and correct copy of the foregoing **ANSWER AND NOTICE OF DEFENSE** by the method indicated below to:

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



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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-042-RPH-S

Petitioner,

v.

SHANELA BLAS-CATACUTAN, RPH,
Certification of Registration No. 17360,

**STATEMENT TO THE
 RESPONDENT AND
 NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

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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

006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

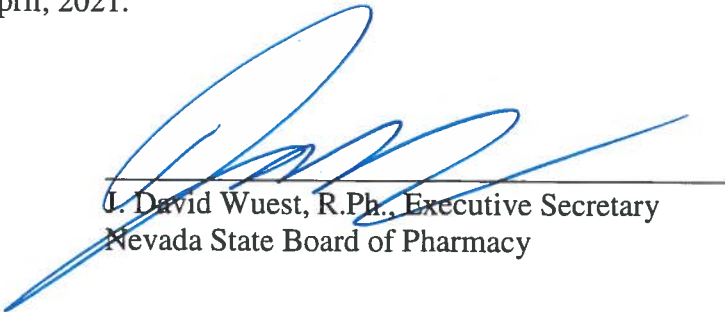
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V.

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 1st day of April, 2021.



L. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of April, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Walgreens #05814
1445 W. Craig Rd
North Las Vegas NV 89032-0211

Shanela Blas-Catacutan, R.Ph.
1834 Glory Lily Court
Las Vegas, NV 89123


SHIRLEY HUNTING

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JOCELYN SANTIAGO, RPH,
Certificate of Registration No. 15240, and**

**WALGREENS PHARMACY #4579,
License No. PH01283,**

Respondents.

**CASE NOS. 19-064-RPH-S
19-064-PH-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 Jocelyn Santiago, RPh (Santiago), Certificate of Registration No. 15240, was a pharmacist registered with the Board, and Respondent Walgreens Pharmacy #4579 (Walgreens #4579), License No. PH01283, was a pharmacy licensed by the Board.

DISCIPLINARY HISTORY

2. In April 2019, the Board entered a Stipulation and Order in the case of *Board of Pharmacy v. Walgreens Pharmacy #4579*, Case No. 17-086-PH-A-S. The Board found Walgreens #4579 responsible for the actions of its employee for violations resulting in a dispensing error. The Board ordered Walgreens #4579 to pay a fine of \$1,000.00 and an administrative fee of \$1,000.00.

FACTUAL ALLEGATIONS

3. Santiago was employed by Walgreens #4579 at the time of the events alleged herein.

4. On December 5, 2018, I.N. saw his physician and received a prescription for Metforminⁱ 1000 mg. tablets #60 with directions to take one tablet twice daily. The prescription allowed for two (2) refills.

5. I.N. tendered the prescription to Walgreens #4579 where pharmaceutical technician Kalin Pascacio-Bayles (Pascacio-Bayles) performed data entry in Walgreens' computer system. The computer system designated the prescription as no. 1625043.

6. Prior to data entry, Pascacio-Bayles consulted with Santiago to verify the name of the drug which was unclear to her on the handwritten prescription.

7. Santiago incorrectly advised Pascacio-Bayles that the drug name was Levetiracetamⁱⁱ rather than the Metformin as written. Santiago did not consult the prescriber to verify the name of the medication.

8. Prescription no. 1625043 was erroneously entered into the computer system as Levetiracetam 1000 mg. tablets with instructions to take one tablet twice daily.

9. Walgreens dispensed the initial fill of prescription no. 1625043 on December 5, 2018, and dispensed a refill on January 4, 2019, and again on February 7, 2019.

10. Santiago is on record as the verifying pharmacist for prescription no. 1625043. She failed to detect the medication error when she verified data entry as accurate and performed the final product review.

11. Prescription no. 1625043 was a new prescription requiring patient counseling.

12. Walgreens computer patient counseling field documents that patient consultation was completed. Santiago is on record as the counseling pharmacist.

13. I.N. did not receive counseling on prescription no. 1625043.

ⁱ Metformin is an anti-diabetic medication.

ⁱⁱ Levetiracetam is an anticonvulsant medication used in the treatment of seizures.

14. I.N. ingested Levetiracetam from December 5, 2018 to approximately February 17, 2019. He experienced high blood sugar levels, drowsiness, blurred vision, weakness, dizziness, and loss of energy while ingesting the wrong medication.

15. I.N. discovered the medication error when he researched the internet to check the side effects he was experiencing and learned that Levetiracetam is an anticonvulsant not the anti-diabetic medication prescribed.

FIRST CAUSE OF ACTION

Failure to Verify Dispensed Medication/Unprofessional Conduct (Respondent Santiago)

16. Unprofessional conduct includes the failure by a licensee to follow strictly the instructions of a practitioner when filling, labeling, and dispensing a prescription. NAC 639.945(1)(d). It also includes a licensee performing his or her duties in an “incompetent, unskillful, or negligent manner.” NAC 639.945(1)(i). 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.)

17. Santiago violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription no. 1625043 as accurate when it was not, which resulted in Walgreens dispensing *Levetiracetam* 1000 mg. tablets rather than the *Metformin* 1000 mg. tablets as prescribed. Santiago is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

SECOND CAUSE OF ACTION

Failure to Counsel/Unprofessional Conduct (Respondent Santiago)

18. NRS 639.266(1) requires a pharmacist to “communicate matters which will enhance therapy through drugs with the patient or a person caring for the patient.” NAC 639.707(1), (2) and/or (4) further requires counseling for all new prescriptions and provide a list

of elements to be included as part of proper counseling, including, but not limited to, dose, intended use, expected response and precautions. Additionally, NAC 639.707(6) requires the pharmacist to create a record regarding counseling “at the time that counseling is provided or refused.” A pharmacist who performs those duties in an “incompetent, unskillful or negligent manner” engages in unprofessional conduct in violation of NAC 639.945(1)(i).

19. Santiago violated NRS 639.266(1), NAC 639.707(1), (2) and/or (4) and engaged in unprofessional conduct in violation of NAC 639.945(1)(i) by marking that counseling was completed, and, to the extent any counseling actually occurred, by failing to counsel adequately to detect that she was dispensing the wrong medication. That error, combined with other errors within the pharmacy, caused Walgreens to dispense *Levetiracetam* 1000 mg. tablets rather than the *Metformin* 1000 mg. tablets as prescribed. Santiago is therefore subject to discipline pursuant to NRS 639.210(4) and (12).

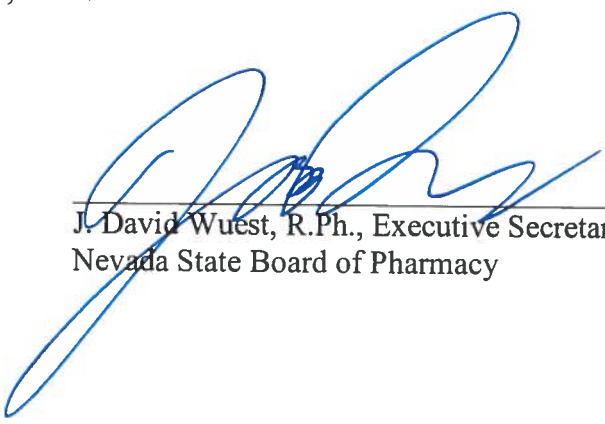
THIRD CAUSE OF ACTION
Pharmacy/Pharmacy Owner Responsibility
 (Respondent Walgreens Pharmacy #4579)

20. NRS 639.230(5) provides: “Any violation of any of the provisions of this chapter [NRS Chapter 639] by a managing pharmacist or by personnel of the pharmacy under the supervision of the managing pharmacist is cause for the suspension or revocation of the license of the pharmacy by the Board.” Additionally, “[t]he owner of a pharmacy, the managing pharmacist of the pharmacy and the registered pharmacist on duty at the pharmacy are responsible for the acts and omissions of pharmaceutical technicians and other personnel who are not pharmacists working in or for the pharmacy, including, but not limited to, any errors committed or unauthorized work performed by such personnel, if the owner, managing pharmacist or registered pharmacist knew or reasonably should have known of the act or omission.” NAC 639.702. 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).

21. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4579 is responsible for any violations of law by Santiago pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

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.

Signed this 30th day of March, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 19-064-RPH-S

Petitioner,

v.

**JOCELYN SANTIAGO, RPH,
Certificate of Registration No. 15240,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve

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

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

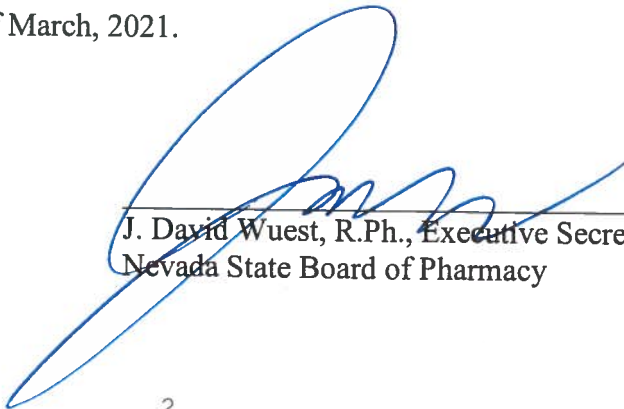
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of March, 2021.

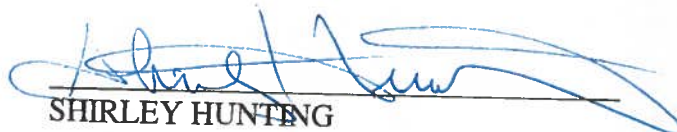

J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of March, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jocelyn Santiago, R.Ph.
3668 Greenfield Lakes St
Las Vegas, NV 89122

Walgreens Pharmacy #4579
2400 E. Tropicana AVE
Las Vegas, NV 89121-5441



SHIRLEY HUNTING

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.

**JOCELYN SANTIAGO, RPH,
 Certificate of Registration No. 15240, and**

**WALGREENS PHARMACY #4579
 License No. PH01283,**

Respondents.

CASE NOS. 19-064-RPH-S

19-064-PH-S

**RESPONDENTS' ANSWER AND
 NOTICE OF DEFENSE**

Respondents Jocelyn Santiago, R.Ph. and Walgreens Pharmacy #5814, 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. In response to paragraph 2, Respondents admit the documents in case No. *17-086-PH-A-S* speak for themselves.
3. Respondents admit the allegations in paragraph 3.
4. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 4 and therefor deny the same.
5. Respondents admit the allegations in paragraph 5.
6. Respondents admit that prior to data entry, Pascacio-Bayles consulted with Santiago to verify the name of the drug but deny all other allegations in paragraph 6.
7. Respondents admit Santiago advised Pascacio-Bayles that the drug name was levetiracetam, and that Santiago did not consult the prescriber to verify the name of the medication but deny all other allegations in paragraph 7. Because the drug appeared to clearly be levetiracetam there was no need to contact the prescriber.
8. Respondents admit that prescription no. 1625043 was entered into the computer system as levetiracetam 1000 mg. tablets with instructions to take one tablet twice daily levetiracetam 100 mg. but deny all other allegations in paragraph 8.
9. Respondents admit the allegations in paragraph 9.
10. The records referenced in paragraph 10 speak for themselves. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 10 and therefore deny the same.
11. Respondents admit the allegations in paragraph 11.
12. Respondents admit the allegations in paragraph 12.
13. Respondents deny the allegations in paragraph 13.

14. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 14 and therefore deny the same.

15. Respondents lack sufficient knowledge to admit or deny the other allegations in paragraph 14 and therefore deny the same.

FIRST CAUSE OF ACTION

**Failure to Verify Dispensed Medication/Unprofessional Conduct
(Respondent Santiago)**

16. Paragraph 16 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 16 implies any unprofessional or unlawful conduct, Respondents deny the same.

17. Respondents deny the allegations in paragraph 16.

SECOND CAUSE OF ACTION

**Failure to Counsel/Unprofessional Conduct
(Respondent Santiago)**

18. Paragraph 18 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 18 implies any unprofessional or unlawful conduct, Respondents deny the same.

19. Respondents deny the allegations in paragraph 19.

THIRD CAUSE OF ACTION

**Pharmacy/Pharmacy Owner Responsibility
(Respondent Walgreens #4579)**

20. Paragraph 20 is a statement of law and is not susceptible to admission or denial. To the extent that paragraph 20 implies any unprofessional or unlawful conduct, Respondents deny the same.

21. Respondents deny the allegations in paragraph 21.

OTHER DEFENSES

22. Each cause of action fails to state a claim upon which relief can be granted.

RESERVATION OF RIGHTS, DEFENSES, AND GENERAL DENIAL

23. 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.

24. To the extent Respondents did not specifically admit allegations in the Notice, they deny such allegations.

PRAYER FOR RELIEF

25. 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.

26. That the Board dismiss all Causes of Action in the Notice.

27. That the Board provide further relief to Respondents as it finds just and proper.

DATED this 18th day of June 2021.



William J. Stilling
STILLING & HARRISON, PLLC
Attorneys for Respondents
Jocelyn Santiago
Walgreens #4579

CERTIFICATE OF SERVICE

I hereby certify that on June 18, 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: 

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JOCELYN SANTIAGO, RPH,
Certificate of Registration No. 15240, and**

**WALGREENS PHARMACY #4579,
License No. PH01283,**

Respondents.

**CASE NOS. 19-064-RPH-S
19-064-PH-S**

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), Respondent Jocelyn Santiago, R.Ph. (Santiago), Certificate of Registration No. 15240, and Respondent Walgreens Pharmacy #4579 (Walgreens #4579), License No. PH01283, by and through their counsel, William J. Stilling, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondents and this matter.
2. On or about March 30, 2021, Board Staff properly served each Respondent 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 June 18, 2021, Respondents jointly filed an Answer and Notice of Defense to the Accusation.
4. Respondents are fully aware of their right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
5. Respondents are aware of their 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 to them 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 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).

7. Respondents, and each of them, 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 the violations alleged in the Accusation, *to wit*, that:

A. Respondent Santiago violated NAC 639.252(2) and engaged in unprofessional conduct in violation of NAC 639.945(1)(d) and (i) when she verified data entry as accurate and the final product on prescription no. 1625043 as accurate when it was not, which resulted in Walgreens dispensing *Levetiracetam* 1000 mg. tablets rather than the *Metformin* 1000 mg. tablets as prescribed, and is subject to discipline pursuant to NRS 639.210(4) and (12).

B. Respondent Santiago violated NRS 639.266(1), NAC 639.707(1), (2) and/or (4) and engaged in unprofessional conduct in violation of NAC 639.945(1)(i) by marking that counseling was completed, and, to the extent any counseling actually occurred, by failing to counsel adequately to detect that she was dispensing the wrong medication, and is subject to discipline pursuant to NRS 639.210(4) and/or (12); and

C. As the pharmacy/pharmacy owner at which the violations of law alleged herein occurred, Walgreens Pharmacy #4579 is responsible for any violations of law by Santiago pursuant to NRS 639.230(5), NAC 639.702 and NAC 639.945(2).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 639.210 and NRS 639.255.

9. Based upon the Accusation and the foregoing admissions, the Board and Respondent Santiago stipulate to the following penalties. Respondent Jocelyn Santiago, R.Ph., Certificate of Registration No. 15240, shall:

A. Pay a fine of Two Hundred and Fifty Dollars (\$250.00) for the alleged violations;

B. Pay Two Hundred Fifty Dollars (\$250.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter; and

C. Complete two (2) extra hours of continuing education (CE) on error prevention, in addition to the CE hours she must otherwise complete to maintain licensure. Respondent must provide certificates demonstrating that she completed those additional CEs within sixty (60) days of the effective date of this Order.

10. Based upon the Accusation and the foregoing admissions, the Board and Walgreens Pharmacy #4579 stipulate to the following penalties. Respondent Walgreens Pharmacy #4579, License No. PH01283, shall:

A. Pay a fine of One Thousand Dollars (\$1,000.00) for the alleged violations; and

B. 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.

11. 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 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 that

Respondent, the Board may impose additional discipline upon that Respondent not inconsistent with the provisions of NRS 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 September 1, 2021. Respondents and their authorized representative(s) 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 Respondents or their counsel are 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. 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 the effective date of this Order.

16. 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 the effective date of this Order.

17. Subject to the approval of this Stipulation by the Board, the Board and Respondents, and each of them, 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.

Respondents, and each of them, have 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 ____ day of August, 2021

Signed this ____ day of August, 2021

JOCELYN SANTIAGO, RPH
Certificate of Registration No. 15240

Signed this ____ day of August, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

WALGREENS PHARMACY #4579
License No. PH01283

APPROVED AS TO FORM AND
CONTENT this ____ day of August, 2021

WILLIAM J. STILLING, ESQ.
Counsel for Respondents

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Jocelyn Santiago, R.Ph., Certificate of Registration No. 15240, and Respondent Walgreens Pharmacy #4579, License No. PH01283, in Case No. 19-064 and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this ____ day of September, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 19-064-PH-S

Petitioner,

v.

**WALGREENS PHARMACY #4579,
License No. PH01283,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve

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

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

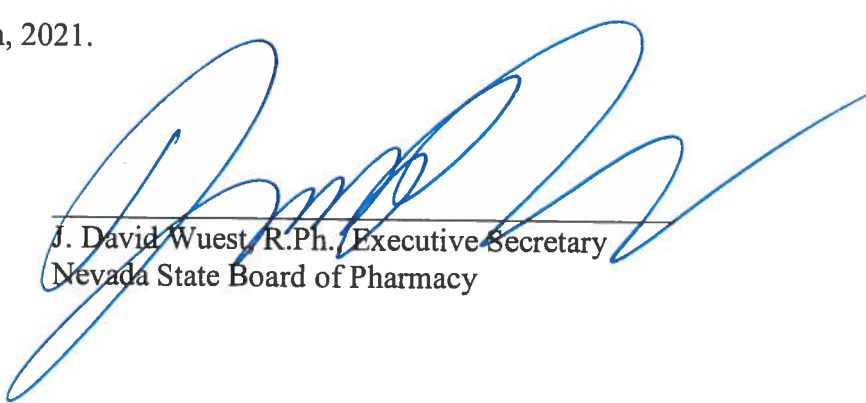
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of March, 2021.



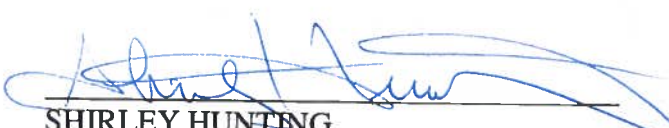
J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of March, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jocelyn Santiago, R.Ph.
3668 Greenfield Lakes St
Las Vegas, NV 89122

Walgreens Pharmacy #4579
2400 E. Tropicana AVE
Las Vegas, NV 89121-5441


SHIRLEY HUNTING

5K

MAR 30 2021

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

RAVI G. KRISHNAN, MD,
Certificate of Registration No. CS09114,

Respondent.

Case No. 17-090-CS-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy ("Board") has jurisdiction over this matter and this respondent because at the time of the events alleged herein, Respondent Ravi G. Krishnan, MD, held a controlled substance registration, Certificate of Registration No. CS09114, issued by the Board.

FACTUAL ALLEGATIONS

2. Respondent was the medical director of Bright Futures Pediatrics (Bright Futures), located in Las Vegas, Nevada, at the time of the events alleged herein.

3. Sheila Fischer (Fischer) was the practice manager at Bright Futures at the time of the events alleged herein. Fischer is not licensed as a practitioner in Nevada.

4. Respondent authorized and permitted Fischer to act under his authority as a practitioner to purchase, access, store, possess, furnish and/or dispense dangerous drugs for Fischer's personal use, to Bright Futures' employees, and to Fischer's friends and acquaintances.

5. The dangerous drugs that Respondent authorized and permitted Fischer to act under his authority as a practitioner to purchase, access, store, possess, furnish and/or dispense included, without limitation, lisinopril, metformin, ramipril, bisoprolol, losartan, lovastatin,

carvedilol, amlodipine besylate, amoxicillin, azithromycin, albuterol, allopurinol, fenofibrate, bisoprolol fumarate and ramipril.

6. Respondent authorized and permitted Fischer to furnish and/or dispense the aforementioned dangerous drugs to persons with whom Respondent had no direct contact, did not examine, had not established a *bona fide* therapeutic relationship, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary.

7. Respondent authorized and permitted Fischer to furnish and/or dispense the aforementioned dangerous drugs to persons without a prescription.

8. Respondent authorized and permitted Fischer to furnish and/or dispense the aforementioned dangerous drugs to persons through his practice at Bright Futures without a valid dispensing practitioner registration.

9. Respondent authorized and permitted Fischer unrestricted and unsecured access to his stock of dangerous drugs at Bright Futures.

10. On or about September 12, 2019, Board staff served Respondent with an order pursuant to NRS 639.2895(1) to immediately cease and desist dispensing dangerous drugs.

APPLICABLE LAW

11. It is unlawful to purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada except as authorized by law. NRS 454.213; NRS 454.215; NRS 454.221; NRS 454.301; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356.; NRS 639.100; NRS 639.23505.

12. All dangerous drugs which are in the possession of a practitioner must be kept in a locked storage area with access restricted to authorized persons. NAC 639.742; NAC.639.745.

13. Any person who fraudulently represents himself or herself to be a practitioner is guilty of a misdemeanor. NRS 639.281(1).

14. 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 453.236(1) and NRS 639.210(4).

15. 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 453.236(1) and NRS 639.210(4).

16. 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 453.236(1) and NRS 639.210(4).

17. 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).

18. Dispensing a drug 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 is grounds for suspension or revocation of any license or registration issued by the Board. NRS 453.236(1) and NRS 639.210(4).

19. 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).

20. 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

21. By authorizing and permitting Fischer to act under his authority as a practitioner to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to persons as alleged herein, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

22. By authorizing and permitting Fischer to act under his authority as a practitioner to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to persons as alleged herein, Respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

23. By authorizing and permitting Fischer to act under his authority as a practitioner to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to persons as alleged herein, Respondent aided and abetted Fischer in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Dispensing without A Valid Registration

24. By authorizing and permitting Fischer to furnish and/or dispense the aforementioned dangerous drugs to persons through his practice at Bright Futures without a valid dispensing practitioner registration, 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(1) and/or NRS 639.210(4).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Unlawful Dispensing of Dangerous Drugs Without Bona Fide Therapeutic Relationship

25. By authorizing and permitting Fischer to act under his authority as a practitioner to furnish and/or dispense dangerous drugs to persons with whom Respondent had not established a *bona fide* therapeutic relationship, without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SIXTH CAUSE OF ACTION

Unlawful Access to and Possession of Dangerous Drugs - Statutory Violations

26. By authorizing and permitting Fischer to act under his authority as a practitioner to purchase, access, store, and/or possess dangerous drugs as alleged herein, including unrestricted and unsecured access to his stock of dangerous drugs at Bright Futures, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.311(1); NRS 454.316(1), NRS 454.356, NRS 639.100(1), NRS 639.281(1) NAC 639.742 and/or NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SEVENTH CAUSE OF ACTION

Unlawful Furnishing and/or Dispensing of Dangerous Drugs - Statutory Violations

27. By authorizing and permitting Fischer to furnish and/or dispense the aforementioned dangerous drugs to persons with whom Respondent had not established a *bona fide* therapeutic relationship, for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, and without a prescription, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.215, NRS 454.221(1), NRS 454.301(1), NRS 454.321, NRS 454.356, NRS 639.100(1), NRS 639.281(1), NRS 639.23505, NAC 639.742 and/or NAC 639.745, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

EIGHTH CAUSE OF ACTION

Dispensing without a Valid Registration - Statutory Violations

28. By authorizing and permitting Fischer to furnish and/or dispense the aforementioned dangerous drugs to persons through his practice at Bright Futures without a valid dispensing practitioner registration, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.215, NRS 454.221(1), NRS 454.301(1), NRS 454.321, NRS 454.356, NRS 639.100(1), NRS 639.281(1), NRS 639.23505, NAC 639.742 and/or NAC.639.745, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

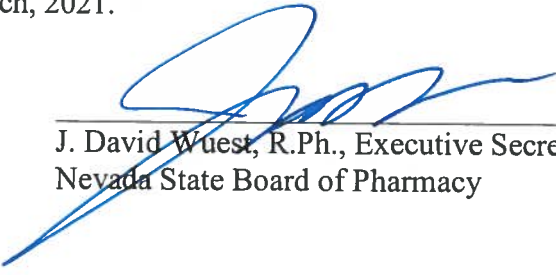
NINTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

29. By his actions as alleged herein, Respondent 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) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 30th day of March, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 17-090-CS-S

Petitioner,

v.

**RAVI G. KRISHNAN, MD,
Certificate of Registration No. CS09114,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve

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

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

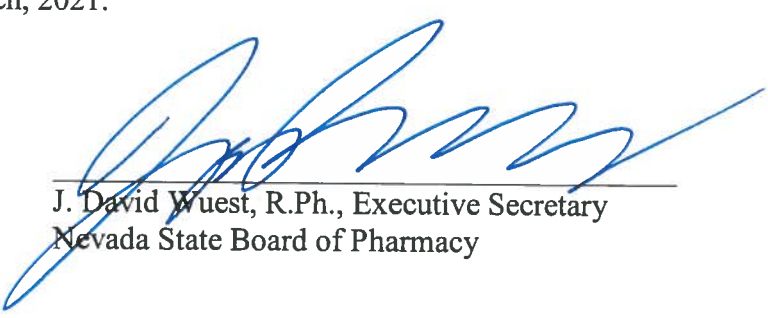
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of March, 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 31st day of March, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Ravi G. Kirshnan, MD
8352 W Warm Springs Rd #210
Las Vegas, Nv 89113



SHIRLEY HUNTING

FILED**MAY 03 2021**NEVADA STATE BOARD
OF PHARMACY**To sBEFORE THE NEVADA STATE BOARD OF PHARMACY**

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 17-090-CS-S
	)	
Petitioner,	)	
	)	
v.	)	
	)	
RAVI G KRISHNAN, M.D.,	)	
	)	
Certificate of Registration No. CS09114	)	
Respondent.	)	
	/	

**ANSWER AND NOTICE OF DEFENSE
OF RESPONDENT RAVI KRISHNAN, M.D.**

Respondent Ravi Krishnan, M.D., hereby files with the Nevada State Board of Pharmacy ("Board"), his Answer and Notice of Defense to the Notice of Intended Action and Accusation ("Accusation") filed on March 30, 2021.

ANSWER TO ACCUSATION

1. Dr. Krishnan hereby objects to the Accusation as being incomplete and failing to state clearly the charges against him as the Accusation fails to provide any time period or dates on which the alleged violations are to have occurred rendering it impossible for Dr. Krishnan fully respond to the allegations set forth therein.

2. Dr. Krishnan answers to the Jurisdiction and the Factual Allegations set forth in the Accusation as follows:

Paragraph 1: While the Accusation fails to provide any time period or dates for the alleged events set forth in the Accusation, Dr. Krishnan does confirm that he has held a controlled substance registration from the Board since 1997.

Paragraph 2: Dr. Krishnan confirms that he owns Bright Futures Pediatrics located in Las Vegas and has held the role of acting medical director on occasion for the practice, but other physicians employed by Bright Futures have also acted in that capacity. As the Accusation provides no specificity as to when these events were alleged to occur, Dr. Krishnan is without sufficient information to address the accuracy of the statements contained in Paragraph 2.

Paragraph 3: Dr. Krishnan is without sufficient knowledge or information to address the accuracy of the assertions contained therein as no time frame or dates for the alleged events has been provided. While Sheila Fischer did act as practice manager for Bright Futures for a period of time, she has not been with the practice since June 2019.

Paragraph 4: Dr. Krishnan denies all factual allegations set forth in Paragraph 4 and again asserts that no date or time period has been given for the alleged conduct.

Paragraph 5: Dr. Krishnan denies the allegations set forth in Paragraph 5 to the extent that he authorized and permitted Ms. Fisher to purchase, access, store, possess, furnish and/or dispense any dangerous drugs. Dr. Krishnan is without sufficient knowledge and information to address the specific drugs listed in Paragraph 5.

Paragraph 6: Dr. Krishnan denies all allegations set forth in Paragraph 6.

Paragraph 7: Dr. Krishnan denies all allegations set forth in Paragraph 7.

Paragraph 8: Dr. Krishnan denies all allegations set forth in Paragraph 8.

Paragraph 9: Dr. Krishnan denies all allegations set forth in Paragraph 9.

Paragraph 10: Dr. Krishnan admits that he received a cease and desist notice on September 12, 2019 via e-mail from prior counsel for the Board, however Dr. Krishnan is without sufficient knowledge and information about what conduct the cease and desist notice was addressing as it did not specify any time frame or other date. Further attempts made to obtain

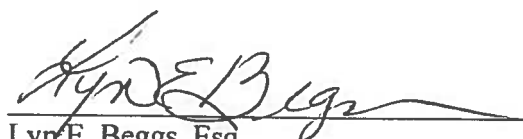
further information from counsel from the Board regarding the cease and desist letter were never responded to.

As to the First through Nine Causes of Action contained in the Accusation, Dr. Krishnan denies all allegations set forth therein and Dr. Krishnan renews his objection that the Accusation has failed to provide any dates or even general time period in which these alleged events took place.

NOTICE OF DEFENSE

Dr. Krishnan asserts that the Accusation has failed to state a claim upon which relief can be granted. Dr. Krishnan further reserves the right to provide further evidence related to the allegations set forth in the Accusation as well as the right to present mitigating evidence should a hearing be held in this matter.

Respectfully submitted this 30th day of April, 2021.

A handwritten signature in black ink, appearing to read 'Lyn E. Beggs', written over a horizontal line.

Lyn E. Beggs, Esq.

Attorney for Respondent Ravi Krishnan, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**RAVI G. KRISHNAN, MD,
Certificate of Registration No. CS09114,**

Respondent.

Case No. 17-090-CS-S

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Ravi G. Krishnan, MD, Certificate of Registration No. CS09114, by and through counsel, Lyn E. Beggs, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about March 30, 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 May 3, 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. 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*, that, on or before December 2017, Respondent:

A. Admitted having authorized and permitted the practice manager at Bright Futures Pediatrics, who was not a licensed practitioner, to purchase, access, store, and/or possess dangerous drugs, and permitted unrestricted and unsecured access to his stock of dangerous drugs at Bright Futures, in violation of NRS 454.213(1), NRS 454.311(1); NRS 454.316(1), NRS 454.356, NRS 639.100(1), NRS 639.281(1) NAC 639.742 and/or NAC.639.745;

B. Admitted having authorized and permitted the practice manager at Bright Futures Pediatrics to furnish and/or dispense dangerous drugs to persons who had not been examined by a practitioner, with whom Respondent did not have a *bona fide* therapeutic relationship and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, and before he wrote a patient-specific order and without his direct supervision, in violation of NRS 454.215, NRS 454.221(1), NRS 454.301(1), NRS 454.321, NRS 454.356, NRS 639.100(1), NRS 639.281(1), NRS 639.23505, NAC 639.742 and/or NAC.639.745;

C. Admitted having authorized and permitted the practice manager at Bright Futures Pediatrics to dispense dangerous drugs to persons through his practice at Bright Futures without a valid dispensing practitioner registration, in violation of NRS 454.215, NRS

454.221(1), NRS 454.301(1), NRS 454.321, NRS 454.356, NRS 639.100(1), NRS 639.281(1), NRS 639.23505, NAC 639.742 and/or NAC.639.745;

D. Performed his duties as the holder of a registration issued by the Board 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)(h), (i), (j), (k) and (o) and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4) and NRS 639.23916(3)(b); and

E. Committed acts that render his registration inconsistent with the public interest pursuant to NRS 453.231.

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 Ravi G. Krishnan, MD, Certificate of Registration No. CS09114, stipulate to the following penalties:

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 Two Thousand Five Hundred Dollars (\$2500.00) for the violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall pay One Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made

payable to “Nevada State Board of Pharmacy,” to be received by the Board’s Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures within his practice to ensure that:

- i. A bona fide relationship between the patient and the practitioner ordering a dangerous drug exists before any dangerous drug is ordered or administered;
- ii. The practitioner who examines the patient and orders the dangerous drug maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;
- iii. To the extent the medication called for in an order are put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and
- iv. All dangerous drugs are kept in a locked storage area with access restricted to authorized persons;

E. Respondent shall not dispense dangerous drugs without first obtaining a dispensing practitioner registration from the Board; and

F. 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 lift the stay of suspension, and immediately suspend Certificate of

Registration No. CS18989. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

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 September 1, 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.

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 August, 2021

Signed this ____ day of August, 2021

RAVI G. KRISHNAN, MD,
Certificate of Registration No. CS09114

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of August, 2021

LYN E. BEGGS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Ravi G. Krishnan, MD, Certificate of Registration No. CS09114, in Case No. 17-090-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 September, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**JILL OLIVER, MD,
Certificate of Registration Nos. PD00349,
PD15479, CS20010, CS15479,**

Respondent.

**Case Nos. 20-007-PD-A-S
20-007-PD-B-S
20-007-CS-A-S
20-007-CS-B-S**

**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 an amended notice of intended action under NRS 233B.127(3) and as an 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 Jill Oliver, MD ("Oliver"), held practitioner dispensing registrations, PD00349, PD15479, and controlled substance registrations, CS20010, CS15479, all issued by the Board.

FACTUAL ALLEGATIONS

2. Glimpse Medical ("Glimpse") is a practice located at 5990 S. Rainbow Boulevard #B-1, Las Vegas, Nevada 89118, under Respondent Oliver's practitioner dispensing registration PD00349, and controlled substance registration CS20010.

3. Respondent Oliver operates Glimpse and has served as the owner/medical director during all relevant timeframes.

4. Diane Racosas ("Racosas") was employed by Glimpse during the relevant timeframes, and performed dispensing technician duties.

5. On January 23, 2020, during an annual inspection of Glimpse, the Board inspector found certain violations through inspection and interviews conducted.

6. From 2012 through 2016, Racosas was a licensed dispensing technician for Dr. Oliver. Racosas then took an extended leave. Racosas did not renew her dispensing technician license after 2016.

7. From approximately July 1, 2019 to January 23, 2020, Racosas performed dispensing technician duties without an active dispensing technician license.

8. Dr. Oliver permitted Racosas to be employed in the capacity of dispensing technician at Glimpse without an active dispensing technician license for approximately 115 days.

APPLICABLE LAW

9. No person may act as a dispensing technician unless the person is registered as a dispensing technician. NAC 639.7425(1)(a) and (b).

10. A dispensing practitioner shall not allow any person to act as a dispensing technician without a license/registration. NAC 639.7425(2); NAC 639.744; NAC 639.7445.

11. Performing any duties as the holder of a dispensing 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), and (13); NRS 639.255.

12. 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); NRS 639.255.

13. A business or facility owner is responsible for violations committed by its employees or personnel. NAC 639.945(2).

FIRST CAUSE OF ACTION
Dispensing Practitioner Liable

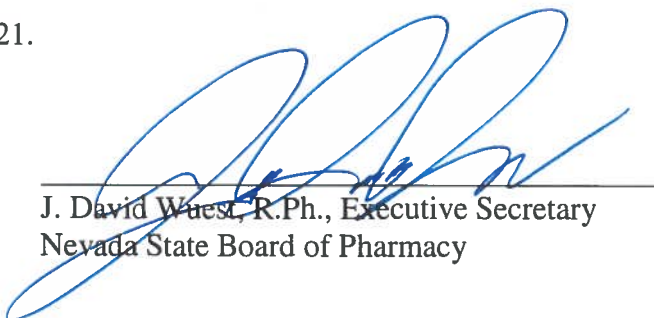
14. By allowing Racosas to act as a dispensing technician without a renewed licensed/registration, Oliver performed her duty as the overseeing dispensing practitioner in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.7425(2), NAC 639.744, NAC 639.7445, NAC 639.945(1)(i) and (j), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Owner Responsibilities

15. As the owner of Glimpse at the time of each of the violations alleged herein, Respondent Oliver is responsible for the violations, including those of her employees, pursuant to NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(4) and (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 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 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.

**JILL OLIVER, MD,
Certificate of Registration Nos. PD00349,
PD15479, CS20010, CS15479,**

Respondent.

**CASE NOS. 20-007-PD-A-S
20-007-PD-B-S
20-007-CS-A-S
20-007-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 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, 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**

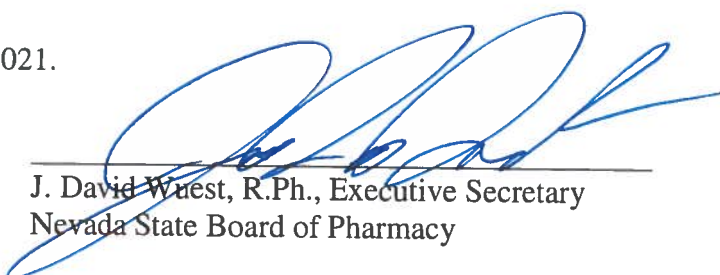
IV.

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.

**JILL OLIVER, MD,
Certificate of Registration Nos. PD00349,
PD15479, CS20010, CS15479,**

Respondent.

**CASE NO. 20-007-PD-A-S
20-007-PD-B-S
20-007-CS-A-S
20-007-CS-B-S**

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2021.

JILL OLIVER, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jill Oliver, MD
10170 S. Eastern Ave. #100
Henderson, NV 89052

Jill Oliver, MD
5990 S. Rainbow Blvd. #100
Las Vegas, NV 89118



SHIRLEY HUNTING

MAY 25 2021

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JILL OLIVER, MD,
Certificate of Registration No. PD15479,

Respondent.

Case Nos. 20-007-PD-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 Jill Oliver, MD ("Oliver"), held a practitioner dispensing registration issued by the Board.

FACTUAL ALLEGATIONS

2. Glimpse Medical ("Glimpse") is a practice located at 5990 S. Rainbow Boulevard #B-1, Las Vegas, Nevada 89118.

3. Respondent Oliver operates Glimpse and has served as the owner/medical director during all relevant timeframes.

4. Diane Racosas ("Racosas") was employed by Glimpse during the relevant timeframes, and performed dispensing technician duties.

5. On January 23, 2020, during an annual inspection of Glimpse, Board inspector found certain violations through inspection and interviews conducted.

6. From 2012 through 2016, Racosas was a licensed dispensing technician for Dr. Oliver. Racosas then took an extended leave. Racosas did not renew her dispensing technician license after 2016.

7. From approximately July 1, 2019 to January 23, 2020, Racosas performed dispensing technician duties without an active dispensing technician license.

8. Dr. Oliver permitted Racosas to be employed in the capacity of dispensing technician at Glimpse without an active dispensing technician license for approximately 115 days.

APPLICABLE LAW

9. No person may act as a dispensing technician unless the person is registered as a dispensing technician. NAC 639.7425(1)(a) and (b).

10. A dispensing practitioner shall not allow any person to act as a dispensing technician without a license/registration. NAC 639.7425(2); NAC 639.744; NAC 639.7445.

11. Performing any duties as the holder of a dispensing 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), and (13); NRS 639.255.

12. 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); NRS 639.255.

13. A business or facility owner is responsible for violations committed by its employees or personnel. NAC 639.945(2).

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FIRST CAUSE OF ACTION
Dispensing Practitioner Liable

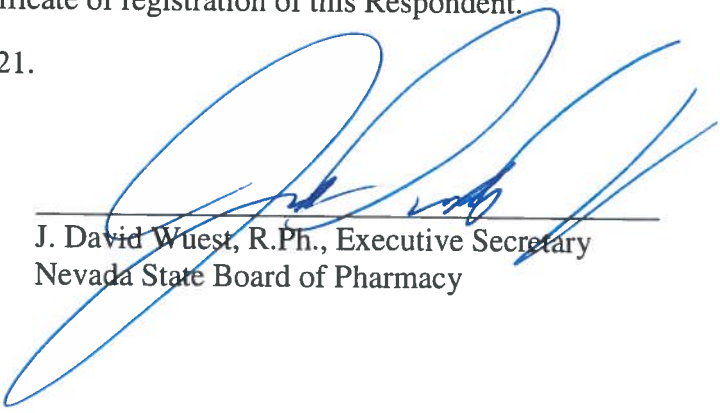
14. By allowing Racosas to act as a dispensing technician without a renewed licensed/registration, Oliver performed her duty as the overseeing dispensing practitioner in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.7425(2), NAC 639.744, NAC 639.7445, NAC 639.945(1)(i) and (j), and is subject to discipline pursuant to NRS 639.210(4), and (12), and/or NRS 639.255.

SECOND CAUSE OF ACTION
Owner Responsibilities

15. As the owner of Glimpse at the time of each of the violations alleged herein, Respondent Oliver is responsible for the violations, including those of her employees, pursuant to NAC 639.945(2), and is subject to discipline pursuant to NRS 639.210(4) and (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 certificate of registration of this Respondent.

DATED this 25th day of May, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 20-007-PD-S

Petitioner,

v.

**JILL OLIVER, MD,
Certificate of Registration No. PD15479,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 14, 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

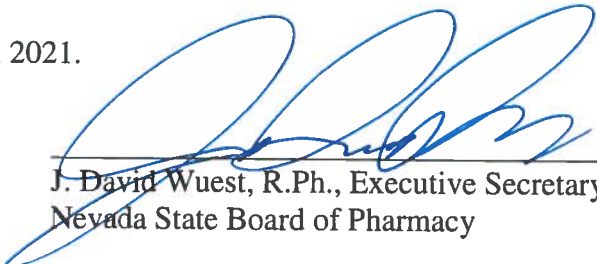
IV.

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.

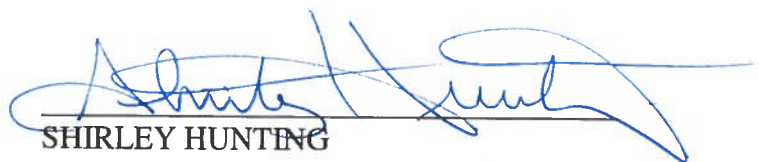
DATED this 25th day of May, 2021.


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of June, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jill Oliver, MD
10170 S. Eastern Ave. #100
Henderson, NV, 89052



SHIRLEY HUNTING

FILED 1040

JUN 28 2021

NEVADA STATE BOARD
OF PHARMACY

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JILL OLIVER, MD,
Certificate of Registration No. PD15479,

Respondent.

CASE NO. 20-007-PD-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").

— NONE —

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

My name is Jill Oliver M.D. and I am writing this statement to the State of Nevada Board of Pharmacy. At my yearly pharmacy inspection on January 23rd, 2020 Luis Curras discovered that my dispensing technician license for Dianne Racosas was not valid and up to date. I assured him that we had submitted her application months before when she resumed working for us and told him I would get him the information immediately. After researching things on my end and talking to my office manager we discovered the error we made and took steps to remedy it immediately.

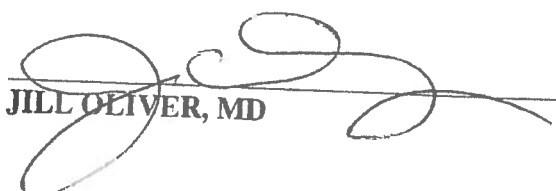
Dianne Racosas was a licensed dispensing technician when she worked for me from 2013 - 2016. She left on maternity leave and was gone for several years. It was during this time that her license expired. She returned to work for me in 2018 but did not perform any dispensing technician duties, only medical assistant duties at another office. When my licensed dispensing technician Samantha Lapalme left my employment in July 2019 Dianne was moved back into the role as dispensing technician.

Somehow, after doing this for so many years, we submitted the "Managing Pharmacist Certification of Pharmaceutical Technician in Training" instead of the "Technician Dispensing in Training Application" for Dianne. Unfortunately, I did not follow up on this mistake so no license was ever generated and Dianne continued to act as a dispensing technician. Upon review of my logs, Dianne Racosas performed technician dispensing duties for 115 days between July 2019 and January 2020. I did not realize that I could go on the Board of Pharmacy website to verify licenses. Of course now it is too late, but had I checked this I would have been able to submit the correct form right away instead of months later.

Please accept my sincere apologies for allowing these errors to occur and know that I take the privilege of being a dispensing practitioner very seriously. I take full responsibility for this and please know that I would never intentionally do anything to jeopardize the privileges you have granted me.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 28th day of June, 2021.


JILL OLIVER, MD

5M

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

**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, designated as Prescription No. 137852 in the pharmacy's computer system, and dispensed 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. sometime between April 6 and April 16, 2021.

APPLICABLE LAW

5. 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.

6. 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).

7. 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).

8. 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 - Unlawful Dispensing

9. By furnishing and/or dispensing dangerous drugs to Nevada patients without a valid dispensing practitioner registration, Respondent violated NRS 453.226, NRS 453.321, NRS 453.377, NRS 453.381, NRS 454.215, NRS 454.221, NRS 454.321, NRS 454.356, NRS 639.100, NRS 639.23505 and/or NAC 639.742, and is subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(12).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

10. By furnishing and/or dispensing dangerous drugs to Nevada patients without a valid dispensing practitioner registration, 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).

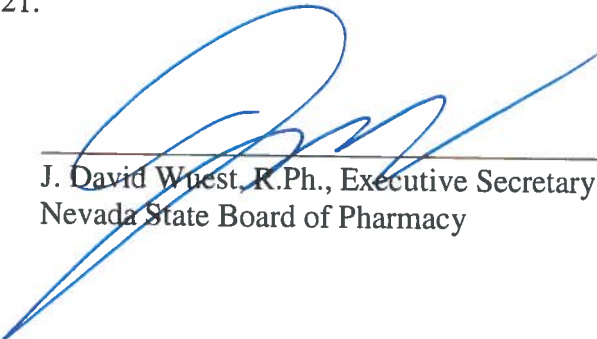
THIRD CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

11. By furnishing and/or dispensing dangerous drugs to Nevada patients without a valid dispensing practitioner registration, 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).

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 28th day of May, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 21-051-CS-N

Petitioner,

v.

**SASSAN KAVEH, MD,
Certificate of Registration No. CS08877,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, July 14, 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**

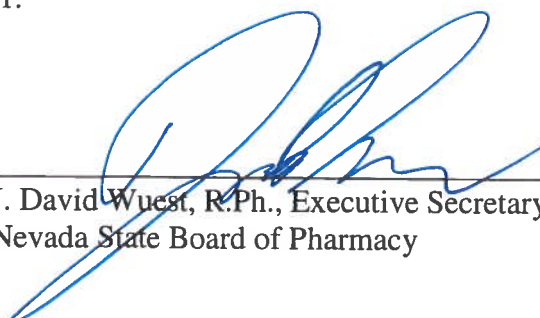
IV.

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 28th day of May, 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.

**SASSAN KAVEH, MD,
Certificate of Registration No. CS08877,**

Respondent.

CASE NO. 21-051-CS-N

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

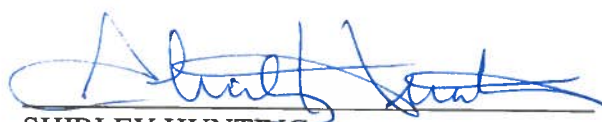
DATED this _____ day of _____, 2021.

SASSAN KAVEH, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 9th day of June, 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



SHIRLEY HUNTING

5N



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**GAIL POPELKA KRIVAN, MD,
Certificate of Registration No. CS10632,**

Respondent.

CASE NO. 21-090-CS-N

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300 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 Gail Popelka Krivan, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS10632, issued by the Board.

DISCIPLINARY HISTORY

2. On or about December 1, 2011, the Board entered an Order by Stipulation imposing discipline on Respondent's Certificate of Registration No. CS10632 for pre-signing 115 controlled substance prescriptions that were issued to patients while Respondent was on vacation, in violation of federal and state law.

FACTUAL ALLEGATIONS

3. On or about May 12, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-11804-1, and imposed discipline on Respondent's License No. 9735 to practice medicine pursuant to NRS 630.306(1)(b)(2) for engaging in conduct in violation of the standards of practice established by the NSBME, specifically for

violation of NAC 630.230(1)(k) related to writing prescriptions for controlled substances to treat acute pain or chronic pain.

APPLICABLE LAW

4. A prescription for a controlled substance may be issued only for a legitimate medical purpose and in conformance with the requirements of NRS 639.2391-.23914, *inclusive*. 21 CFR § 1306.04(a); NRS 453.381(1).

5. 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).

6. 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).

7. 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).

8. 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

Violation of Federal Controlled Substances Act

9. Respondent has violated NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-11804-1, and therefore violated, attempted to violate, assisted or abetted in the

violation of or conspired to violate 21 CFR § 1306.04(a), and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.23916(3)(b)

SECOND CAUSE OF ACTION

Violations of State Law

10. Respondent has violated NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-11804-1, and therefore violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(12) and/or NRS 639.23916(3)(b)

THIRD CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

11. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-11804-1, and by violating NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, Respondent has performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(4) and/or NRS 639.23916(3)(b).

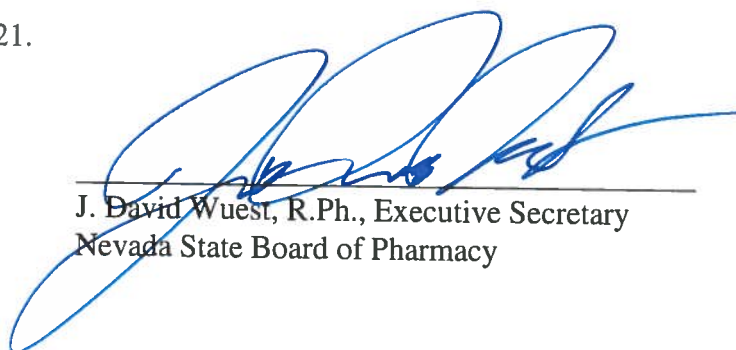
FOURTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

12. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-38677-1, and by violating NRS 453.381(1) and/or NRS 639.2391-.23914, *inclusive*, Respondent has committed acts that render her registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this Respondent.

Signed this 22nd 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,

CASE NOS. 21-090-CS-N

Petitioner,

v.

GAIL POPELKA KRIVAN, MD,
Certificate of Registration No. CS10632,STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

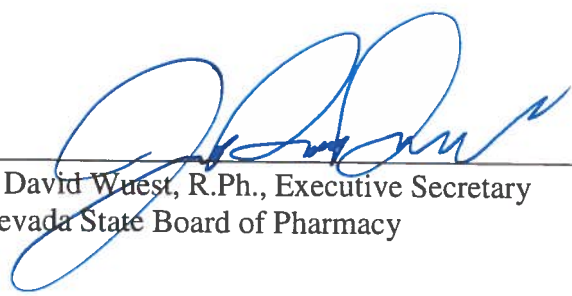
IV.

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.

**GAIL POPELKA KRIVAN, MD,
Certificate of Registration No. CS10632,**

Respondent.

CASE NO. 21-090-CS-N

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

GAIL POPELKA KRIVAN, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 27th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Gail Popelka Krivan, MD
896 West Nye Lane #102
Carson City, NV 89703

Lyn Beggs, Esq.
316 California Ave. #863
Reno, NV 89509



SHIRLEY HUNTING



Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST
GAIL POPELKA KRIVAN, M.D.
SETTLEMENT AGREEMENT

Case No: 21-11804-1

Date: June 4, 2021

ADJUDICATING MEMBERS

Rachakonda D. Prabhu, M.D.
Mr. M. Neil Duxbury
Aury Nagy, M.D.
Michael C. Edwards, M.D., FACS
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

INDEX

1. FIRST AMENDED COMPLAINT
2. SETTLEMENT AGREEMENT

1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 21-11804-1

Against:

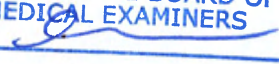
GAIL POPELKA KRIVAN, M.D.,

Respondent.

FILED

MAY 12 2021

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Gail Popelka Krivan, M.D., (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

1. Respondent was at all times relevant to this Complaint a licensed medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9735). Respondent was originally licensed by the Board on March 20, 2001.

2. Patient A was a twenty-eight (28) year-old female at the time Respondent began treating her in November 2016. Her name is not disclosed in this Complaint to protect her identity, but is disclosed in the Patient Designation served on Respondent with a copy of this Complaint.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chair, Ms. April Mastroluca, and Weldon Havins, M.D., J.D.

COUNT I

NRS 630.306(1)(b)(2) (Violation of Standards of Practice)

3. All of the allegations in the preceding paragraphs are hereby incorporated by reference as though fully set forth herein.

4. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

5. Pursuant to NAC 630.187, the Board adopted by reference the *Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain*, July 2013, published by the Federation of State Medical Boards of the United States, Inc. (Model Policy).

6. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the Model Policy.

7. Patient A had a reported history of a brain aneurysm and chronic headaches, chronic neck and back pain, attributed to her work for a parcel delivery service. Patient A had previously been prescribed opioids for pain, and was referred to Respondent by another provider in November 2016 for pain management.

8. In November 2016, Respondent began regularly prescribing to Patient A various opioid medications for pain control, including: oxycodone/acetaminophen 10-325 mg, 120 ct., 30 days (November 2016 through September 2018); Belbuca 300 mcg film, 60 ct., 30 days, hydromorphone 4 mg, 28 ct., 7 days, and hydromorphone 8 mg, 90 ct., 30 days (November 2018); hydrocodone/acetaminophen 10-325 mg, 56 ct., 14 days, and oxycodone/acetaminophen 10-325 mg, 108 ct., 18 days (December 2019). Also, in January 2019, Respondent began prescribing oxycodone/acetaminophen 10-325 mg, 180 ct., 30 days (January 2019 through July 2019), which is a morphine milligram equivalent (MME) of 90 per day and constitutes high-dose opioid therapy.

9. Respondent prescribed to Patient A 90 MME per day, and for more than 90 days (January 2019 through July 2019), without establishing the medical necessity of such a high-dose of opioid therapy. Respondent failed to develop a revised treatment plan.

1 10. Respondent failed to conduct any detailed neurologic or musculoskeletal
2 examinations that would establish an indication for Patient A to receive long-term, high-dose
3 opioid medication for pain control.

4 11. Respondent failed to recommend other conservative treatments before or
5 concurrent with high-dose opioid therapy, including but not limited to, physical therapy, exercise
6 and movement, or massage therapy, among others, which may have alleviated these findings on
7 physical examination.

8 12. Pursuant to the Model Policy, a physician's patient evaluation should include,
9 without limitation: complete medical history and physical examination targeted to the pain
10 condition, evaluation of the nature and intensity of the pain, and history of current and past
11 treatments, including interventional treatments. Respondent consistently omitted such
12 information in Respondent's medical records for Patient A.

13 13. Respondent's records do not contain and show no indication of recent or
14 contemporaneous imaging (e.g. X-rays, MRIs, or CT scans) that would substantiate the need for
15 high-dose opioids for pain control.

16 14. Based on but not limited to the foregoing, Respondent wrote prescriptions to
17 Patient A for opioid analgesics to treat chronic pain in a manner that deviated from the Model
18 Policy.

19 15. By reason of the foregoing, Respondent is subject to discipline by the Board as
20 provided in NRS 630.352.

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OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

1 **WHEREFORE**, the IC prays:

2 1. That the Board give Respondent notice of the charges herein and give notice that
 3 an answer to the Complaint herein may be filed as set forth in NRS 630.339(2) within twenty (20)
 4 days of service of the Complaint;

5 2. That the Board set a time and place for a formal hearing after holding an Early
 6 Case Conference pursuant to NRS 630.339(3);

7 3. That the Board determine what sanctions to impose if it determines there has been
 8 a violation or violations of the Medical Practice Act committed by Respondent;

9 4. That the Board make, issue and serve on Respondent its findings of fact,
 10 conclusions of law and order, in writing, that includes the sanctions imposed; and

11 5. That the Board take such other and further action as may be just and proper in these
 12 premises.

13 DATED this 11th day of May, 2021.

14 INVESTIGATIVE COMMITTEE OF THE
 15 NEVADA STATE BOARD OF MEDICAL EXAMINERS

16 By: 

17 AARON B. FRICKE, ESQ.
 18 Senior Deputy General Counsel
 19 9600 Gateway Drive
 20 Reno, Nevada 89521
 21 Tel: (702) 486-3813
 22 Email: africke@medboard.nv.gov
 23 *Attorney for the Investigative Committee*
 24
 25
 26
 27
 28

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 VERIFICATION

2 STATE OF NEVADA)
3) ss.
4 COUNTY OF CLARK)

5 Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty
6 of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of
7 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read
8 the foregoing Complaint; and that based upon information discovered in the course of the
9 investigation into a complaint against Respondent, he believes that the allegations and charges in
10 the foregoing Complaint against Respondent are true, accurate and correct.

11 DATED this 11 day of May, 2021.

12 INVESTIGATIVE COMMITTEE OF THE
13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

14 By:



15 VICTOR M. MURO, M.D.

16 *Chair of the Investigative Committee*

CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 12th day of May, 2021, I served a file-stamped copy of the **FIRST AMENDED COMPLAINT**, via electronic mail, to the following parties:

Lyn E. Beggs, Esq.
Law Offices Of Lyn E. Beggs, PLLC
c/o Gail Popelka Krivan, M.D.
316 California Ave., #863
Reno, NV 89509
lyn@lbeggslaw.com

DATED this 12th day of May, 2021.


MERCEDES FUENTES
Legal Assistant
Nevada State Board of Medical Examiners

2

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 21-11804-1

Against:

GAIL POPELKA KRIVAN, M.D.,

Respondent.

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel for the Board and attorney for the IC, and Gail Popelka Krivan, M.D. (Respondent), a licensed physician in Nevada, assisted by her attorney, Lyn E. Beggs, Esq., of the law firm of Law Offices of Lyn E. Beggs, PLLC, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). Her license was originally issued on March 20, 2001 (License No. 9735).

2. On May 12, 2021, in Case No. 21-11804-1, the IC filed a formal First Amended Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(b)(2) Violation of Standards of Practice.

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¹ All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

3. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

4. Respondent was properly served with a copy of the Complaint, has reviewed and understands the Complaint, and has had the opportunity to consult with competent counsel concerning the nature and significance of the Complaint.

5. Respondent is hereby advised of her rights regarding these administrative matters, and of her opportunity to defend against the allegations in the Complaint. Specifically, Respondent has certain rights in these administrative matters as set out by the United States Constitution, the Nevada Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the Complaint, the right to representation by counsel, at her own expense, in the preparation and presentation of her defense, the right to confront and cross-examine the witnesses and evidence against her, the right to written findings of fact, conclusions of law and order reflecting the final decision of the Board, and the right to judicial review of the Board's order, if the decision is adverse to her.

6. Respondent understands that, under the Board's charge to protect the public by regulating the practice of medicine, the Board may take disciplinary action against Respondent's license, including license probation, license suspension, license revocation and imposition of administrative fines, as well as any other reasonable requirement or limitation, if the Board concludes that Respondent violated one or more provisions of the Medical Practice Act.

7. Respondent understands and agrees that this Agreement, by and between Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the Board for consideration in open session at a duly noticed and scheduled meeting. Respondent understands that the IC shall advocate for the Board's approval of this Agreement, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement. Respondent further understands and agrees that if the Board approves this Agreement, then the terms and conditions enumerated below shall be binding and enforceable upon her and the Board.

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B. TERMS & CONDITIONS

NOW, THEREFORE, in order to resolve the matters addressed herein, i.e., the matters with regard to the Complaint, Respondent and the IC hereby agree to the following terms and conditions:

1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set forth in the Medical Practice Act.

2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.** Respondent acknowledges she is represented by counsel, and wishes to resolve the matters addressed herein with said counsel. Respondent agrees that if representation by counsel in this matter materially changes prior to entering into this Agreement and for the duration of this Agreement, that counsel for the IC will be timely notified of the material change. Respondent agrees that she knowingly, willingly and intelligently enters into this Agreement after deciding to have a full consultation with and upon the advice of legal counsel.

3. **Waiver of Rights.** In connection with this Agreement, and the associated terms and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection with these administrative matters. Respondent hereby knowingly, willingly and intelligently waives all rights arising under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, and any other legal rights that may be available to her or that may apply to her in connection with the administrative proceedings resulting from the Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing or any further proceedings and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, she has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. **Consent to Entry of Order.** In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint, violation of NRS 630.306(1)(b)(2), Violation of Standards of Practice.

b. Respondent shall pay a fine of one thousand dollars (\$1,000.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of three thousand two hundred three dollars and thirteen cents (\$3,203.13).

d. Respondent shall take twenty (20) hours of live continuing medical education (CME) related to best practices in the prescribing of controlled substances before or within six (6) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to the CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada pursuant to NAC 630.153(1), and shall be approved by the Board prior to their completion.

d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. All claims and allegations arising from all pending investigations shall be dismissed with prejudice.

6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

7. **Procedure for Adoption of Agreement** The IC and counsel for the IC shall recommend approval and adoption of the terms and conditions of this Agreement by the Board in resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience, and Respondent hereby waives notice of the same, whether under the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC may communicate directly with the Board staff and the adjudicating members of the Board.

Respondent acknowledges that such contacts and communications may be made or conducted ex parte, without notice or opportunity to be heard on her part until the public Board meeting where this Agreement is discussed, and that such contacts and communications may include, but may not be limited to, matters concerning this Agreement, the Complaint and any and all information of every nature whatsoever related to these matters. The IC and its counsel agree that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this

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Agreement is discussed and, if requested, respond to any questions that may be addressed to the IC or the IC's counsel.

8. **Effect of Acceptance of Agreement by Board.** In the event the Board accepts, approves and adopts this Agreement, the Board shall issue a final order, making this Agreement an order of the Board, and, pending full compliance with the terms herein, the case shall be closed and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

9. **Effect of Rejection of Agreement by Board.** In the event the Board does not accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and effect except as to the following agreement regarding adjudications: (1) Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this Agreement shall disqualify any member of the adjudicating panel of the Board from considering the Complaint and from participating in disciplinary proceedings against Respondent, including adjudication of this case; and (2) Respondent further agrees that she shall not seek to disqualify any such member absent evidence of bad faith.

10. **Binding Effect.** If approved by the Board, Respondent understands that this Agreement is a binding and enforceable contract upon Respondent and the Board.

11. **Forum Selection Clause.** The parties agree that in the event either party is required to seek enforcement of this Agreement in district court, the parties consent to such jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of Nevada, Washoe County.

12. **Attorneys' Fees and Costs.** The parties agree that in the event an action is commenced in district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable attorneys' fees and costs.

13. **Failure to Comply With Terms.** Should Respondent fail to comply with any term or condition of this Agreement once the Agreement has been accepted, approved and adopted by the Board, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in Nevada pending an Order To Show Cause Hearing on revocation, which will be duly

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

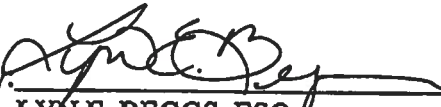
noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines, costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a). Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

DATED this 11th day of MAY, 2021. DATED this 10th day of May, 2021.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL
EXAMINERS

LAW OFFICES OF LYN E. BEGGS, PLLC

By: 
AARON B. FRICKE, ESQ.
Senior Deputy General Counsel
9600 Gateway Drive
Reno, Nevada 89521
Tel: (702) 486-3813
Email: africke@medboard.nv.gov
Attorney for the Investigative Committee

By: 
LYN E. BEGGS, ESQ.
328 California Ave., Ste. 3
Reno, Nevada 89509
Tel: (775) 432-1918
Email: lyn@beggsllaw.com
Attorney for Respondent

DATED this 10 day of May, 2021.

By: 
GAIL POPELKA KRIVAN, M.D.,
Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**GAIL POPELKA KRIVAN, MD,
Certificate of Registration No. CS10632,**

Respondent.

CASE NO. 21-090-CS-N

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Gail Popelka Krivan, MD, Certificate of Registration No. CS10632, by and through counsel, Lyn E. Beggs, 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. 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 her right to a hearing on the matters alleged in the Accusation, her right to reconsideration, her right to appeal and any and all other rights which may be accorded to her pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
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 the violations alleged in the Accusation, *to wit*, that:

A. On or about May 12, 2021, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 21-11804-1, and imposed discipline on Respondent's License No. 9735 to practice medicine for violations of NRS Chapter 630 related to prescribing controlled substances to treat acute or chronic pain.

B. Respondent has violated NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-11804-1, and therefore violated 21 CFR § 1306.04(a), NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, and is subject to discipline pursuant to NRS 453.236(1)(e), NRS 453.241(1), NRS 639.210(11) and (12), and NRS 639.23916(3)(b);

C. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-11804-1, and therefore violating 21 CFR § 1306.04(a), NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, Respondent has performed her duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct and conduct contrary to the public interest in violation of NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4) and NRS 639.23916(3)(b); and

D. By violating NRS Chapter 630 as detailed in the NSBME's order in Case No. 21-11804-1, and therefore violating 21 CFR § 1306.04(a), NRS 639.23507 and NRS

639.2391-.23914, *inclusive*, Respondent has committed acts that render her registration to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210, NRS 639.23916(3)(b) 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 Gail Popelka Krivan, MD, Certificate of Registration No. CS10632, is suspended. The suspension is stayed, and Respondent is placed on probation for a period of one (1) year subject to the following conditions:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding her duties and responsibilities as a prescribing practitioner under NRS Chapter 453 and Chapter 639;

B. Respondent shall pay a fine of Two-Thousand Five-Hundred Dollars (\$2500.00) for the violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures to ensure that any controlled substance prescription issued for the treatment of acute or chronic pain complies with the provisions of 21 CFR § 1306.04(a), NRS 639.23507 and NRS 639.2391-.23914, *inclusive*, and all applicable regulations; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs, and have no additional charges filed against her while on probation.

10. Upon successful completion of probation, Respondent's Certificate of Registration No. CS10632 will be fully restored.

11. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of suspension, and immediately suspend Certificate of Registration No. CS18989. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

12. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on September 1, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

13. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board, it shall be a public record pursuant to NRS 622.330.

14. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the

merits of this matter may be heard by the Board. The terms and admissions herein may not be used or referred to in a full hearing on the merits of this matter.

15. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations contained in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of August, 2021

Signed this ____ day of August, 2021

GAIL POPELKA KRIVAN, MD,
Certificate of Registration No. CS10632

APPROVED AS TO FORM AND CONTENT
this ____ day of August, 2021

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

LYN E. BEGGS, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Gail Popelka Krivan, MD, Certificate of Registration No. CS10632, in Case No. 21-090-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 September, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-226-PH-N

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**WALMART, INC.,
License Nos. PH02899, PH02072, PH02112,
PH01660, PH01026, PH00816,**

Respondent.

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under 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

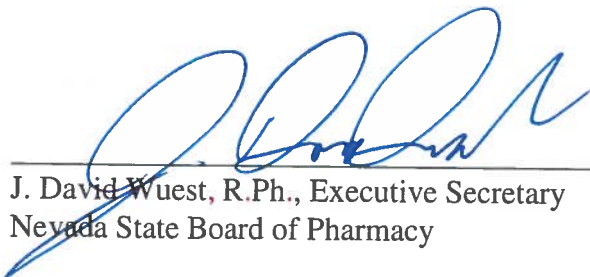
22. By utilizing American Buffalo Xpress to receive, store and deliver prescription drugs to its pharmacies in Northern Nevada, Walmart, Inc. violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 351, NRS 585.370, NRS 585.520, NRS 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,

CASE NO. 20-226-PH-N

Petitioner,

v.

WALMART, INC.,
 License Nos. PH02899, PH02072, PH02112,
 PH01660, PH01026, PH00816,

STATEMENT TO THE RESPONDENT
 AND NOTICE OF HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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

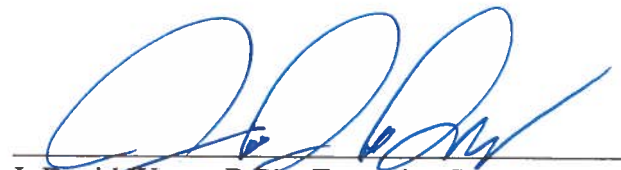
IV.

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

5P

FILED**JUL 23 2021**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****ROBERT THOMAS HALL, RPH,
Certificate of Registration No. 07756,****Respondent.****CASE NO. 20-023-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, Robert Thomas Hall, R.Ph., Certificate of Registration No. 07756, was a pharmacist registered by the Board.

FACTUAL ALLEGATIONS

2. Respondent was employed as a pharmacist at Humboldt General Hospital at the time of the events alleged herein.

3. From approximately February 2014 through March 2017, Respondent misused the prescribing credentials of Sandra Deveny, APRN, Certificate of Registration No. PR15285, to falsify and forge the following 21 prescriptions for himself, and thereby unlawfully acquire, possess and use the following drugs:

Rx 803101 - Osteo Bi-Flex
 Rx 803813 - Dehydroepiandrosterone (DHEA)
 Rx 803619 - Osteo Bi-Flex
 Rx 803591 - Coenzyme Q-10
 Rx 803814 - Therapeutic Multi-Vitamin
 Rx 803796 - Propranolol
 Rx 803302 - Propranolol

Rx 803238 - Dehydroepiandrosterone (DHEA)
 Rx 803143 - Cialis
 Rx 803754 - Cialis
 Rx 803971 - Dehydroepiandrosterone (DHEA)
 Rx 803273 - Niacin
 Rx 803328 - Dehydroepiandrosterone (DHEA)
 Rx 803240 - Niacin
 Rx 803239 - Coenzyme Q
 Rx 804422 - Cialis
 Rx 804436 - Aquaphor
 Rx 804182 - L-arginine
 Rx 804193 - Osteo Bi-Flex
 Rx 804110 - Osteo Bi-Flex
 Rx 804109 - Coenzyme Q

4. Respondent has never been licensed as a practitioner authorized to write prescriptions, and did not have a bona fide therapeutic relationship with APRN Deveny.

5. On or about July 15, 2021, Respondent signed a written admission to falsifying and forging the prescriptions for himself and falsely documenting APRN Deveny as the prescribing practitioner, and thereby unlawfully acquiring, possessing and using dangerous drugs.

APPLICABLE LAW

6. 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).

7. A dangerous drug may only be dispensed by a pharmacy upon a legal prescription from a licensed practitioner. 21 U.S.C. § 353(b); NRS 454.215(1); NRS 454.311; NRS 454.316.

8. It is unlawful to acquire and possess a dangerous drug except pursuant to a legal prescription or as otherwise authorized by law. NRS 454.311(1); NRS 454.316(1).

9. It is a felony offense to falsify a prescription or falsely representing oneself as a practitioner entitled to write prescriptions. NRS 454.311; NRS 639.281(1); NRS 639.2813(1).

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 Nevada 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).

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

Falsifying Prescriptions

14. By falsifying and forging prescriptions for himself, as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 353(b), NRS 454.215(1), NRS 454.311, NRS 454.316, NRS 639.235(1), NRS 639.281(1), and/or NRS 639.2813(1), and is subject to discipline pursuant to NRS 639.210(11) and (12).

SECOND CAUSE OF ACTION

Unlawful Acquisition/Possession of Prescription Drugs

15. By unlawfully acquiring and possessing dangerous drugs as alleged herein, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.311(1) and NRS 454.316(1), and is subject to discipline pursuant to NRS 639.210(12).

THIRD CAUSE OF ACTION**Unprofessional Conduct - Fraudulent/Deceitful Practice/Transaction**

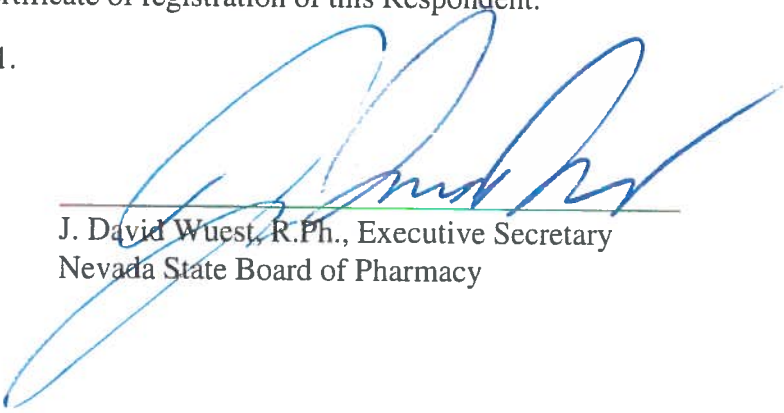
16. By falsifying and forging prescriptions for himself, and thereby unlawfully acquiring, possessing and using dangerous drugs, as alleged herein, Respondent was a party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 639.210(4).

FOURTH CAUSE OF ACTION**Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties**

17. By his actions as alleged in the first through third causes of action, Respondent has performed his duties as the holder of a Nevada pharmacist 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 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 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,

CASE NO. 20-023-RPH-N

Petitioner,

v.

ROBERT THOMAS HALL, RPH,
Certificate of Registration No. 07756,STATEMENT AND NOTICE OF
HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

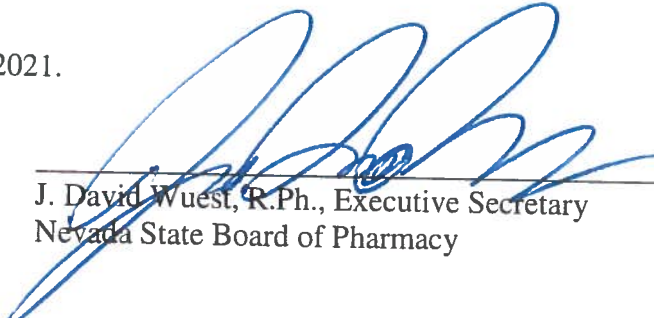
IV.

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.

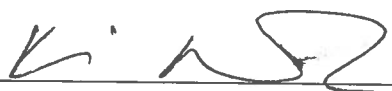


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this, 30th day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Robert Thomas Hall, RPH
40 Julie Ct.
Winnemucca, NV 89445



KRISTOPHER MANGOSING

FILED**AUG 17 2021**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****ROBERT THOMAS HALL, RPH,
Certificate of Registration No. 07756,****Respondent.****CASE NO. 20-023-RPH-N****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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").

- 15 of the 21 items mentioned were over the counter supplements not requiring a practitioner's approval. The OTC supplements were billed through HGH's computer system and by default FNP Deveny's name appeared on the billing for payment through payroll deduction. The other medications, namely Cialis and Propranolol, were prescribed by my personal physician, Dr Len Perkinson, since May 2012 through March 2019. In my haste I inadvertently transposed the physician code and billed the prescriptions under FNP Deveny's name.

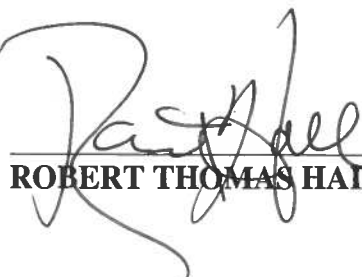
2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

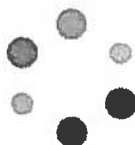
I take full and absolute responsibility for my actions set forth before the board. I broke one of my most cardinal rules, that is, "You only hurry to make a mistake." And in this instance, it had just propagated on future entries. There was no intended fraud or deceit involved during the time frame mentioned. My PCP, Dr Perkinson, had prescribed the legend medications for approximately six years and again my haste in incorrectly transcribed the wrong prescriber. I want to assure the Board that at no time were any of my patients and their care in any jeopardy. The safety of my patients was and always will be my number one priority. Please find the attached letter from Dr Perkinson, stating our relationship as patient/doctor and other letters from my colleagues defending my professional competence and character as a pharmacist.

Any sanctions imposed by the Board concerning this matter will be fully accepted and adhered to. I wish to fulfill any judgement against myself so that I may fully retire after 42 years as a practicing pharmacist without a "black mark" on my license. Thank you for your time and consideration in this matter.

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 15 day of August, 2021.


 ROBERT THOMAS HALL, RPH

**Carbon Health**

B. Leonard Perkinson, MD, MsA

NV Lic 14297

CA Lic A72315

2655 Sharlands Ave, Reno, NV 89523

1 (775) 365-9349

Thursday August 12, 2021

To: The Nevada State Board of Pharmacy

Re: Robert Hall

To Whom it may concern,

This letter is to serve as validation that from about May 2012 until March 2019 I was the physician of record for Mr. Robert Hall. During that time I did indeed fill and refill prescriptions for Mr. Hall. Also on some occasions these prescriptions were called in verbally to Mr. Hall who was working as a pharmacist at Humboldt General Hospital. If there are many questions regarding this matter or Mr. Hall, please do not hesitate to contact me.

Sincerely,

B. Leonard Perkinson, MD,MsA

Robbie Grant, DO


395 W. Minor • P.O. Box 417 • Winnemucca, NV 89446
(775) 623-6622 • (775) 623-0979 Fax

August 3, 2021

Nevada State Board of Pharmacy

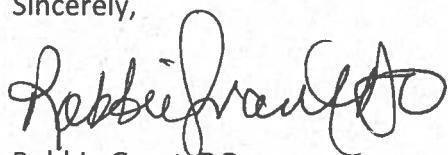
Re: Robert Hall

To Whom It May Concern:

It is my pleasure to be a character reference for Mr. Robert Hall as a pharmacist. My relationship with Mr. Hall is over many years, and on a professional basis has been most rewarding and beneficial. I have worked with Mr. Hall regarding inpatient care, as Medical Director and admitting physician at Humboldt General Hospital, for the long term nursing home, skilled nursing unit, and memory care unit of Humboldt General Hospital. I cannot emphasize enough his value and worth to the patient care and their wellbeing. He was and remains a valuable source of colleague support and information for my many clinic patients. Amongst his many virtues as a respected professional, he is a knowledgeable and well informed team player providing valuable and beneficial input to all discussions regarding medical intervention and patient care. He makes himself available to any need and discussion, whether patient or health care provider. Going beyond his onsite responsibilities, Robert makes himself available with extended hours by phone as needed to maintain the continuity of a discussion in patient care. His level of cooperation contributed to more than being a vital team member in decision making but a trusted colleague.

Should you have any questions please feel to contact me at the above.

Sincerely,



Robbie Grant, DO

Ajeet Mahendernath M.D.
2505 Anthem Village Dr
Suite E603
Henderson 89052
[REDACTED]
[REDACTED]

August 5, 2021

Nevada State Board of Pharmacy

To Whom it may concern:

I'm writing to you today on the behalf of Robert Hall Pharmacist. I have worked with Mr. Hall for over eight years while he was employed at Humboldt General Hospital (HGH) in Winnemucca, Nevada. I worked closely with him in the capacity of being a Hospitalist and a clinical professor for the rural residency program at HGH, and later as an attending in the Emergency Department. In these capacities, I worked closely with Robert and depended on him regularly in critical care emergencies, regular care, and discharge of hospitalized patients, as well as helping educate and inform physicians in residency training.

I found Mr. Hall to be very thorough and conscientious in all of or patient interactions. He has been at the patient bedside for multiple codes with the residents and me and has never failed to be professional and accurate in these high stress situations. We have managed many complex patients together in the ICU requiring pressors, TPN, and multiple antibiotics. In these complicated situations Robert has checked and rechecked doses and interactions tirelessly. Even when we moved to a new EMR (electronic medical record) system and errors were occurring in our hospital, Mr. Hall always made sure my patients received the correct medications and doses. This was no small feat as we moved between EMRs.

Providing high acuity care to patients in a rural setting always has its own set of challenges, which includes limited resources. This results in a greater deal of dependence on your care team than occurs at large institutions with more pharmacists and other care providers. Having practiced on both ends of this spectrum, I can unequivocally state there are few pharmacists I would trust in any clinical situation as much as I trust Mr. Hall.

Nevada State Board of Pharmacy

August 5, 2021

Page 2

I know how busy the Board is in these times and would like to thank you for taking the time to entertain my thoughts on Mr. Hall. If you have any questions or if I can be of further assistance, please do not hesitate to contact me.

Sincerely,

Ajeet Mahendernath M.D.

(No Subject)

From: Andrew Conlu [REDACTED]

To: [REDACTED]

Date: Wednesday, August 11, 2021, 04:50 PM PDT

To whom it may concern:

I had the great pleasure of working with Robert Hall at Humboldt General Hospital from 2013 to 2019. I am a board certified Internist currently working as a hospitalist at that facility and Robert worked as one of the pharmacists during that time period. During that time, he had been immensely helpful in helping me manage many of the medications that I prescribed for my patients. I found him to be willing to help at a moment's notice and very accomodating with whatever I needed. I encountered no major issue with him during the time we worked together. I felt he was a valuable member of the hospital team

Thank you very much for your kind attention.
If any questions, please feel free to contact me.

Sincerely,
Andrew J Conlu, MD
[REDACTED]

TO:

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521
Phone: 1-775-850-1440

FROM:

David Simsek, NV Pharmacist #11073
[REDACTED] Beatrice Lane, Winnemucca, NV 89445
Msg Phone: [REDACTED]
Cell Phone: [REDACTED]
E-Mail: [REDACTED]

REFERENCE:

Character Reference Letter, regarding Pharmacist Robert Hall

Date: 08-03-2021

Dear NV State Board of Pharmacy:

This is a letter attesting to Pharmacist Robert Hall's character & professionalism along with a recommendation for leniency in his upcoming Board hearing on September 1st.

I have known Robert for about 10 years. The first 8-years I was his direct supervisor (as the director of pharmacy) at Humboldt General Hospital (HGH) where he worked as a staff pharmacist and most currently as his direct supervisor (the PIC) at the Corner Drug in Winnemucca where he is working as a relief pharmacist.

Robert was well liked & respected at HGH. He was always available to work extra shifts and respond to call backs. HGH was not an easy place to work as it was routine to work 50-60 hours per week along with after-hours calls for service. At his current relief position at the Corner Drug, he is likewise well liked & respected by the staff & patients, save the one patient complaint for whom this Board hearing is about.

I believe in Robert's honesty, integrity and professionalism and that the incident in question was out of character for Robert considering everything else Robert has done professionally over the last 10-years that I have known him, and as such I believed in him enough that I recruited him as a relief pharmacist for the Corner Drug.

I would plead for consideration & leniency at the Board hearing of the matter in question based on his past 10-years of service to the community. There is no question that the matter in question should be taken seriously and not dismissed, however, I do believe that justice to the aggrieved practitioner, the community and to Robert can be addressed compassionately.

Finally, I believe reflection upon this by Robert over the past year while the Board reviewed & investigated has had a lasting impact on Robert such that this will never occur again in his career.

Thank you for your consideration of my thoughts regarding Robert.

A handwritten signature in black ink, appearing to read "David Simsek". The signature is fluid and cursive, with a large, stylized "S" for the last name.

**David Simsek, R.Ph.
NV Pharmacist #11073,
and former & current supervisor**

Saved under My Documents: Robert Hall Character Letter of Ref 08-03-2021

5Q

FILED**JUL 23 2021**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****ALYSSA COCJIN,
Certificate of Registration Nos. TD01942,
TD01943, TD01944, TD01945, TD01946,
TD01947, TD01948,****SOWJANYA REGANTI, MD,
Certificate of Registration Nos. CS15737 and
PD00727,****VODUR SURESH REDDY, MD,
Certificate of Registration Nos. CS11142 and
PD00726,****EMILY GUERARD, MD,
Certificate of Registration Nos. CS27731 and
PD27455,****SANTHOSH AMBIKA, MD,
Certificate of Registration Nos. CS24351 and
PD27402,****TEJVIR SINGH, MD,
Certificate of Registration Nos. CS14397 and
PD00723,****AARON BOWMAN, MD,
Certificate of Registration Nos. CS16079 and
PD00730, and****JUAN CATTONI, MD,
Certificate of Registration Nos. CS25036 and
PD00728,****Respondents.****Case No. 20-109-TD-N
20-109-CS-A-N
20-109-CS-B-N
20-109-CS-C-N
20-109-CS-D-N
20-109-CS-E-N
20-109-CS-F-N
20-109-CS-G-N****NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because at the time of the alleged events, Respondent Alyssa Cocjin (Cocjin), held expired Nevada dispensing technician registrations, Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Respondent Sowjanya Reganti, MD (Reganti), held a controlled substance registration, Certificate of Registration No. CS15737, and dispensing practitioner registration, Certificate of Registration No. PD00727, Vodur Suresh Reddy, MD (Reddy), held a controlled substance registration, Certificate of Registration No. CS11142, and dispensing practitioner registration, Certificate of Registration No. PD00726, Emily Guerard, MD (Guerard), held a controlled substance registration, Certificate of Registration No. CS27731, and dispensing practitioner registration, Certificate of Registration No. PD27455, Santhosh Ambika, MD (Ambika), held a controlled substance registration, Certificate of Registration No. CS24351, and dispensing practitioner registration, Certificate of Registration No. PD27402, Tejvir Singh, MD (Singh), held a controlled substance registration, Certificate of Registration No. CS14397, and dispensing practitioner registration, Certificate of Registration No. PD00723, Aaron Bowman, MD (Bowman), held a controlled substance registration, Certificate of Registration No. CS16079, and dispensing practitioner registration, Certificate of Registration No. PD00730, Juan Cattoni, MD (Cattoni), held a controlled substance registration, Certificate of Registration No. CS25036, and dispensing practitioner registration, Certificate of Registration No. PD00728, all issued by the Board.

FACTUAL ALLEGATIONS

2. Cocjin was employed as a dispensing technician for Reganti (TD01942), Reddy (TD01943), Guerard (TD01944), Ambika (TD01945), Singh (TD01946), Bowman (TD01947) and Cattoni (TD01948) by Cancer Care Specialists, located at 5423 Reno Corporate Drive in Reno.

3. Cocjin failed to timely renew her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, which expired on October 31, 2020.

4. While her dispensing technician registrations for each dispensing practitioner were expired, Cocjin engaged in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, and unlawfully dispensed controlled substances and dangerous drugs for approximately one hundred and forty-five days.

5. Cocjin renewed her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, on June 7, 2021.

APPLICABLE LAW

6. No person may act as a dispensing technician unless the person is employed at a facility to which a certificate of registration has been issued pursuant to NAC 639.742 and the dispensing practitioner at that facility has registered the person as a dispensing technician. NAC 639.7425(1)(b).

7. It is unlawful to dispense a controlled substance or dangerous drug except as authorized by law. 21 U.S.C. § 353(b); 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); NRS 453.226(1); NRS 453.321(1)(a); NRS 454.215; NRS 454.301; NRS 639.100(1); NRS 639.23505.

8. 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).

9. 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 issued by the Board. NRS 639.210(4).

10. Performing any act, task or operation for which registration 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).

11. The Board may suspend or revoke a registration if the holder has violated any provision of the Federal Food, Drug and Cosmetic Act or any other federal law or regulation relating to prescription drugs. NRS 639.210(11).

12. 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).

13. The Board may suspend or revoke a registration if the holder has failed to renew a certificate of registration by failing to timely submit the application for renewal. NRS 639.210(13).

14. The Board may suspend or revoke a registration to prescribe or dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest as determined pursuant to NRS 453.231. NRS 453.236(1)(e) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Failure to Time Renew Dispensing Technician Registrations (Respondent Cocjin)

15. By failing to timely renew her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Cocjin unlawfully dispensed controlled substances and dangerous drugs and is subject to discipline pursuant to NRS 639.210(13).

SECOND CAUSE OF ACTION

Violations of Federal and State Law (All Respondents)

16. By Cocjin engaging in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni, without holding a valid dispensing technician registration for each dispensing practitioner, Respondents, and each of them, violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 353(b), 21 U.S.C. §

822(a)(2), 21 U.S.C. § 823(f), NRS 453.226(1), NRS 453.321(1)(a), NRS 454.215, NRS 454.301, NRS 639.100(1), NRS 639.23505, NAC 639.742 and/or NAC 639.7425(1)(b), and are each subject to discipline pursuant to NRS 453.236(1), NRS 453.241(1), NRS 639.210(11) and/or NRS 639.210(12).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties (All Respondents)

17. By Cocjin engaging in practice as a dispensing technician for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni without holding a valid dispensing technician registration for each dispensing practitioner, Respondents, and each of them, have performed their duties as the holders of certificates of registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and are each subject to discipline pursuant to NRS 453.236(1) and/or NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice (Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni)

18. By permitting Cocjin to engage in practice as a dispensing technician without holding a valid dispensing technician registration for each dispensing practitioner, and unlawfully dispense controlled substances and dangerous drugs, Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni each aided and abetted unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and are each subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Unprofessional Conduct – Performing Task Without Required Registration (Respondent Cocjin)

19. By failing to timely renew her Certificate of Registration Nos. TD01942, TD01943, TD01944, TD01945, TD01946, TD01947 and TD01948, Cocjin unlawfully dispensed controlled substances and dangerous drugs for Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni

without a holding a valid dispensing technician registration for each dispensing practitioner, engaged in unprofessional conduct as defined in NAC 639.945(1)(k), and is subject to discipline pursuant to NRS 639.210(4).

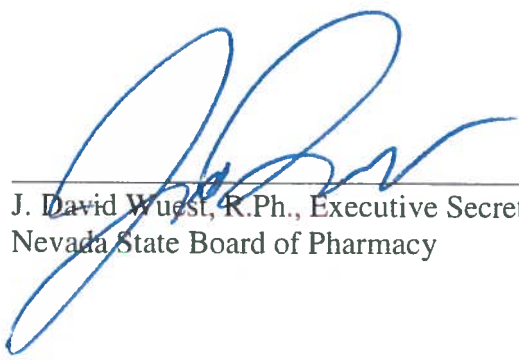
SIXTH CAUSE OF ACTION

**Commission of Acts that Render Registration Inconsistent with the Public Interest
(Respondents Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni)**

20. By permitting Cocjin to engage in practice as a dispensing technician without holding a valid dispensing technician registration for each dispensing practitioner, and unlawfully dispense controlled substances and dangerous drugs, Reganti, Reddy, Guerard, Ambika, Singh, Bowman and Cattoni each committed an act that would render their registration to dispense controlled substances inconsistent with the public interest, and are each subject to discipline pursuant to NRS 453.236(1)(e) and/or 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.

Signed this 23rd day of July, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-TD-N

Petitioner,

v.

ALYSSA COCJIN,
 Certificate of Registration Nos. TD01942,
 TD01943, TD01944, TD01945, TD01946,
 TD01947, TD01948,

Respondent.

STATEMENT AND NOTICE OF
HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

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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

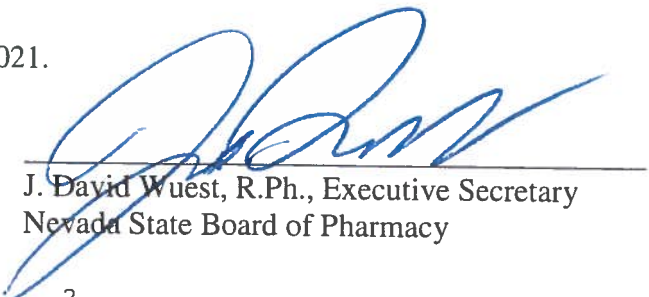
IV.

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,

CASE NO. 20-109-TD-N

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

ALYSSA COCJIN,
 Certificate of Registration Nos. TD01942,
 TD01943, TD01944, TD01945, TD01946,
 TD01947, TD01948,

Respondent.

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/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.

ALYSSA COCJIN

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:

Alyssa Cocjin
5423 Reno Corporate Dr.
Reno, NV 89511


KRISTOPHER MANGOSING

5R

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-CS-A-N

Petitioner,

v.

SOWJANYA REGANTI, MD,
Certificate of Registration Nos. CS15737 and
PD00727,

Respondent.

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**

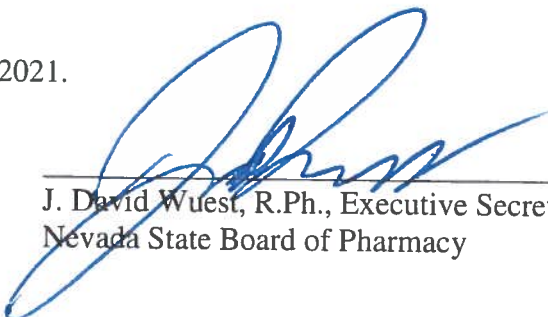
IV.

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 Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SOWJANYA REGANTI, MD,
Certificate of Registration Nos. CS15737 and
PD00727,

Respondent.

CASE NO. 20-109-CS-A-N

ANSWER AND NOTICE
OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

SOWJANYA REGANTI, MD

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:

Sowjanya Reganti, MD
5423 Reno Corporate Dr.
Reno, NV 89511



KRISTOPHER MANGOSING

5S

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-CS-B-N

Petitioner,

v.

VODUR SURESH REDDY, MD,
Certificate of Registration Nos. CS11142 and
PD00726,

STATEMENT AND NOTICE OF
HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

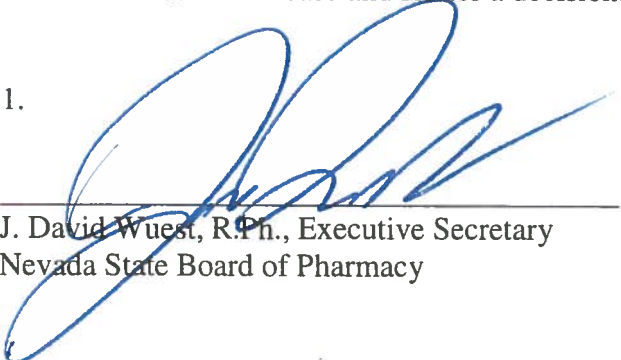
IV.

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,

CASE NO. 20-109-CS-B-N

Petitioner,

v.

**ANSWER AND NOTICE
OF DEFENSE****VODUR SURESH REDDY, MD,
Certificate of Registration Nos. CS11142 and
PD00726,****Respondent.**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/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.

VODUR SURESH REDDY, MD

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:

Vodur Reddy, MD
5423 Reno Corporate Dr.
Reno, NV 89511


KRISTOPHER MANGOSING

5T

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-CS-C-N

Petitioner,

v.

EMILY GUERARD, MD,
 Certificate of Registration Nos. CS27731 and
 PD27455,

STATEMENT AND NOTICE OF
 HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

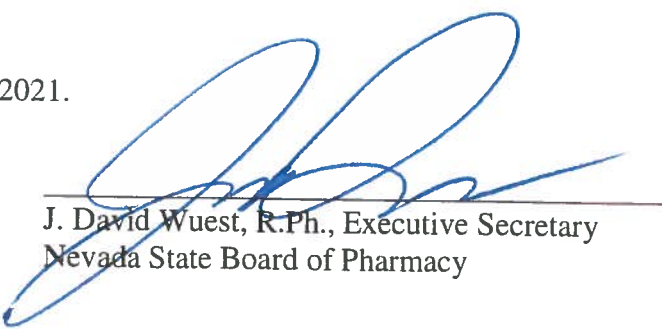
IV.

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,

CASE NO. 20-109-CS-C-N

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSEEMILY GUERARD, MD,
Certificate of Registration Nos. CS27731 and
PD27455,

Respondent.

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/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.

EMILY GUERARD, MD

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:

Emily Guerard, MD
5423 Reno Corporate Dr.
Reno, NV 89511


KRISTOPHER MANGOSING

5U

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-CS-D-N

Petitioner,

v.

SANTHOSH AMBIKA, MD,
 Certificate of Registration Nos. CS24351 and
 PD27402,

STATEMENT AND NOTICE OF
 HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

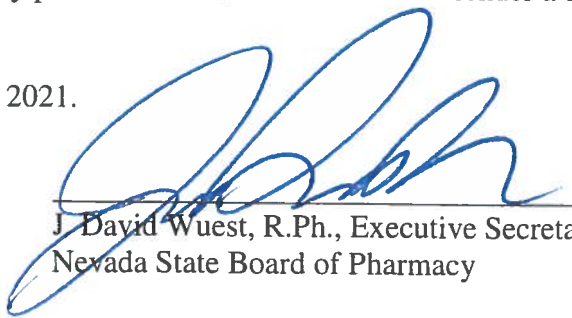
IV.

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.

SANTHOSH AMBIKA, MD,
 Certificate of Registration Nos. CS24351 and
 PD27402,

Respondent.

CASE NO. 20-109-CS-D-N

ANSWER AND NOTICE
OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

SANTHOSH AMBIKA, MD

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:

Santhosh Ambika, MD
5423 Reno Corporate Dr.
Reno, NV 89511


KRISTOPHER MANGOSING

5V

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-CS-E-N

Petitioner,

v.

TEJVIR SINGH, MD,
Certificate of Registration Nos. CS14397 and
PD00723,

STATEMENT AND NOTICE OF
HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

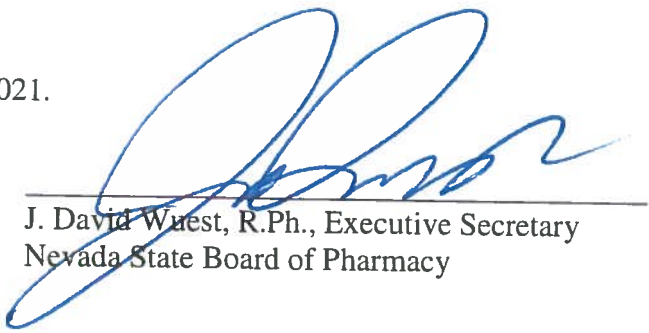
IV.

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.

**TEJVIR SINGH, MD,
Certificate of Registration Nos. CS14397 and
PD00723,**

Respondent.

CASE NO. 20-109-CS-E-N

**ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

TEJVIR SINGH, MD

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:

Tejvir Singh, MD
5423 Reno Corporate Dr.
Reno, NV 89511



KRISTOPHER MANGOSING

5W

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-CS-F-N

Petitioner,

v.

AARON BOWMAN, MD,
Certificate of Registration Nos. CS16079 and
PD00730,

STATEMENT AND NOTICE OF
HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

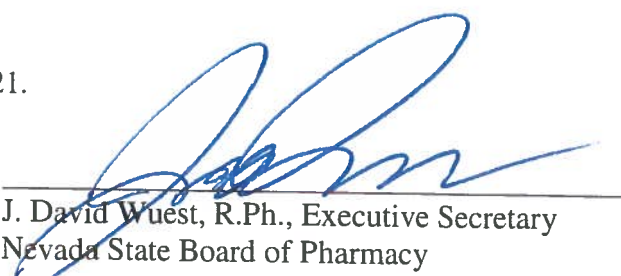
IV.

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.

AARON BOWMAN, MD,
Certificate of Registration Nos. CS16079 and
PD00730,

Respondent.

CASE NO. 20-109-CS-F-N

ANSWER AND NOTICE
OF DEFENSE

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

AARON BOWMAN, MD

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:

Aaron Bowman, MD
5423 Reno Corporate Dr.
Reno, NV 89511



KRISTOPHER MANGOSING

5X

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 20-109-CS-G-N

Petitioner,

v.

JUAN CATTONI, MD,
 Certificate of Registration Nos. CS25036 and
 PD00728,

STATEMENT AND NOTICE OF
 HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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

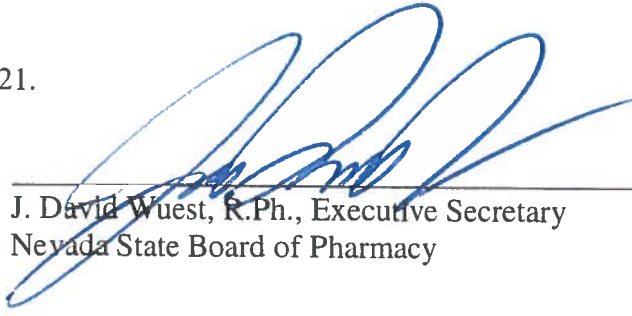
IV.

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.****JUAN CATTONI, MD,
Certificate of Registration Nos. CS25036 and
PD00728,****Respondent.****CASE NO. 20-109-CS-G-N****ANSWER AND NOTICE
OF DEFENSE**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That 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.

JUAN CATTONI, MD

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:

Juan Cattoni, MD
5423 Reno Corporate Dr.
Reno, NV 89511


KRISTOPHER MANGOSING

5Y

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

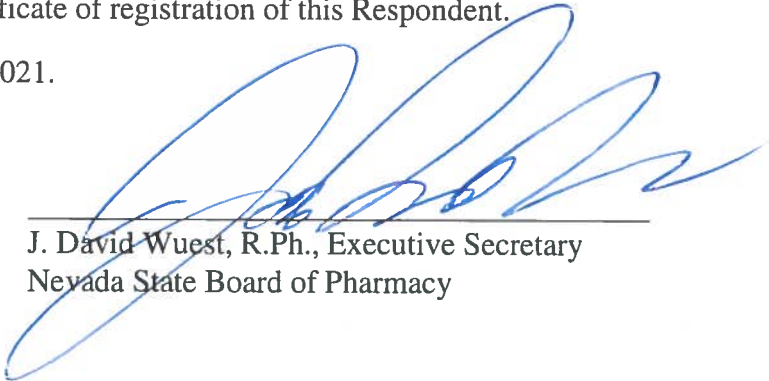
17. By diverting controlled substances and dangerous drugs as alleged herein, Respondent engaged in unprofessional conduct and conduct contrary to the public interest pursuant to NAC 639.945(1)(g) and is subject to discipline pursuant to NRS 639.210(4).

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 31st 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,

CASE NO. 21-065-RPH-N

Petitioner,

v.

GHAYDA ALRASS, RPH,
Certificate of Registration No. 13706,STATEMENT AND NOTICE OF
HEARING

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, 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**

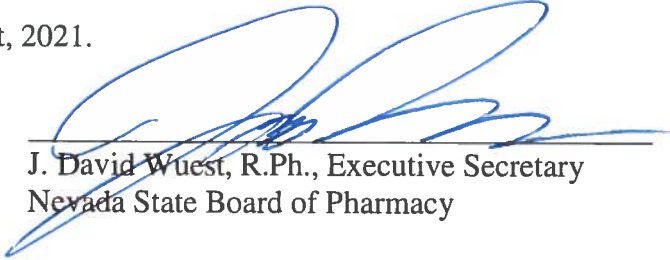
IV.

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.
404 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:
"T6, T7 Laminectomy & T6-T8 Fusion."

I left the hospital on 5/19/21 & got an order of Rx for Oxycodone 10mg. 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 career 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 allegations 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 Hour Walgreen Pharmacy 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

5Z



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

BASHIR Q. RASHID, MD,
Certificate of Registration No. CS14470, and

MINESH P. AMIN, DO,
Certificate of Registration No. CS19177,

Respondents.

Case Nos. 18-060-CS-A-S
18-060-CS-B-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and the respondents because at the time of the events alleged herein, Respondent Bashir Q. Rashid, MD (Rashid), held a controlled substance registration, Certificate of Registration No. CS14470, and Respondent Minesh P. Amin, DO (Amin), held a controlled substance registration, Certificate of Registration No. CS19177, both issued by the Board.

FACTUAL ALLEGATIONS

2. Rashid was the medical director of Regenerate Me IV, located in the Linq Hotel at 3535 Las Vegas Boulevard S, Suite G101, Las Vegas, Nevada, from approximately January 2018 -August 2018.

3. Amin has been the medical director of Regenerate Me IV since approximately September 2018.

4. Respondents and/or Regenerate Me IV employed registered nurses (RNs).

5. Rashid and Amin authorized and directed those RNs to access, possess, furnish and/or administer dangerous drugs to patients with whom respondents had not established a *bona*

fide therapeutic relationship, without the direct supervision of a practitioner, and for whom respondents had neither diagnosed or determined that a dangerous drug was medically necessary.

6. Rashid and Amin authorized and directed those RNs to provide on-site medical treatment to patients, including the administration of dangerous drugs through intravenous (“IV”) therapy and/or injections without direct practitioner supervision, and without a patient-specific and medication-specific written chart order for the patient and/or medication.

7. Respondents permitted the RNs and other unauthorized persons unrestricted and unsecured access to the stock of dangerous drugs at Regenerate Me IV and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

APPLICABLE LAW

8. It is unlawful to access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada except as authorized by law. NRS 454.213; NRS 454.215; NRS 454.221; NRS 454.301; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356.; NRS 639.100; NRS 639.23505.

9. A practitioner can give a registered nurse (RN) limited authority to possess and administer dangerous drugs pursuant to NRS 454.213(1)(c), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . a registered nurse licensed to practice professional nursing or licensed practical nurse, *at the direction of a* prescribing physician, physician assistant licensed pursuant to chapter 630 or 633 of NRS, dentist, podiatric physician or advanced practice registered nurse, or pursuant to a chart order, for administration to a patient at another location.

NRS 454.213(1)(a) (*emphasis added*); *see also* NRS 639.100(1).

10. Any person who fraudulently represents himself or herself to be a practitioner is guilty of a misdemeanor. NRS 639.281(1).

11. All dangerous drugs which are in the possession of a practitioner must be kept in a locked storage area with access restricted to authorized persons. NAC 639.742; NAC.639.745.

12. It is unlawful for any person to have in his or her possession, or under his or her

control, for the purpose of resale, or to sell or offer to sell or dispense or give away, any pharmaceutical preparation, drug or chemical which . . . is no longer safe or effective for use, as indicated by the expiration date appearing on its label. NRS 639.282(1)(d).

13. 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).

14. 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).

15. 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).

16. 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).

17. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

18. 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).

19. 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

20. By authorizing and directing Regenerate Me IV's RNs to act under the apparent authority of a practitioner to access, possess, furnish and/or administer dangerous drugs to patients as alleged herein, respondents were party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and are 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

21. By authorizing and directing Regenerate Me IV's RNs to act under the apparent authority of a practitioner to access, possess, furnish and/or administer dangerous drugs to patients as alleged herein, each respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

22. By authorizing and directing Regenerate Me IV's RNs to act under the apparent authority of a practitioner to access, possess, furnish and/or administer dangerous drugs to patients as alleged herein, respondents aided and abetted the RNs in unlicensed practice and

engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

23. By authorizing and directing Regenerate Me IV's RNs to furnish and/or administer dangerous drugs to patients with whom respondents had not established a *bona fide* therapeutic relationship, without the direct supervision of a practitioner, and for whom respondents had neither diagnosed or determined that a dangerous drug was medically necessary, respondents engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of State Law – Unlawful Possession and Administration of Dangerous Drugs

24. By authorizing and directing Regenerate Me IV's RNs to act under the apparent authority of a practitioner to access, possess, furnish and/or administer dangerous drugs to patients with whom respondents had not established a *bona fide* therapeutic relationship, without the direct supervision of a practitioner, for whom respondents had neither diagnosed or determined that a dangerous drug was medically necessary, without a patient-specific and medication-specific written chart order for the patient and/or medication, respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356 , NRS 639.100(1) and/or NRS 639.281(1), and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

SIXTH CAUSE OF ACTION

Violations of State Law - Failure to Properly Store and Secure Drugs

25. By permitting Regenerate Me IV's RNs and other unauthorized persons to have unrestricted and unsecured access to the stock of dangerous drugs at Regenerate Me IV and failing to properly segregate and/or dispose of adulterated and/or expired dangerous drugs, respondents violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.311(1), NRS 454.316(1), NRS 454.356, NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1), NAC 639.742 and NAC.639.745, and are subject to discipline pursuant to NRS 453.236(1) and NRS 639.210 (12).

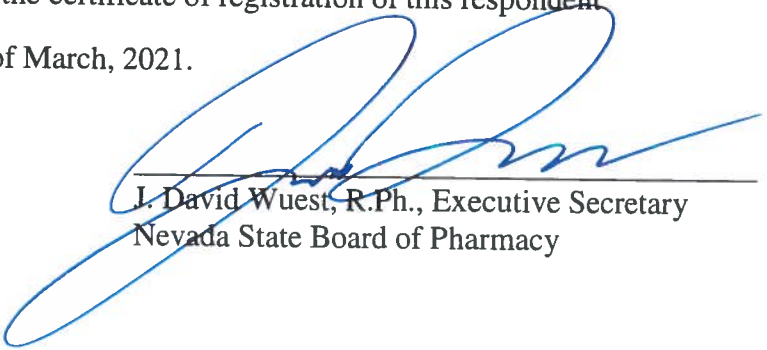
SEVENTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

26. By their actions as alleged herein, each respondent 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) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of this respondent.

Signed this 30th day of March, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-060-CS-A-S

Petitioner,

v.

**BASHIR Q. RASHID, MD,
Certificate of Registration No. CS14470,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve

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

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

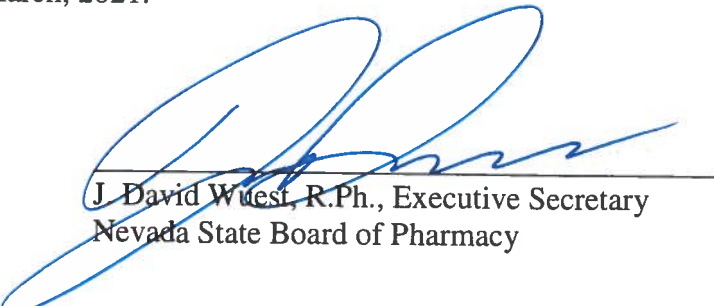
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of March, 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 31st day of March, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Bashir Q. Rashid, MD
3100 N. Tenaya Way
Las Vegas, NV 89128

Minesh P. Amin, DO
2280 Paseo Verde Pkwy, Suite 100
Henderson, NV 89052


SHIRLEY HUNTING

FILED**MAY 28 2021**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****Petitioner,****v.****BASHIR Q. RASHID, MD,
Certificate of Registration No. CS14470,****Respondent.****CASE NO. 18-060-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").

Please see attached.

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

Please 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 28th day of may, 2021.



BASHIR Q. RASHID, MD

1 Maria Nutile, Esq.
 Nevada Bar No.: 7847
 2 Bridget Kelly, Esq.
 Nevada Bar No.: 14388
 3 NUTILE LAW
 4 7395 S. Pecos Rd., Suite 103
 Las Vegas, Nevada 89120
 5 Telephone: (702) 307-4880
 6 Facsimile: (702) 307-4881
 Email: maria@nutilelaw.com
 7 bridget@nutilelaw.com

8 *Attorneys for Bashir Q. Rashid, M.D.*

9 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

10
11 NEVADA STATE BOARD OF
12 PHARMACY,

13 Petitioner,

14 v.

15 BASHIR Q. RASHID,

16 Certificate of Registration No. CS14470,

17 Respondent.

CASE NO.: 18-060-CS-S

ANSWER AND NOTICE OF DEFENSE

18
19 Respondent above named, in answer to the Notice of Intended Action and Accusation filed
20 in the above-titled matter before the Nevada States Board of Pharmacy (the "Board"), declares:

21 I. That his objections to the Notice of Intended Action and Accusation ("Notice") as
22 being incomplete or failing to state clearly the charges against him, is hereby interposed on the
23 following grounds:

24 a. As alleged, the allegations in Paragraphs 5, 6, and 7, as reflected in the First
25 through Seventh Causes of Action, violate Dr. Rashid's Sixth Amendment rights and are
26 unconstitutionally vague because they fail to apprise the Respondent, with reasonable certainty, of
27 the allegations against him and, thus, deprive him of the ability to prepare a defense. *United States*
28 *v. Estrada-Iglesias*, 425 F. Supp. 3d 1265, 1269 (D. Nev. 2019). Paragraphs 5, 6, and 7 generally
allege that Dr. Rashid authorized and directed unnamed registered nurses employed by Regenerate

1 Me IV (RNs) to treat unnamed patients at unspecified times and places with unspecified
2 intravenous (IV) and/or injectable dangerous drugs. By failing to identify specific persons and
3 instances on dates certain, the Notice of Intended Action and Accusation deprives Respondent of
4 the ability to defend himself adequately.

5 b. The purpose of the foregoing paragraph was to place the Board on notice of
6 Respondent's legal objections to its Notice. Respondent respectfully reserves the right to brief
7 further and expand upon these objections at the appropriate juncture, if necessary.

8 2. That, in answer to the Notice, he admits, denies, and alleges as follows:

9 a. As a preliminary issue, Respondent is without knowledge as to facts and
10 circumstances related to Dr. Minesh Amin, nor are Respondent and Dr. Amin jointly defended in
11 this matter. Respondent therefore responds to the allegations in the Notice only as to himself, and
12 submits no response on behalf of Dr. Amin. To the extent the Notice references "respondents",
13 Respondent denies coordinating any action or activity with Dr. Amin, and responds herein as if
the Notice referenced "respondent" only.

14 b. With regard to Paragraph 1, Respondent admits that the Board has
15 jurisdiction over this matter as to himself, and that Respondent held and still holds Certificate of
16 Registration No. CS14471.

17 c. With regard to Paragraph 2, Respondent admits he was medical director of
18 Regenerate Me IV beginning in approximately January 2018, but states he has continued as
19 medical director to the present.

20 d. Paragraph 3 does not contain allegations against the Respondent. To the
21 extent an answer is required, the Respondent denies the allegations in this paragraph.

22 e. With regard to Paragraph 4, Respondent denies that he personally employed
23 the RNs at Regenerate Me IV. Upon information and belief, Respondent states the RNs were
employed or engaged by Regenerate Me IV.

24 f. With regard to Paragraphs 5, 6, and 7, Respondent cannot respond
25 adequately to the allegations contained therein without further information, as set forth in his
26 objection above, and, thus, denies the allegations on that basis.

27 g. The allegations in Paragraphs 8 through 19 contain conclusions of law for
28 which no answer is required.

h. For the reasons set forth in his objection, and based on his denials of the

1 allegations in Paragraphs 5, 6, and 7, Respondent denies the allegations in the First through
2 Seventh Causes of Action.

3
4 I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of
5 Defense, and all facts therein stated, are true and correct to best of my knowledge.

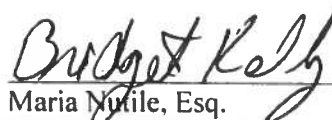
6 Dated this 20th day of May, 2021.

7 

8 BASHIR Q. RASHID, M.D.

9 On behalf of Respondent:

10 NUTILE LAW

11
12 

13 Maria Nutile, Esq.

14 Nevada Bar No.: 7847

15 Bridget Kelly, Esq.

16 Nevada Bar No.: 14388

17 NUTILE LAW

18 7395 S. Pecos Rd., Suite 103

19 Las Vegas, Nevada 89120

20 Telephone: (702) 307-4880

21 Facsimile: (702) 307-4881

22 Email: maria@nutilelaw.com

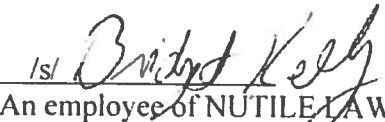
23 bridget@nutilelaw.com

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CERTIFICATE OF SERVICE

I hereby certify that I am an employee of NUTILE LAW, and that on this 28th day of May, 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.


An employee of NUTILE LAW

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**BASHIR Q. RASHID, MD,
Certificate of Registration No. CS14470, and**

**MINESH P. AMIN, DO,
Certificate of Registration No. CS19177,**

Respondents.

Case No. 18-060-CS-A-S

**STIPULATION AND ORDER
(Respondent Rashid ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Bashir Q. Rashid, MD, Certificate of Registration No. CS14470, by and through counsel, Bridget Kelly, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. The Board has jurisdiction over Respondent and this matter.
2. On or about May 28, 2021, Respondent filed an Answer and Notice of Defense to the Notice of Intended Action and Accusation (Accusation) on file in this matter.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a

hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent 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*, that Respondent:

A. As the medical director of Regenerate Me IV, authorized and directed RNs to act under his authority to access, possess, furnish and/or administer dangerous drugs including the including the administration of dangerous drugs through intravenous (“IV”) therapy and/or injections, without direct supervision, to patients with whom Respondent had not established a *bona fide* therapeutic relationship, for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, without a patient-specific and medication-specific written chart order for the patient and/or medication, in violation of NRS 454.213(1)(a), NRS 454.221, NRS 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356 , NRS 639.100(1) and/or NRS 639.281(1);

B. Permitted Regenerate Me IV’s RNs and other unauthorized persons to have unrestricted and unsecured access to the stock of dangerous drugs at Regenerate Me IV and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs, in violation of NRS 454.213(1), NRS 454.311(1), NRS 454.316(1), NRS 454.356, NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1), NAC 639.742 and/or NAC.639.745;

C. 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)(h), (i), (j), (k) and (o) and

is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4) and NRS 639.23916(3)(b); and

D. Committed acts that render his controlled substance registration inconsistent with the public interest pursuant to NRS 453.231.

7. 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.

8. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, the Board and Respondent Bashir Q. Rashid, MD, Certificate of Registration No. CS14470, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner when authorizing registered nurses to possess and administer dangerous drugs to patients;

B. Respondent shall pay a fine of Two Thousand Five Hundred Dollars (\$2500.00) for the violations, payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall pay One Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

D. Respondent shall establish and put into practice all necessary policies and procedures within his practice to ensure that:

- i. A bona fide relationship between the patient and the practitioner ordering a dangerous drug exists before any dangerous drug is ordered or administered;
- ii. The practitioner who examines the patient and orders the dangerous drug maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;
- iii. To the extent the medication called for in an order are put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives the medication to the non-practitioner; or personally controls access to the medication inventory, and provides access for the non-practitioner to retrieve, possess and control the specific medication in the specific quantity needed to fill the order; and
- iv. All dangerous drugs are kept in a locked storage area with access restricted to authorized persons; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

9. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of suspension, and immediately suspend Certificate of Registration No. CS18989. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

10. 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 September 1, 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.

11. 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.

12. 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.

13. 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 August, 2021

Signed this ____ day of August, 2021

BASHIR Q. RASHID, MD,
Certificate of Registration No. CS14470

BRETT KANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT
this ____ day of August, 2021

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 Bashir Q. Rashid, MD, Certificate of Registration No. CS14470, in Case No. 18-060-CS-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 September, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

5AA

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 18-060-CS-B-S

Petitioner,

v.

**MINESH P. AMIN, DO,
Certificate of Registration No. CS19177,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, June 2, 2021, at 9:00 a.m. or soon thereafter. Pursuant to Governor Steve

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

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

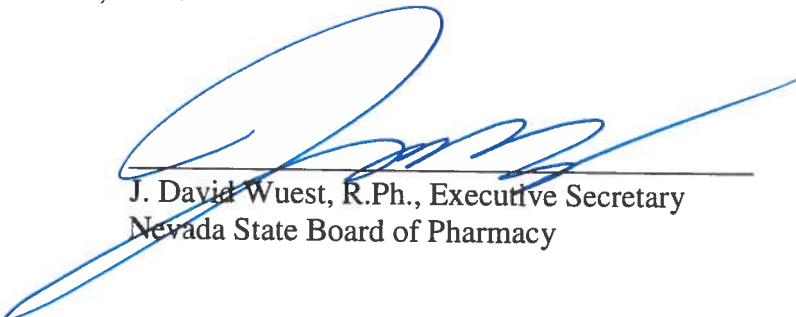
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 30th day of March, 2021.



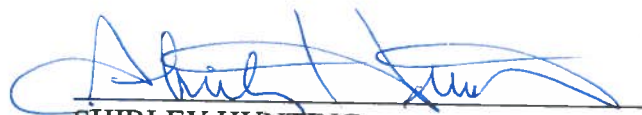
J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of March, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Bashir Q. Rashid, MD
3100 N. Tenaya Way
Las Vegas, NV 89128

Minesh P. Amin, DO
2280 Paseo Verde Pkwy, Suite 100
Henderson, NV 89052

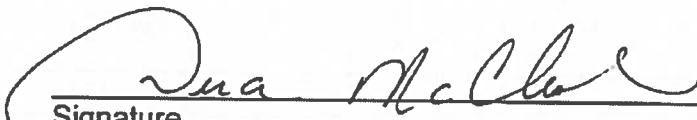


SHIRLEY HUNTING

AFFIDAVIT OF SERVICE

I HEREBY certify on the 19th day of April, 2021, I personally served a copy of the Notice of Intended Action and Accusation, Statement to the Respondent and Notice of Hearing, and Answer and Notice of Defense in Case # 18-060-CS-B-S upon Dr. Minesh Amin at 2280 Paseo Verde Pkwy #100, Henderson, NV.
(address)

I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.


Signature

Dena McClish - Board Staff
Name and Title (print)
Nevada State Board of Pharmacy

FILED**MAY 09 2021**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****NEVADA STATE BOARD OF PHARMACY,****CASE NO. 18-060-CS-B-S****Petitioner,****v.****MINESH P. AMIN, DO,
Certificate of Registration No. CS19177,****ANSWER AND NOTICE
OF DEFENSE****Respondent.**

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

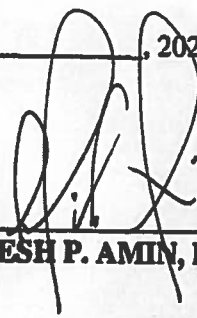
1. That his/her objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him/her, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he/she admits, denies and alleges as follows:

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 9th day of May, 2021.



MINESH P. AMIN, DO

ANSWER AND NOTICE OF DEFENSE

DELIVERED VIA EMAIL TO BRENT KANDT MAY 9, 2021

RE: Minesh Amin, D.O.
Certificate of registration No. CS19177

CASE: 18-060-CS-B-S

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed in the following grounds: (State specific objections or insert "none").
None.
2. That in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:
 - a. I deny any wrongdoing.
 - b. I would like to clarify the following factual allegation points:

Allegation 1: Rashid was the medical director of Regenerate Me IV, located in the Linq Hotel at 3535 Las Vegas Boulevard S, Suite G101, Las Vegas, Nevada, from approximately January 2018-August 2018.

Amin's Assertion: Rashid is and always has been the medical director for Regenerate Me IV. As far as I am aware, and at the time of this answer, he is still currently the medical director of Regenerate Me.

Allegation 2: Amin has been the medical director of Regenerate Me IV since approximately September 2018.

Amin's Assertion: During the time of the factual allegations, I was not the medical director of Regenerate Me. At no time was I, or have I been, the medical director of Regenerate Me IV.

In response to the CAUSES OF ACTION:

- **FIRST CAUSE OF ACTION**

- I. I deny any wrongdoing. At no time did I authorize and/or direct Regenerate Me IV's RNs to act under the apparent authority of a practitioner to access, possess, furnish, and/or administer dangerous drugs to patients, and was not party to fraudulent or deceitful practice or transaction, nor did I engage in unprofessional conduct. At no time was I the medical director of Regenerate Me IV.

- **SECOND CAUSE OF ACTION**

- I. I deny any wrongdoing. At no time did I authorize and/or direct Regenerate Me IV's RNs to act under authority of a practitioner to access, possess, furnish and/or administer dangerous drugs to patients as alleged herein. I did not perform duties as a holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner, nor engage in unprofessional conduct. At no time was I the medical director of Regenerate Me IV.

- **THIRD CAUSE OF ACTION**

- I. I deny any wrongdoing. At no time did I authorize and/or direct Regenerate Me IV's RNs to act under authority of a practitioner to access, possess, furnish and/or administer dangerous drugs to patients as alleged herein. I did not aid and abet the RNs in unlicensed practice, nor engage in unprofessional conduct.

- **FOURTH CAUSE OF ACTION**

- I. I deny any wrongdoing. At no time did I authorize and/or direct Regenerate Me IV's RNs to furnish and/or administer dangerous drugs to patients with whom a bona fide therapeutic relationship was not established.

- **FIFTH CAUSE OF ACTION**

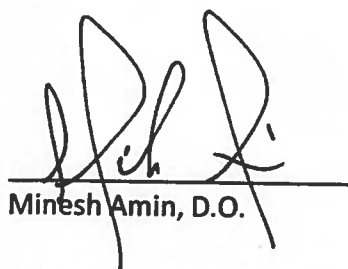
- I. I deny any wrongdoing. At no time did I authorize and/or direct Regenerate Me IV's RNs to furnish and/or administer dangerous drugs to patients with whom a bona fide therapeutic relationship was not established.

- **SIXTH CAUSE OF ACTION**

- I. I deny any wrongdoing. At no time did I permit Regenerate Me IV's RNs and other unauthorized persons to have unrestricted and unsecured access to the stock of dangerous drugs at Regenerate Me IV, nor was I the medical director overseeing segregation and/or disposal of adulterated and/or expired dangerous drugs. At no time was I the medical director of Regenerate Me IV.

- **SEVENTH CAUSE OF ACTION**

- I. I deny any wrongdoing. I did not commit any of the acts listed.


Minesh Amin, D.O.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**BASHIR Q. RASHID, MD,
Certificate of Registration No. CS14470, and**

**MINESH P. AMIN, DO,
Certificate of Registration No. CS19177,**

Respondents.

Case No. 18-060-CS-B-S

**STIPULATION AND ORDER
(Respondent Amin ONLY)**

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Minesh P. Amin, DO, Certificate of Registration No. CS19177,

HEREBY STIPULATE AND AGREE THAT:

1. The Board has jurisdiction over Respondent and this matter.
2. On or about March 30, 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 May 9, 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 prior to entering into this Stipulation.
5. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

7. Respondent 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*, that Respondent, although never medical director of Regenerate Me IV:

A. Permitted RNs to act under his authority to access, possess, furnish and/or administer dangerous drugs including the including the administration of dangerous drugs through intravenous (“IV”) therapy and/or injections, without direct supervision, to patients with whom Respondent had not established a *bona fide* therapeutic relationship, for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, without a patient-specific and medication-specific written chart order for the patient and/or medication, in violation of NRS 454.213(1)(a), NRS 454.221, NRS 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356 , NRS 639.100(1) and/or NRS 639.281(1);

B. Permitted RNs and other unauthorized persons to have unrestricted and unsecured access to the stock of dangerous drugs at Regenerate Me IV and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs, in violation of NRS 454.213(1), NRS 454.311(1), NRS 454.316(1), NRS 454.356, NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1), NAC 639.742 and/or NAC.639.745;

C. 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)(h), (i), (j), (k) and (o) and is subject to discipline pursuant to NRS 453.236(1), NRS 639.210(4) and NRS 639.23916(3)(b); and

D. Committed acts that render his controlled substance registration inconsistent with the public interest pursuant to NRS 453.231.

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 Minesh P. Amin, DO, Certificate of Registration No. CS19177, stipulate to the following penalties:

A. Respondent shall accept this Stipulation and Order as a public reprimand regarding his duties and responsibilities as a practitioner when authorizing registered nurses to possess and administer dangerous drugs to patients;

B. Respondent shall pay a fine of One Thousand Dollars (\$1000.00) 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:

- i. A bona fide relationship between the patient and the practitioner ordering a dangerous drug exists before any dangerous drug is ordered or administered;
- ii. The practitioner who examines the patient and orders the dangerous drug maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;
- iii. To the extent the medication called for in an order are put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and
- iv. All dangerous drugs are kept in a locked storage area with access restricted to authorized persons; and

E. Respondent shall comply with all federal and state statutes and regulations regarding controlled substances and dangerous drugs.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may lift the stay of suspension, and immediately suspend Certificate of Registration No. CS18989. The Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

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 September 1, 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 17th day of August, 2021

Signed this ____ day of August, 2021



MINESH P. AMIN, DO,
Certificate of Registration No. CS19177

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 Minesh P. Amin, DO, Certificate of Registration No. CS19177, in Case No. 18-060-CS-B-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 September, 2021.

Helen Park, Pharm.D.
President
Nevada State Board of Pharmacy

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6A

FILED**JUL 23 2021**NEVADA STATE BOARD
OF PHARMACY**BEFORE THE NEVADA STATE BOARD OF PHARMACY****In the Matter of the Citation Appeal by:****AIRCARE SMRT, LLC****CASE NO. 20-062-S****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**

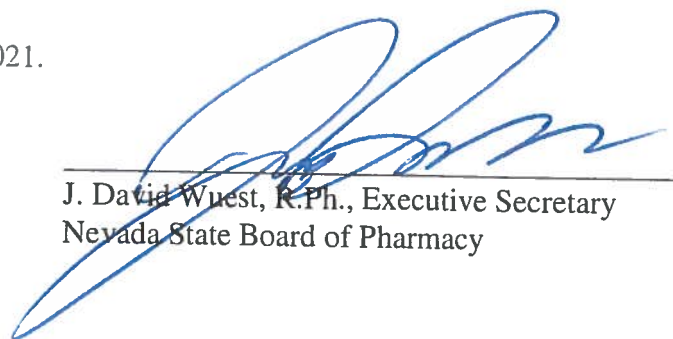
**Via Videoconference at Zoom: <https://zoom.us/j/5886256671>
or**

**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 21st day of July, 2021.

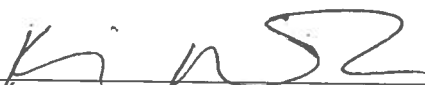


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

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,

A handwritten signature in black ink, appearing to read "Courtney K. Lee".

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

6B



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

AMERICAN BUFFALO XPRESS,

Respondent.

Case No. 20-226-N

STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 10, 2021, a Cease and Desist/Citation and Fine was served upon Respondent American Buffalo Xpress alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. 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

2. 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.

3. 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.

4. 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

5. 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).

6. 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).

FIRST CAUSE OF ACTION

Violations of Federal and State Law

10. By engaging in the business of receiving, storing and delivering prescription drugs for Walmart, Inc., to Walmart pharmacies in this State as alleged herein, American Buffalo Xpress has 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.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, 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**

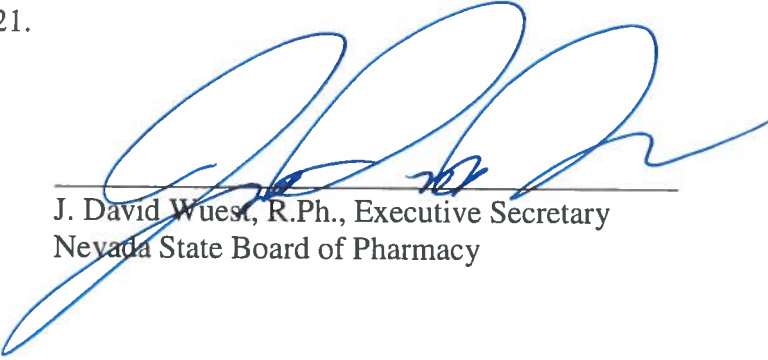
Via Videoconference at Zoom: <https://zoom.us/j/5886256671>

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.

DATED this 25th day of July, 2021.

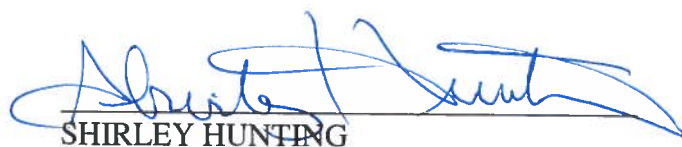


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

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:

Gerald Sargent
American Buffalo Express
630 Lander Street
Reno, NV 89509



SHIRLEY HUNTING

6C



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SANDRA BLEDSOE, D/B/A VIP FACES,

Respondent.

Case No. 21-042-S

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 3, 2021, a Cease and Desist/Citation and Fine was served upon Respondent Sandra Bledsoe (Bledsoe) alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. From approximately July 15, 2015, to at least February 14, 2016, Bledsoe owned and operated VIP Faces, located at 1900 East Desert Inn Road in Las Vegas.
2. Bledsoe is not a licensed practitioner in Nevada.
3. Bledsoe retained Frank P. Silver, MD (Silver), as supervising physician and medical director of VIP Faces, and engaged in the unlawful use of Silver's authority as a licensed practitioner to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs.
4. Bledsoe and/or the staff of VIP Faces unlawfully provided on-site medical treatment, including the administration of dangerous drugs through cosmetic injections, to patients who had not been examined by a practitioner to determine whether a dangerous drug was medically necessary, and without direct supervision from a practitioner.
5. Bledsoe and/or the staff of VIP Faces unlawfully performed cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex.

6. Bledsoe and/or the staff of VIP Faces unlawfully counseled patients regarding their medical treatment, including the administration of dangerous drugs.

7. Bledsoe purchased, possessed and stored an unsecured stock of dangerous drugs at VIP Faces, and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

8. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Dr. Silver's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to his failure to adequately supervise Bledsoe in the operation of VIP Faces, and NRS 630.306(1)(b)(3), related to Bledsoe possessing and administering dangerous drugs to patients. *See* EXHIBIT A hereto.

9. On or about June 2, 2021, the Nevada State Board of Pharmacy entered an Order in Case No. 21-001-CS-S, and imposed discipline on Dr. Silver's Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, related to his failure to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit*, cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316. *See* EXHIBIT B hereto.

10. On or about June 2, 2021, Bledsoe appealed the Cease and Desist/Citation and Fine and requested a hearing before the Board.

APPLICABLE LAW

1. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.221; NRS 454.31; NRS 454.316; NRS 454.321; NRS 454.356.

2. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

3. It is a felony offense to knowingly or intentionally obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 454.311(1).

4. It is a criminal offense to possess a dangerous drug in violation of Nevada law. NRS 454.316(1).

5. It is a felony offense to furnish any dangerous drug in violation of Nevada law. NRS 454.221(1).

6. It is a felony offense to perform a surgical procedure on another person without a license. NRS 200.840(1).

7. 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. 21 U.S.C. § 331; 21 U.S.C. § 351; 21 CFR § 211.137; NRS 585.370; NRS 585.520; NRS 639.282(1)(d).

8. A prescription drug that is outdated, damaged, deteriorated, misbranded or adulterated must be separated from other prescription drugs until it is destroyed or returned to the supplier. NAC 639.601(1).

FIRST CAUSE OF ACTION
Violations of Federal and State Law

9. By engaging in unlicensed practice as alleged herein, Bledsoe has 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 CFR § 211.137, NRS 200.840(1), NRS 454.213, NRS 454.221(1), NRS 454.311(1), NRS 454.316(1), NRS 454.321, NRS 454.356, NRS 585.370, NRS 585.520, NRS 639.100(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.637-.640.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, 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>

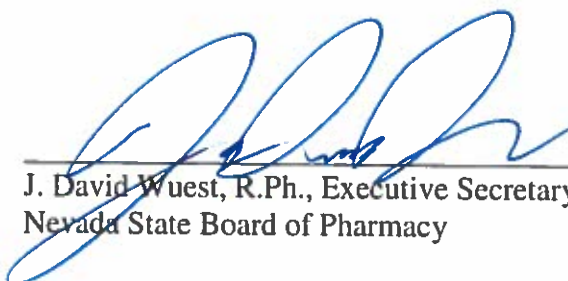
or

**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.

DATED this 23rd day of July, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy



Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST
FRANK P. SILVER, M.D.
SETTLEMENT AGREEMENT

Case No: 20-4041-1

Date: December 4, 2020

ADJUDICATING MEMBERS

Rachakonda D. Prahbu, M.D.
Victor M. Muro, M.D.
Weldon Havins, M.D., J.D.
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

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2. SETTLEMENT AGREEMENT

1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-4041-1

Against:

FRANK P. SILVER, M.D.,

Respondent.

FILED

NOV 17 2020

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Frank P. Silver, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 2641), and has been licensed by the Board since August 8, 1972. Respondent is a medical doctor specializing in gynecology and infertility. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

Statement of Nevada Law Applicable to "Medical Spas" and "Medical Doctors"

Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

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¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury and Aury Nagy, M.D.

3. Pursuant to NRS 630.020, the “practice of medicine” means either (1) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in subsections (1) and (2) by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States, or (4) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections (1) and (2).

4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for initiating disciplinary action or denying licensure.

5. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine is by delegating specific tasks to an adequately supervised and trained “medical assistant.” Pursuant to NRS 630.0129, a “medical assistant” means a person who (a) performs clinical tasks under the supervision of a physician or physician assistant; and (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; and the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the delegating practitioner knows that the medical assistant possesses the knowledge, skill and

1 training to perform the task safely and properly; (b) the medical assistant is not required to be
 2 certified or licensed to perform that task; (c) the medical assistant is employed by the delegating
 3 practitioner or the medical assistant and the delegating practitioner are employed by the same
 4 employer; and (d) the employer of the medical assistant has complied with the requirements of
 5 subsection 2 as they relate to the task.

6 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
 7 medical assistant, except in a specific case of emergency in a rural area.²

8 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
 9 medical assistant is delegated a task which involves an "invasive procedure,"³ the delegating
 10 practitioner must be immediately available to exercise oversight in person while the medical
 11 assistant performs the task.

12 10. The term "medical director" is not recognized or defined under any Nevada law or
 13 regulation pertaining to the professional conduct and responsibility of licensed medical
 14 professionals, and no law authorizes so-called "medical directors" to violate or circumvent the
 15 aforementioned statutes and regulations of the Medical Practice Act.

16 11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and
 17 NRS 630.0129, and NAC 630.800 to NAC 630.840:

18 a. If a practitioner, whether by serving as a so-called "medical director" or by
 19 some other relationship or circumstance, aids, assists, employs or advises, directly or
 20 indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner
 21 may lawfully do so only by delegating tasks to an adequately supervised, competent and properly
 22 trained medical assistant.

23
 24 ² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b)
 25 the delegating practitioner is physically located a significant distance from the location where the task is to be
 26 performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention;
 27 (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the
 delegating practitioner is immediately available by telephone or other means of instant communication during the
 performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State
 other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

28 ³ The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733, pertaining to
 Medical Facilities, defines "invasive procedure" as "a medical procedure involving entry into the human body by
 puncture or incision or by insertion of an instrument,"

b. If a practitioner, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then: (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and assisting the unlicensed practice of medicine.

c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and that the practitioner is nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.

d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

Cosmetologists, "Medical Spas," "Medical Estheticians," & Unlicensed Practice of Medicine

12. Pursuant to NRS 644A.030, a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of electrolysis, depilatories, waxing, or sugaring, except for the permanent removal of hair with needles,

manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services. Likewise, pursuant to NRS 644A.065, a licensed "esthetician" is not authorized to practice medicine in any way. Instead, pursuant to NRS 644A.075, a licensed esthetician is licensed to engage in "[b]eautifying, massaging, cleansing or stimulating the skin of the human body by the use of cosmetic preparations, antiseptics, tonics, lotions or creams or any device, electrical or otherwise, for the care of the skin," "[a]pplying cosmetics, eyelash extensions or eyelashes to any person, tinting eyelashes and eyebrows, eyelash perming and lightening hair on the body," and "[r]emoving superfluous hair from the body of any person by the use of depilatories, waxing, tweezers or sugaring."

13. Pursuant to NAC 644A.790 a cosmetologist and esthetician is further explicitly prohibited from performing "invasive procedures," which is defined as "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which for the sake of regulating the practice of cosmetologists and estheticians includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

14. There is no such license as "medical esthetician"⁴ or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. The term "medical esthetician" is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes cosmetologists or estheticians to violate or circumvent the aforementioned statutes and regulations of the Nevada Medical Practice Act by referring to themselves as "medical estheticians" or "medical cosmetologists."⁵

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⁴ Esthetician is sometimes spelled "aesthetician." Nevada law in NRS Chapter 644A refers to "esthetician," and, accordingly, this spelling is used throughout this Complaint.

⁵ In fact, use of the title "medical esthetician" or "medical cosmetologist" by individuals licensed by the Nevada State Board of Cosmetology (NSBC) is prohibited in Nevada. It is grounds for disciplinary action by the NSBC if a licensee uses the term "expert," "advanced," or "medical" in connection with the description of his or her practice. See NAC 644A.870(2).

1 15. Accordingly, a Nevada licensed cosmetologist or esthetician may not practice
2 medicine in any way, or perform invasive medical procedures or medical services of any kind,
3 except as a "medical assistant" to a Nevada licensed medical professional, i.e., either as the
4 medical assistant of a Nevada licensed physician or physician assistant pursuant to
5 NRS 630.0129, et. seq., and NAC 630.800 to NAC 630.830, as described above, or similarly as
6 another type of professional "assistant," "hygienist," "technician," or other such designation,
7 who is delegated tasks by and under the direct supervision of another medical professional
8 who is duly licensed pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

9 16. If a cosmetologist or esthetician practices or purports to practice medicine in any
10 way, unless he or she acts as a medical assistant and is delegated tasks and is properly
11 supervised by a professional medical practitioner, then he or she is violating
12 NRS 630.400(1)(d) by practicing medicine without a license.

13 **Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices**

14 17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation
15 adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating
16 disciplinary action against a licensee.

17 18. Pursuant to NRS 454.201, a "dangerous drug" is "any drug, other than a controlled
18 substance, unsafe for self-medication or unsupervised use, and includes, the following, (1) any
19 drug which has been approved by the Food and Drug Administration for general distribution and
20 bears the legend: 'Rx Only'; (2) procaine hydrochloride with preservatives and stabilizers
21 (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State
22 Board of Health for manufacture in this State but have not been approved as drugs by the Food
23 and Drug Administration; or (3) any drug which, pursuant to the Board's regulations, may be sold
24 only by prescription because the Board has found those drugs to be dangerous to public health or
25 safety."

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28 ///

1 19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or
2 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal
3 prescription or by a practitioner.

4 20. Pursuant to NRS 454.009, a "hypodermic" device is "any syringe, needle,
5 instrument, device or implement intended or capable of being adapted for the purpose of
6 administering drugs by subcutaneous, intramuscular or intravenous injection."

7 21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her
8 possession or under his or her control any hypodermic device (that is restricted by federal law to
9 sale by or on the order of a physician), unless the person has acquired possession of such device in
10 accordance with the provisions of NRS 454.480 to NRS 454.530, inclusive, that is, by sale
11 from a licensed pharmacist, on the prescription of a physician or other practitioner, which
12 prescription is filled as required by NRS 639.236, and may be refilled as authorized by the
13 prescriber.

14 22. Accordingly, pursuant to NRS 454.009, NRS 454.201, NRS 454.316, NRS 454.321
15 and NRS 454.510, a Nevada licensed cosmetologist and/or aesthetician is not permitted by
16 Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or
17 hypodermic devices, except as a medical assistant under the direct supervision of a Nevada
18 licensed physician, physician assistant, or other licensed medical professional, and then only if
19 otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

20 23. NAC 639.742(1) provides that a practitioner who wishes to dispense
21 dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense
22 dangerous drugs. A practitioner must submit a separate application for each site of practice,
23 including, without limitation, telepharmacy, remote site or satellite consultation site, from which
24 the practitioner wishes to dispense dangerous drugs.

25 24. NAC 639.742(2) provides that if a facility from which the practitioner intends to
26 dispense dangerous drugs is not wholly owned and operated by the practitioner, the owner or
27 owners of the facility must also submit an application to the Pharmacy Board for a license to do
28 so.

25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745.⁶
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;
- (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient.
- (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

⁶ NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.072) 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall: (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include: (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address; (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug; (3) The directions for use; (4) The date the prescription was issued; and (5) A unique identifying number. (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480. (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801. (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements. (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section. 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing. 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is: (a) Maintained on paper, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location. (a) Maintained in a computer, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

26. NAC 639.742(4)(a) to NAC 639.742(b) provides, in part, that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

27. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;
- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug

(c) Using secret formulas.

(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license,

certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner of a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona-fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

30. Accordingly, any physician or physician assistant who—whether by serving as a so-called “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any “medical spa” wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)–(3), (4)(a)–(b), or 639.945(1)–(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

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Respondent's Medical Directorship of Sandra Bledsoe

31. At all relevant times alleged herein, Respondent was an OB/GYN in Las Vegas, Nevada.

32. On or about July 15, 2015, Respondent entered into an agreement (Agreement) with an individual identified as Sandra Bledsoe (Bledsoe). This Agreement allowed Bledsoe to inject Botox, Juvaderm and B12 Vitamin Complex to cosmetic clients, and Respondent acted as supervising physician/Medical Director for VIP Faces, located at 1900 East Desert Inn Road, Las Vegas, Nevada 89169, which was located within the offices of the Desert Inn Women's Clinic. Desert Inn Medical Center owned and operated Desert Inn Women's Clinic at that time. This Agreement provided VIP Faces would pay Desert Inn Medical Center one thousand dollars (\$1,000.00) per month for utilization of two rooms for VIP Faces to perform cosmetic injections using Botox and Juvederm. Also, VIP Faces agreed to refer to Respondent weight loss patients if requested by the client. As Medical Director of VIP Faces, Respondent would examine some, but not all, of VIP Faces clients.

33. On February 24, 2016, the Board's investigators and investigators from the Pharmacy Board inspected VIP Faces located at 1900 E. Desert Inn Road, Las Vegas, NV. Bledsoe was not present during this inspection. However, Respondent was present and stated the following: that he was the supervising physician/Medical Director of VIP Faces, which was owned by Bledsoe, whom he had known for about a year. Unlike his other OB-GYN patients, Respondent did not have a physician-patient relationship with Bledsoe's VIP Faces cosmetic patients. Respondent also stated that he did not examine Bledsoe's cosmetic patients and saw them as they came out of VIP Faces rooms. Respondent did not establish a bona-fide medical relationship with Bledsoe's clients unless they requested other medical care, such as weight loss or gynecology. If a client requested a weight-loss program, then Respondent would examine the patient and prescribe Phentermine as part of their weight loss program. Inspectors found in a refrigerator one used vial of Botox one hundred (100) units with approximately fifty (50) units remaining and two more unopened boxes of Botox units. Respondent admitted that he allowed Bledsoe to act like a medical assistant in ordering products from drug makers Allergan and

1 McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was
2 ordering for VIP Faces' use or her own personal use.

3 34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's
4 medical supervision, and without Respondent's medical orders or instructions. Bledsoe also
5 injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the
6 public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-
7 loss.

8 35. Respondent was not a manager, agent, officer or employee of VIP Faces.

9 36. Respondent had no ownership or member interest in VIP Faces, but he had a
10 contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty
11 to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

12 37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by
13 Respondent during the time Respondent served as Medical Director of VIP Faces.

14 38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her
15 independent contractors of VIP Faces were licensed by any Nevada professional licensing board
16 pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the
17 State of Nevada.

18 39. Other than Respondent as Medical Director no person in any way affiliated with
19 VIP Faces held a medical license issued by the Nevada Medical Board.

20 40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed
21 esthetician.

22 41. During Respondent's supervision as Medical Director pursuant to the Agreement,
23 VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or
24 consulted Bledsoe.

25 42. Respondent has been licensed in active status (License No. PD00433) by the
26 Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following
27 location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

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1 43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and
2 hypodermic devices are available only by prescription, and are dangerous drugs as defined by
3 NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP
4 Faces, as Bledsoe solely controlled their possession.

5 44. As a result, Respondent, negligently through his lack of supervision, provided the
6 aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and
7 control to Bledsoe.

8 45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe
9 provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or
10 utilized hypodermic devices, to VIP Faces' patients.

11 46. During Respondent's supervision pursuant to the Agreement, the conduct by
12 Bledsoe constitutes the practice of medicine in Nevada.

13 47. During Respondent's supervision pursuant to the Agreement on the date of
14 inspection, VIP Faces' medical records contained no entries for patient history, notes, examination
15 findings, procedures performed, or therapeutic procedures performed by Respondent, unless the
16 patient was referred by VIP Faces for weight loss or other gynecological procedures.

17 48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her
18 discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces
19 without adequate supervision by Respondent.

20 49. Botox and Juvederm were stored in a secure, locked room or cabinet to which
21 the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to
22 these dangerous drugs and/or hypodermic devices.

23 50. Botox is introduced hypodermically, that is, subcutaneously.

24 51. During Respondent's supervision as Medical Director pursuant to the Agreement,
25 Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a
26 dispensing license as required by the Pharmacy Board.

27 52. During Respondent's supervision as Medical Director pursuant to the Agreement,
28 Respondent was not always present when Bledsoe injected the aforementioned dangerous drugs.

53. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent neither received personally nor accounted for personally the dangerous drugs and/or hypodermic devices utilized for injections administered by Bledsoe.

a. The dangerous drugs and the use of hypodermic devices were not dispensed in accordance with NAC 639.745. Respondent did not have a bona-fide therapeutic relationship with some of the VIP Faces patients at issue.

b. Respondent personally did not inject the drugs dispensed in VIP Faces' two rooms, Respondent failed to assure through supervision that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

54. Respondent failed to adequately supervise Bledsoe to ensure that she possessed the knowledge, skill, and training to perform injections on clients and/or patients safely and properly.

COUNT I

NRS 630.306(1)(r): Failure to Adequately Supervise

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action against a licensee.

57. By the conduct described herein, Respondent failed to supervise adequately, or supervise properly Bledsoe, and any contractors of VIP Faces in their performance of medical tasks as Medical Director pursuant to the Agreement.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT II

NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations

59. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

60. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

61. By the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including, but not limited to NAC 639.742(1)–(3), (4)(a)–(b), 639.945(1)–(3).

62. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and,

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1 5. That the Nevada State Board of Medical Examiners take such other and further
2 action as may be just and proper in these premises.

3 Dated this 17 day of November, 2020.

4 INVESTIGATIVE COMMITTEE OF THE
5 NEVADA STATE BOARD OF MEDICAL EXAMINERS

6 By: 
7 Robert Kilroy, Esq., J.D., General Counsel
8 Attorney for the Investigative Committee
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OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

1 VERIFICATION

2 STATE OF NEVADA)
 3) : ss.
 4 COUNTY OF WASHOE)

5 Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of
 6 perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of
 7 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read
 8 the foregoing Complaint; and that based upon information discovered in the course of the
 9 investigation into a complaint against Respondent, he believes that the allegations and charges in
 10 the foregoing Complaint against Respondent are true, accurate and correct.

11 DATED this 17 day of November, 2020.

12 INVESTIGATIVE COMMITTEE OF THE
 13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

14 M. Neil Duxbury

15 M. Neil Duxbury, Chairman
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1 **CERTIFICATE OF SERVICE**

2 I hereby certify that I am employed by the Nevada State Board of Medical Examiners and
3 that on the 17th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST**
4 **AMENDED COMPLAINT**, via Electronic Mail to the following parties:

5 Valerie I. Fujii, Esq.
6 c/o Frank P. Silver, M.D.
7 Law Offices of Valerie I. Fujii & Associates
8 val@fujii-lawlv.com

9 DATED this 17th day of November, 2020.

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11 Mercedes Fuentes, Legal Assistant
12 Nevada State Board of Medical Examiners
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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and Complaint
Against
FRANK P. SILVER, M.D.,
Respondent.**

Case No. 20-4041-1

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 6, 2020, in Case No. 20-8462-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
 2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of this Complaint, has reviewed and
 4 understands this Complaint, and has had the opportunity to consult with competent counsel
 5 concerning the nature and significance of this Complaint.

6 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
 7 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
 8 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
 9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
 10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
 11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
 12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
 13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
 14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
 15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
 17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
 18 license, including license probation, license suspension, license revocation and imposition of
 19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
 20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
 22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
 23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
 24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
 25 Board has the right to decide in its own discretion whether or not to approve this Agreement. If
 26 the Board does not agree and approve this Agreement, then Respondent may rescind this
 27 Agreement in its entirety. Respondent understands and agrees that if the Board approves this
 28 Agreement, then the terms and conditions enumerated below shall be binding and enforceable

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1 upon him and the Board.

2 **B. TERMS & CONDITIONS**

3 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 4 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 5 conditions:

6 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
 7 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 8 forth in the Medical Practice Act.

9 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
 10 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 11 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 12 matter materially changes prior to entering into this Agreement and for the duration of this
 13 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 14 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 15 have a full consultation with and upon the advice of legal counsel.

16 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
 17 and conditions, if the Board approves this Agreement, and all conditions, then Respondent
 18 knowingly, willingly and intelligently waives all rights in connection with this administrative
 19 matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under
 20 the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the
 21 APA, and any other legal rights that may be available to him or that may apply to him in
 22 connection with the administrative proceedings resulting from the Complaint filed in this matter,
 23 including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and
 24 imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to
 25 settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing
 26 or any further proceedings and without the right to judicial review.

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1 4. Acknowledgement of Reasonable Basis to Proceed. As of the time of entering
2 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
3 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
4 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges
5 Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit
6 and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
7 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
8 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
9 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
10 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
11 effectuate this Agreement.

12 5. Consent to Entry of Order. In order to resolve this Complaint pending against
13 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
14 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
15 the following terms and conditions are hereby agreed upon:

16 a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately
17 Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in
18 Conduct That Violated Pharmacy Board Regulations).

19 b. Respondent will pay the costs and expenses incurred in the investigation
20 and prosecution of the above-referenced matter within six (6) months of the Board's acceptance,
21 adoption and approval of this Agreement, the current amount being three thousand one-hundred
22 and forty-five dollars and forty-four cents (\$3145.44). not including any costs that may be
23 necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of
24 \$524.24, with the first payment due on December 18, 2020, and last payment tendered no later
25 than June 4, 2021.

26 c. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty
27 (60) days of the Board's acceptance, adoption and approval of this Agreement.

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d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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Reno, Nevada 89521
(775) 688-2359

1 7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall
2 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
3 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
4 this Agreement, counsel for the IC may communicate directly with the Board staff and the
5 adjudicating members of the Board.

6 Respondent acknowledges that such contacts and communications may be made or
7 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
8 meeting where this Agreement is discussed, and that such contacts and communications may
9 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
10 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
11 Respondent and/or Counsel for the Respondent may appear at the Board meeting where this
12 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
13 IC or the IC's counsel.

14 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
15 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
16 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
17 and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board
18 does not accept the settlement terms of this Agreement, then the Respondent may withdraw his
19 admissions(s) within this Agreement and may rescind the Agreement in its entirety.

20 9. Effect of Rejection of Agreement by Board. In the event the Board does not
21 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
22 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
23 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
24 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
25 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
26 this Agreement and from participating in disciplinary proceedings against Respondent, including
27 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
28 such member absent evidence of bad faith.

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1 10. Binding Effect. If approved by the Board, Respondent understands that this
 2 Agreement is a binding and enforceable contract upon Respondent and the Board.

3 11. Forum Selection Clause. The parties agree that in the event either party is
 4 required to seek enforcement of this Agreement in district court, the parties consent to such
 5 jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court,
 6 State of Nevada, Clark County.

7 12. Attorneys' Fees and Costs. The parties agree that in the event an action is
 8 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 9 be entitled to recover reasonable attorneys' fees and costs.

10 13. Failure to Comply With Terms. Should Respondent fail to comply with any term
 11 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 12 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 13 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 14 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 15 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 16 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 21 day of NOV, 2020.

INVESTIGATIVE COMMITTEE OF THE
 NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
 Robert Kilroy, Esq., General Counsel
 Attorney for the Investigative Committee

DATED this 24th day of November, 2020.

VALARIE I. FUJII & ASSOCIATES

By: *Valarie Ise Fujii*
 Valarie I. Fujii, Esq.
 Attorneys for Respondent

DATED this 28 day of NOVEMBER, 2020.

Frank P Silver M.D
 Frank P. Silver, M.D., Respondent



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Case No. 21-001-CS-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Frank P. Silver, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, both issued by the Board.

FACTUAL ALLEGATIONS

2. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to failure to adequately supervise a medical assistant, and NRS 630.306(1)(b)(3), related to engaging in conduct that violates Board regulations for possessing and administering dangerous drugs.

3. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent acted as supervising physician and medical director of VIP Faces, located at 1900 East Desert Road, Las Vegas, Nevada, at the time of the events alleged herein.

4. As detailed in the NSBME's order in Case No. 20-4041-1, Sandra Bledsoe (Bledsoe) owned and operated VIP Faces. Bledsoe is not a licensed as a practitioner in Nevada.

5. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe to act under his authority to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs, specifically to perform cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.

6. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary.

7. As detailed in the NSBME's order in Case No. 20-4041-1, with Respondent's knowledge and authorization, Bledsoe and/or the staff of VIP Faces provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.

8. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and administer dangerous drugs to patients without his supervision.

9. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to counsel patients regarding their medical treatment, including the administration of dangerous drugs.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or

dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

11. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

12. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)

and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

17. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

18. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

20. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent aided and abetted Bledsoe and/or the staff of VIP Faces in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

21. By permitting Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of State Law

22. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's

order in Case No. 20-4041-1, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

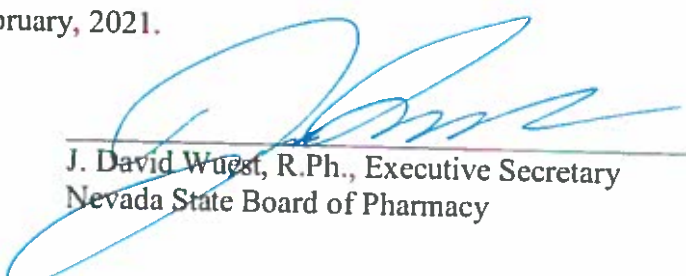
SIXTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-4041-1, and by violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1) as alleged herein, Respondent has committed acts that render his registrations to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

Signed this 15th day of February, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 21-001-CS-S

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 14, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

or

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

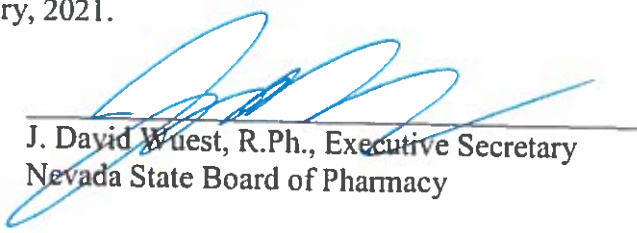
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of February, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 21-001-CS-S

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

**ANSWER AND NOTICE
OF DEFENSE**

Respondent.

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/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.

FRANK P. SILVER, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Frank Silver, MD
1900 E Desert Inn Rd
Las Vegas, NV 89169


SHIRLEY HUNTING



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Case No. 21-001-CS-S

STIPULATION AND ORDER

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, by and through counsel, Richard A. Schonfeld, Esq., David Z. Chesnoff, Esq., and Valarie I. Fujii, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 15, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. On or about February 28, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing which may be sufficient to establish a factual basis for the violations alleged therein, *to wit*, that:

A. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3);

B. Respondent at times failed to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit*, cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316; and

C. Respondent engaged in conduct contrary to the public interest as defined in NAC 639.945(1).

7. Respondent has not any professional affiliation nor engaged in professional practice with VIP Faces for over three years.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.241(1) and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation,

the Board and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, stipulate to the following:

A. Respondent shall pay a fine of Three-Thousand Dollars (\$3000.00) payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall establish policies and procedures within his practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a cosmetic injectable exists before the medication is ordered or administered;

ii. The practitioner who examines the patient and orders a cosmetic injectable maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;

iii. To the extent a cosmetic injectable called for in an order is put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and

iv. All cosmetic injectables are kept in a locked storage area with access restricted to authorized persons.

D. Respondent shall comply with all federal and state statutes and regulations regarding cosmetic injectables.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 2, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter shall be heard by the Board. The terms herein may not be used or referred to in a full hearing on the merits of this matter.

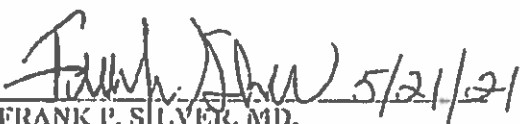
14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations set forth in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of May, 2021

Signed this ____ day of May, 2021


FRANK P. SILVER, MD,
Certificate of Registration Nos.
CS04120 and PD00433


BRET BRANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND
CONTENT this 21st day of May, 2021

APPROVED AS TO FORM AND
CONTENT this 21 day of May, 2021


RICHARD A. SCHONFELD, ESQ.
DAVID Z. CHESNOFF, ESQ.
Counsel for Respondent


VALARIE L. FUJII, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, in Case No. 21-001-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 2nd day of June, 2021.



Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of June, 2021, I served a true and correct copy of the foregoing document by electronic mail to rschonfeld@cslawoffice.net and by Certified U.S. Mail to the following:

Richard A. Schonfeld, Esq.
CHESNOFF & SCHONFELD
520 South Fourth Street
Las Vegas, NV 89101



BRETT KANDT

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:

Sandra Bledsoe c/o
Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104


SHIRLEY HUNTING



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 3, 2021

VIA CERTIFIED U.S. MAIL

9171 9690 0935 0252 0549 40

Sandra Bledsoe
c/o Revenge MD
2405 W. Horizon Ridge Pkwy #100
Henderson, Nevada 89052

Re: CITATION/FINE: Unlicensed Activity (Case No. 21-042-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that from approximately July 15, 2015, to at least February 14, 2016, in the course of your ownership and operation of VIP Faces, located at 1900 East Desert Inn Road in Las Vegas, you engaged in unlicensed activity and fraudulently representing yourself to be a practitioner as follows:

1. You and/or the staff of VIP Faces unlawfully purchased, accessed, stored, possessed, administered, furnished and/or dispensed dangerous drugs, specifically performing cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.
2. You and/or the staff of VIP Faces unlawfully provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.
3. You and/or the staff of VIP Faces unlawfully counseled patients regarding their medical treatment, including the administration of dangerous drugs.
4. You engaged in the unlawful use of Frank P. Silver, MD's authority as a licensed practitioner to purchase, possess and store an unsecured stock of dangerous drugs at VIP Faces, and failed to properly segregate and/or dispose of adulterated and/or expired dangerous drugs.

This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars (\$10,000.00) pursuant to NRS 639.2895(3). You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

Sandra Bledsoe

May 3, 2021

Page 2

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Bret Whipple, Esq.

9171 9690 0935 0252 0549 33



JUSTICE LAW CENTER

1100 S. 10th Street, Las Vegas, Nevada 89104
T: (702) 731-0000 F: (702) 974-4008
bretwhipple@gmail.com

June 2, 2021



Brett Kandt, General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521

BY E-mail: bkandt@pharmacy.nv.gov

RE: Revenge MD, CITATION/FINE: Unlicensed Activity (Case No. 21-042-S)

Dear Mr. Kandt:

Please accept this letter as notice of my client's appeal of the referenced citation, and its request for a hearing to the Board.

Very truly yours,

Bret Whipple, Esq.

cc: Sandra Bledsoe



1 BRET O. WHIPPLE, ESQ.
 Nevada Bar No. 6168
 2 1100 S. Tenth Street
 Las Vegas, NV 89104
 3 (702) 731-0000
 Attorneys for Defendant
 4

5 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

6 * * * * *

7 NEVADA STATE BOARD OF
 PHARMACY,

Case No. 21-042-S

8 PETITIONER,

9 vs.

10 SANDRA BLEDSOE, D/B/A VIP FACES,

11
 12 RESPONDENT.
 13

14 **MOTION TO CONTINUE HEARING**

15 COMES NOW, Respondent, SANDRA BLEDSOE D/B/A VIP FACES, by and through
 16 her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby
 17 files this MOTION TO CONTINUE HEARING. This motion is made based upon the following
 memorandum of points and authorities.

18 DATED this 16th day of August, 2021.

19 **JUSTICE LAW CENTER**

20 /s/ Bret O. Whipple, Esq.

Bret O. Whipple, Esq.

21 Nevada Bar No. 6168
 22
 23
 24
 25

JUSTICE LAW CENTER
 1100 SOUTH 10TH STREET
 LAS VEGAS, NV 89104

I. Procedural Background.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021.

On August 3, 2021, the parties communicated regarding a potential stipulated continuance of these hearings, which would allow Respondent adequate time and due process to prepare a defense, given the extensive nature of the present actions, which cover seven causes of action and range from various allegations over a six-year period.

Counsel for Petitioner responded that he would not agree to stipulate a continuance because the matter was previously continued from an initial July 14, 2021, hearing date. *See* Exhibit A - E-mail correspondence regarding continuance. Counsel also complained that he was not inclined to continue the matter because, on his view, Respondent had failed to provide requested information to the Board during the course of the investigation.

II. Legal Argument.

Pursuant to NAC 639.120, governing the conduct of disciplinary hearings under the Nevada State Board of Pharmacy, provides that "the person presiding at the hearing may grant a continuance only upon: (a) A joint stipulation of the parties; (b) The existence of an emergency condition; or (c) A written request filed at least 5 days before the date of the hearing and actually served upon the other parties at least 1 day before the date of the hearing."

1 Furthermore, "[a] continuance based on a written request pursuant to paragraph (c) may
2 be granted only upon a showing of good cause which term must be narrowly construed. A party
3 requesting a continuance must appear on the date of the hearing and be prepared to proceed
4 unless the request has been made pursuant to a joint stipulation."

5 Good cause for a continuance here exists for several reasons. First, the rule clearly
6 contemplates that a stipulated continuance would be appropriate in many cases, especially when
7 there has been no prior continuance. Counsel for Petitioner claims that this matter was initially
8 set July 14, 2021, and has already been continued. It is on this basis Petitioner objects to a
9 continuance of the September 1, 2021, hearing date.

10 However, the Board can see that both Complaints against Respondent were filed July
11 23, 2021. It is thus impossible that there was ever a July 14, 2021, hearing scheduled in this
12 case, and there has been no prior continuance. In fact, the rules governing this proceeding a
13 particular form of Notice, which was only provided to Respondent in the July 23, 2021, filings.
14 Respondent did not (and could not have) had notice for any alleged July 14, 2021, setting. As
15 such, Petitioner's basis for objecting to the requested continuance is without merit.

16 In addition to there being no merit to the reasoning behind objecting to the continuance,
17 Respondent would be severely prejudiced if the continuance is not denied. First, Respondent is
18 facing concurrent accusations in three different case numbers. In total, there are seven separate
19 causes of action. The allegations span a period of over six years. The Statement and Notice was
20 filed on July 23, 2021, and the hearing set for September 1, 2021. This provides Respondent
21 approximately 37 days to prepare to face accusations in three case numbers, seven causes of
22 action, and allegations spanning a period of years. These allegations involve the management
23 of two separate businesses, located in two different cities. Simply put, 37 days is a totally
24 insufficient time to prepare a defense given the scope of the allegations.

25 Respondent has constitutional due process rights in this administrative proceeding.
26 *Natchez v. State*, 102 Nev. 247, 252-53 (Nev. 1986). These rights include a fair and impartial
27 tribunal. *Id.* Most importantly:

1 "This court has held that, in the context of administrative pleadings, due
 2 process requirements of notice are satisfied where the parties are sufficiently apprised
 3 of the nature of the proceedings so that there is no unfair surprise. We explained that
 4 it is the opportunity to prepare a defense that defines due process."

5 *Dutchess Bus. Servs. v. State, Bd. of Pharm*, 124 Nev. 701, 712 (Nev. 2008)(emphasis added).

6 Respondent's due process rights can only be given via a continuance of the present
 7 hearing setting. As such, this constitutes good cause for a continuance. Respondent requires
 8 additional time to: (1) investigate the claims against her; (2) obtain evidence in her defense; (3)
 9 locate and secure the attendance of witnesses; (4) file and litigate pre-hearing motions in
 10 advance of the hearing; (5) seek to exclude inadmissible evidence the Board may seek to offer
 11 at the time of the hearing; and (6) have a fair opportunity to consult with counsel in advance of
 12 the hearing. Given the scope of the allegations, noted above, it is not possible that Respondent
 13 can complete these six steps in a period of 37 days from the Notice to the date of the hearing.

14 For these reasons, Respondent respectfully requests that this Motion to Continue be
 15 granted, and that a new hearing date be set approximately ninety (90) days beyond the date of
 16 September 1, 2021.

17 DATED this 16th day of August, 2021.

18 JUSTICE LAW CENTER

19 /s/ Bret O. Whipple, Esq.
 20 Bret O. Whipple, Esq.
 21 Nevada Bar No. 6168
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DATED this 16th day of August, 2021.

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

DECLARATION OF BRET O. WHIPPLE, ESQ.

1
2
3 1. That I am an attorney licensed in the State of Nevada who represents the
defendant in the above case.

4 2. That Defendant is out of custody and does not object to this continuance request.

5 3. That I am scheduled for two directly overlapping trials, one in this case, and one
6 in State v. Gary Elmore, and on that basis request that trial be continued in this case.

7 4. That the information presented in this motion is true or based upon information
and belief.

8 5. That this motion is not made for the purposes of delay.

9
10 DATED this 16th day of August, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.

Bret O. Whipple, Esq.

Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SANDRA BLEDSOE, D/B/A VIP FACES,

Respondent.

Case No. 21-042-S

**OPPOSITION TO RESPONDENT'S
MOTION FOR CONTINUANCE**

The Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this opposition to Respondent Sandra Bledsoe's Pre-Hearing Motion for Continuance filed August 16, 2021. This opposition is based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. FACTUAL AND PROCEDURAL BACKGROUND

On or about May 3, 2021, pursuant to NRS 639.2895 a Citation and Fine was served upon Respondent, alleging numerous violations of Nevada law arising from unlicensed practice in her ownership and operation of VIP Faces in Las Vegas from approximately July 15, 2015, to at least February 14, 2016. On or about June 2, 2021, Bledsoe appealed the Citation and Fine.

On June 4, 2021, counsel met and conferred via telephone on a hearing date in this matter, at which time counsel for Respondent requested that the hearing be noticed for September 1, 2021, rather than for the next meeting of the Board on July 14, 2021. The parties stipulated that the hearing would be noticed for September 1, 2021, and Board counsel subsequently confirmed that stipulation in correspondence to Respondent's counsel. *See Exhibit 1 - Declaration of Brett Kandt at ¶ 2 and Exhibit 2. The Statement to Respondent and Notice of Hearing was served on Respondent pursuant to NRS 233B.121(1) on or about July 23, 2021.*

To date Respondent has made no discovery request for production of evidence or witnesses in this matter. *See Exhibit 1 - Declaration of Brett Kandt at ¶ 3.*

II. LEGAL STANDARD

This appeal hearing challenging Respondent's Citation and Fine for unlicensed practice at VIP Faces is governed by NRS 233B.121-.126, *inclusive*.¹ "In a contested case, all parties must be afforded an opportunity for hearing after reasonable notice." NRS 233B.121(1). Courts have deemed "good cause" for a continuance to mean "a substantial reason; one that affords a legal excuse." *Price v. State*, 409 P.3d 889 (Nev. 2017) (citations omitted).

III. ARGUMENT

Respondent's Motion must be denied since Respondent cannot demonstrate good cause for a continuance or that she has not been accorded all necessary due process guarantees of fundamental fairness, including the opportunity to prepare a defense. *Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 124 Nev. 701, 711-15, 191 P.3d 1159, 1166-69 (2008). Respondent requested a hearing on September 1st rather than July 14th.

Respondent has made no discovery request for production of evidence or witnesses. Furthermore, as detailed in the Statement to Respondent and Notice of Hearing, the Citation and Fine are predicated on the following:

1. The Nevada State Board of Medical Examiners (NSBME) order entered in Case No. 20-4041-1, imposing discipline on Frank P. Silver, MD, as supervising physician and medical director of VIP Faces, related to his failure to adequately supervise Respondent in the operation of VIP Faces. *See Exhibit 3.*

¹ Respondent cites NAC 639.120 as the legal basis for a continuance, which governs disciplinary hearings of licensees before the Board and does not apply to this proceeding. Nevertheless, a continuance may be granted to the extent necessary to accord a respondent due process in a contested case. *See, e.g., Jones v. State ex rel. Wyo. DOT*, 991 P.2d 1251 (Wyo. 1999).

2. The Nevada State Board of Pharmacy Order entered in Case No. 21-001-CS-S, imposing discipline on Dr. Silver, related to Respondent's unlawful use of Silver's authority as a licensed practitioner to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs. *See Exhibit 4.*

The Board may take judicial notice of these administrative findings and actions in Respondent's appeal under the rule of administrative res judicata. *See Britton v. N. Las Vegas*, 106 Nev. 690, 799 P.2d 568 (1990) (apply principles of issue preclusion to the fact finding of administrative bodies acting in a judicial capacity). Consequently, Respondent cannot maintain that she has been denied the opportunity to prepare a defense or otherwise show good cause for a continuance at this juncture.

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully requests that the Board deny Respondent's Pre-Hearing Motion for Continuance and proceed with a hearing on September 1, 2021.

RESPECTFULLY SUBMITTED this 20th day of August, 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.

SANDRA BLEDSOE, D/B/A VIP FACES,

Respondent.

Case No. 21-042-S

**DECLARATION OF BRETT KANDT
IN OPPOSITION TO RESPONDENT'S
MOTION TO CONTINUE HEARING**

I, Brett Kandt, Esq. hereby declare as follows:

1. I am prosecuting this matter for Petitioner Nevada State Board of Pharmacy (Board). I am duly admitted to practice law in the State of Nevada. I have personal knowledge of the matters stated herein and would be competent to testify thereon if called upon to do so.

2. On June 4, 2021, counsel met and conferred via telephone on a hearing date in this matter, at which time counsel for Respondent requested that the hearing be noticed for September 1, 2021, rather than for the next meeting of the Board on July 14, 2021. The parties stipulated that the hearing would be noticed for September 1, 2021, and I subsequently confirmed that stipulation in correspondence to counsel. A true and correct copy of that correspondence is attached as **Exhibit 2**.

3. To date counsel has made no discovery request for production of evidence or witnesses in this matter.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 20th day of August, 2021, in Washoe County, Nevada.

BRETT KANDT, Esq.



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

June 4, 2021

VIA ELECTRONIC MAIL TO: bretwhipple@gmail.com

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104

Re: Appeals of Sandra Bledsoe – Case No. 21-142-S (VIP Faces)
Case Nos. 21-142-B-S and 21-142-C-S (Revenge MD)

Dear Bret:

This will confirm that the hearings in the above-referenced NRS 639.2895 cases will be conducted separately on September 1, 2021, and the Nevada State Board of Pharmacy will timely serve a Statement to Respondent and Notice of Hearing for each pursuant to NRS 233B.121.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,

A handwritten signature in blue ink, appearing to be "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Exhibit 2

Brett Kandt

From: Brett Kandt
Sent: Friday, June 4, 2021 4:19 PM
To: 'Whipple, Bret'; 'bretwhipple@gmail.com'
Cc: Kristopher Mangosing; Shirley Hunting
Subject: Appeals of Sandra Bledsoe -- Case No. 21-142-S (VIP Faces)/Case Nos. 21-142-B-S and 21-142-C-S (Revenge MD)
Attachments: GC correspondence to Whipple re Beldsoe hearings 21-242.pdf

Bret-

Please see attached.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov



NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

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Nevada State Board of Medical Examiners

IN THE MATTER OF CHARGES AND COMPLAINT AGAINST
FRANK P. SILVER, M.D.
SETTLEMENT AGREEMENT

Case No: 20-4041-1

Date: December 4, 2020

ADJUDICATING MEMBERS

Rachakonda D. Prahbu, M.D.
Victor M. Muro, M.D.
Weldon Havins, M.D., J.D.
Ms. Maggie Arias-Petrel
Bret W. Frey, M.D.

INDEX

1. FIRST AMENDED COMPLAINT
2. SETTLEMENT AGREEMENT

1

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-4041-1

Against:

FRANK P. SILVER, M.D.,

Respondent.

FILED

NOV 17 2020

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Robert Kilroy, J.D., General Counsel and attorney for the IC, having a reasonable basis to believe that Frank P. Silver, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Complaint), stating the IC's charges and allegations as follows:

Respondent's Licensure Status

1. Respondent is currently licensed in active status (License No. 2641), and has been licensed by the Board since August 8, 1972. Respondent is a medical doctor specializing in gynecology and infertility. At all times alleged herein, Respondent was licensed in an active status by the Board pursuant to the provisions of the Medical Practice Act.

Statement of Nevada Law Applicable to "Medical Spas" and "Medical Doctors"

Delegating Practitioners, Medical Assistants, and the Unlicensed Practice of Medicine

2. Pursuant to NRS 630.400(1)(d), it is unlawful for any person to practice medicine without being licensed by the Board under NRS Chapter 630, or by another medical professional licensing board pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

///

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Wayne Hardwick, M.D., Chairman, Mr. M. Neil Duxbury and Aury Nagy, M.D.

3. Pursuant to NRS 630.020, the "practice of medicine" means either (1) to diagnose, treat, correct, prevent or prescribe for any human disease, ailment, injury, infirmity, deformity or other condition, physical or mental, by any means or instrumentality, including, but not limited to, the performance of an autopsy, or (2) to apply principles or techniques of medical science in the diagnosis or the prevention of any such conditions, or (3) to perform any of the acts described in subsections (1) and (2) by using equipment that transfers information concerning the medical condition of the patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States, or (4) to offer, undertake, attempt to do or hold oneself out as able to do any of the acts described in subsections (1) and (2).

4. Pursuant to NRS 630.305(1)(e), a Nevada physician or physician assistant (practitioner) may not aid, assist, employ or advise, directly or indirectly, any unlicensed person to engage in the practice of medicine contrary to the provisions of the Medical Practice Act, and doing so is grounds for initiating disciplinary action or denying licensure.

5. Pursuant to the Medical Practice Act, the only means by which a practitioner may lawfully aid, assist, employ or advise, directly or indirectly, an unlicensed person to engage in the practice of medicine is by delegating specific tasks to an adequately supervised and trained "medical assistant." Pursuant to NRS 630.0129, a "medical assistant" means a person who (a) performs clinical tasks under the supervision of a physician or physician assistant; and (b) does not hold a license, certificate or registration issued by a professional licensing or regulatory board in this State to perform such clinical tasks; and the term does not include a person who performs only administrative, clerical, executive or other nonclinical tasks.

6. Pursuant to NRS 630.306(1)(r), a practitioner must supervise adequately a medical assistant, and failing to do so is grounds for initiating disciplinary action or denying licensure.

7. Pursuant to NAC 630.830, a delegating practitioner is professionally responsible for the safety and performance of each task which is delegated to a medical assistant. Pursuant to NAC 630.810(1), a delegating practitioner may not delegate tasks to a medical assistant unless: (a) the delegating practitioner knows that the medical assistant possesses the knowledge, skill and

1 training to perform the task safely and properly; (b) the medical assistant is not required to be
2 certified or licensed to perform that task; (c) the medical assistant is employed by the delegating
3 practitioner or the medical assistant and the delegating practitioner are employed by the same
4 employer; and (d) the employer of the medical assistant has complied with the requirements of
5 subsection 2 as they relate to the task.

6 8. Pursuant to NAC 630.820, a delegating practitioner may not supervise remotely a
7 medical assistant, except in a specific case of emergency in a rural area.²

8 9. Except as otherwise provided in NAC 630.820, pursuant to NAC 630.810, if a
9 medical assistant is delegated a task which involves an "invasive procedure,"³ the delegating
10 practitioner must be immediately available to exercise oversight in person while the medical
11 assistant performs the task.

12 10. The term "medical director" is not recognized or defined under any Nevada law or
13 regulation pertaining to the professional conduct and responsibility of licensed medical
14 professionals, and no law authorizes so-called "medical directors" to violate or circumvent the
15 aforementioned statutes and regulations of the Medical Practice Act.

16 11. Accordingly, pursuant to NRS 630.400(1)(d), NRS 630.305(1)(e), and
17 NRS 630.0129, and NAC 630.800 to NAC 630.840:

18 a. If a practitioner, whether by serving as a so-called "medical director" or by
19 some other relationship or circumstance, aids, assists, employs or advises, directly or
20 indirectly, any unlicensed person to engage in the practice of medicine, then the practitioner
21 may lawfully do so only by delegating tasks to an adequately supervised, competent and properly
22 trained medical assistant.

23
24 ² Remote supervision of a medical assistant is prohibited unless: (a) the patient is located in a rural area; (b)
25 the delegating practitioner is physically located a significant distance from the location where the task is to be
26 performed; (c) the delegating practitioner determines that the exigent needs of the patient require immediate attention;
27 (d) the patient and the delegating practitioner previously established a practitioner-patient relationship; and (e) the
delegating practitioner is immediately available by telephone or other means of instant communication during the
performance of the task by the medical assistant. As used in NAC 630.820, "rural area" means any area in this State
other than Carson City or the City of Elko, Henderson, Reno, Sparks, Las Vegas or North Las Vegas.

28 ³ The Medical Practice Act does not define "invasive procedure," however, NAC 449.9733, pertaining to
Medical Facilities, defines "invasive procedure" as "a medical procedure involving entry into the human body by
puncture or incision or by insertion of an instrument,"

b. If a practitioner, whether by serving as a so-called "medical director" or by some other relationship or circumstance, aids, assists, employs or advises, directly or indirectly, any unlicensed person to engage in the practice of medicine, and if the practitioner has not done so by delegating specific tasks to an adequately supervised, competent and properly trained medical assistant, then: (1) that unlicensed person has violated NRS 630.400(1)(d), by practicing medicine without a license; and (2) that practitioner has violated NRS 630.305(1)(e), and is subject to discipline for aiding and assisting the unlicensed practice of medicine.

c. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, then the practitioner remains professionally responsible for the safety and performance of each task, and remains professionally responsible for ensuring that the proper employment relationships exist, that the medical assistant is properly knowledgeable, trained and skilled, that the medical assistant is adequately supervised, and that the practitioner is nearby to supervise the specific medical tasks delegated, and, if it is an invasive medical task, then he or she must be immediately available to exercise oversight in person while the medical assistant performs the task.

d. If a practitioner delegates a medical task to a medical assistant, whether by serving as a so-called "medical director" or by some other relationship or circumstance, and if the practitioner fails to adequately supervise that medical assistant as required under the circumstances, then that physician or physician assistant has violated NRS 630.306(1)(r), and is subject to discipline for failing to adequately supervise a medical assistant.

Cosmetologists, "Medical Spas," "Medical Estheticians," & Unlicensed Practice of Medicine

12. Pursuant to NRS 644A.030, a licensed "cosmetologist" is not authorized by such license to practice medicine in any way. Rather, a licensed cosmetologist is authorized to perform only non-medical, cosmetological services, such as cleansing, stimulating or massaging the scalp or cleansing or beautifying the hair by the use of cosmetic preparations, antiseptics, tonics, lotions or creams, cutting, trimming or shaping the hair, removing hair by the use of electrolysis, depilatories, waxing, or sugaring, except for the permanent removal of hair with needles,

manicuring nails, massaging the skin, giving facials, and other miscellaneous non-medical, cosmetological services. Likewise, pursuant to NRS 644A.065, a licensed "esthetician" is not authorized to practice medicine in any way. Instead, pursuant to NRS 644A.075, a licensed esthetician is licensed to engage in "[b]eautifying, massaging, cleansing or stimulating the skin of the human body by the use of cosmetic preparations, antiseptics, tonics, lotions or creams or any device, electrical or otherwise, for the care of the skin," "[a]pplying cosmetics, eyelash extensions or eyelashes to any person, tinting eyelashes and eyebrows, eyelash perming and lightening hair on the body," and "[r]emoving superfluous hair from the body of any person by the use of depilatories, waxing, tweezers or sugaring."

13. Pursuant to NAC 644A.790 a cosmetologist and esthetician is further explicitly prohibited from performing "invasive procedures," which is defined as "an act that affects the structure or function of the skin other than the uppermost layers of the skin," and which for the sake of regulating the practice of cosmetologists and estheticians includes, without limitation, (a) the application of electricity for the sole purpose of contracting a muscle, (b) the application of a topical lotion, cream or other substance which affects anything other than the uppermost layers of the skin, (c) the penetration of the skin by needles, and (d) the abrasion of the skin below the uppermost layers of the skin.

14. There is no such license as "medical esthetician"⁴ or "medical cosmetologist" authorized by any Nevada law or issued by any Nevada sanctioned professional licensing body. The term "medical esthetician" is not recognized or defined under any Nevada law or regulation pertaining to the professional conduct and responsibility of licensed medical professionals, and no law authorizes cosmetologists or estheticians to violate or circumvent the aforementioned statutes and regulations of the Nevada Medical Practice Act by referring to themselves as "medical estheticians" or "medical cosmetologists."⁵

///

⁴ Esthetician is sometimes spelled "aesthetician." Nevada law in NRS Chapter 644A refers to "esthetician," and, accordingly, this spelling is used throughout this Complaint.

⁵ In fact, use of the title "medical esthetician" or "medical cosmetologist" by individuals licensed by the Nevada State Board of Cosmetology (NSBC) is prohibited in Nevada. It is grounds for disciplinary action by the NSBC if a licensee uses the term "expert," "advanced," or "medical" in connection with the description of his or her practice. See NAC 644A.870(2).

1 15. Accordingly, a Nevada licensed cosmetologist or esthetician may not practice
2 medicine in any way, or perform invasive medical procedures or medical services of any kind,
3 except as a "medical assistant" to a Nevada licensed medical professional, i.e., either as the
4 medical assistant of a Nevada licensed physician or physician assistant pursuant to
5 NRS 630.0129, et. seq., and NAC 630.800 to NAC 630.830, as described above, or similarly as
6 another type of professional "assistant," "hygienist," "technician," or other such designation,
7 who is delegated tasks by and under the direct supervision of another medical professional
8 who is duly licensed pursuant to NRS Chapters 631 to 637, inclusive, 639, or 640.

9 16. If a cosmetologist or esthetician practices or purports to practice medicine in any
10 way, unless he or she acts as a medical assistant and is delegated tasks and is properly
11 supervised by a professional medical practitioner, then he or she is violating
12 NRS 630.400(1)(d) by practicing medicine without a license.

13 **Nevada Pharmacy Laws Regarding Dangerous Drugs and Hypodermic Devices**

14 17. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation
15 adopted by the Nevada State Board of Pharmacy (Pharmacy Board) is grounds for initiating
16 disciplinary action against a licensee.

17 18. Pursuant to NRS 454.201, a "dangerous drug" is "any drug, other than a controlled
18 substance, unsafe for self-medication or unsupervised use, and includes, the following, (1) any
19 drug which has been approved by the Food and Drug Administration for general distribution and
20 bears the legend: 'Rx Only'; (2) procaine hydrochloride with preservatives and stabilizers
21 (Gerovital H3) in injectable doses and amygdalin (laetrile) which have been licensed by the State
22 Board of Health for manufacture in this State but have not been approved as drugs by the Food
23 and Drug Administration; or (3) any drug which, pursuant to the Board's regulations, may be sold
24 only by prescription because the Board has found those drugs to be dangerous to public health or
25 safety."

26 ///

27 ///

28 ///

1 19. Pursuant to NRS 454.316 and NRS 454.321, it is unlawful to possess, dispense or
2 furnish a dangerous drug except when furnished to the person by a pharmacist pursuant to a legal
3 prescription or by a practitioner.

4 20. Pursuant to NRS 454.009, a "hypodermic" device is "any syringe, needle,
5 instrument, device or implement intended or capable of being adapted for the purpose of
6 administering drugs by subcutaneous, intramuscular or intravenous injection."

7 21. Pursuant to NRS 454.510, it is unlawful for any person to have in his or her
8 possession or under his or her control any hypodermic device (that is restricted by federal law to
9 sale by or on the order of a physician), unless the person has acquired possession of such device in
10 accordance with the provisions of NRS 454.480 to NRS 454.530, inclusive, that is, by sale
11 from a licensed pharmacist, on the prescription of a physician or other practitioner, which
12 prescription is filled as required by NRS 639.236, and may be refilled as authorized by the
13 prescriber.

14 22. Accordingly, pursuant to NRS 454.009, NRS 454.201, NRS 454.316, NRS 454.321
15 and NRS 454.510, a Nevada licensed cosmetologist and/or aesthetician is not permitted by
16 Nevada law to possess, control, access, prescribe, administer, and/or dispense dangerous drugs or
17 hypodermic devices, except as a medical assistant under the direct supervision of a Nevada
18 licensed physician, physician assistant, or other licensed medical professional, and then only if
19 otherwise permitted and in compliance with laws of regulating pharmacies and pharmaceuticals.

20 23. NAC 639.742(1) provides that a practitioner who wishes to dispense
21 dangerous drugs must apply to the Pharmacy Board for a certificate of registration to dispense
22 dangerous drugs. A practitioner must submit a separate application for each site of practice,
23 including, without limitation, telepharmacy, remote site or satellite consultation site, from which
24 the practitioner wishes to dispense dangerous drugs.

25 24. NAC 639.742(2) provides that if a facility from which the practitioner intends to
26 dispense dangerous drugs is not wholly owned and operated by the practitioner, the owner or
27 owners of the facility must also submit an application to the Pharmacy Board for a license to do
28 so.

25. NAC 639.742(3) provides, in pertinent part, that a dispensing practitioner and, if applicable, the owner or owners of the facility, shall ensure that:

- (a) All drugs are ordered by the dispensing practitioner;
- (b) All drugs are received and accounted for by the dispensing practitioner;
- (c) All drugs are stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key or lock combination;
- (d) All drugs are dispensed in accordance with NAC 639.745.⁶
- (e) No prescription is dispensed to a patient unless the dispensing practitioner is on-site at the facility;
- (f) All drugs are dispensed only to the patient personally at the facility;
- (g) The price of each drug dispensed to a patient is separately itemized on any bill or statement provided to the patient.
- (h) All drugs are dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner; and

⁶ NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs. (NRS 639.070, 639.0727) 1. Each practitioner who is registered with the Board to dispense controlled substances and dangerous drugs, including, without limitation, a dispensing practitioner, and who dispenses such products for use by the practitioner's patients outside his or her presence shall: (a) Keep complete, accurate and readily retrievable records of each controlled substance and dangerous drug purchased and dispensed. The record for each such product dispensed to a patient must include: (1) The name of the patient and, if not readily available from the practitioner's records, the patient's address; (2) The name, strength and quantity of the prescribed controlled substance or dangerous drug; (3) The directions for use; (4) The date the prescription was issued; and (5) A unique identifying number. (b) Maintain a separate file for the records concerning the purchase of each controlled substance listed in schedule II and a separate file for the records concerning the dispensing of each controlled substance listed in schedule II. Each prescription for a controlled substance or dangerous drug must be maintained in a separate file pursuant to the requirements set forth in NAC 453.480. (c) Keep all controlled substances and dangerous drugs in a locked storage area. Access to the storage area must be restricted to the persons described in NRS 453.375. (d) Ensure that each package or container, in which a controlled substance is dispensed, except samples in the manufacturer's packages, is clearly labeled pursuant to the requirements set forth in NRS 639.2801. (e) Ensure that the package or container in which a controlled substance or dangerous drug is dispensed complies with all state and federal packaging requirements. (f) Be deemed to be a pharmacy as that term is used in NAC 639.926 and shall comply with that section. 2. A practitioner may dispense dangerous drugs or controlled substances only after the patient has been informed by the practitioner that the patient may request a written prescription and have it filled at another location of the patient's choosing. 3. A record regarding the dispensing of a controlled substance or dangerous drug made and kept pursuant to this section must be maintained on paper or in a computer. If the record is: (a) Maintained on paper, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Set forth on the front of the prescription a certification initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be serially numbered and kept in numerical order in a single file for all dispensing practitioners, including, without limitation, physician assistants and advanced practice registered nurses, practicing at the same location. (a) Maintained in a computer, the record must: (1) Include all the information required to be on the prescription pursuant to NRS 639.2353 and NAC 453.440; (2) Contain a certification, either in the computer or a separate paper document, initialed and dated by the patient that the patient has been informed by the practitioner in accordance with subsection 2 and that the patient has agreed to have the practitioner dispense the controlled substance or dangerous drug; and (3) Be searchable for any item required by paragraph (a) of subsection 1 to be included in the record.

OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners

9600 Gateway Drive

Reno, Nevada 89521

(775) 688-2559

(i) The certificate for each dispensing technician employed at the facility is displayed in the room or cabinet in which drugs are stored.

26. NAC 639.742(4)(a) to NAC 639.742(b) provides, in part, that with regard to the filling and dispensing of a prescription at a facility, only the dispensing practitioner or a dispensing technician may enter the room or cabinet in which drugs are stored, or remove drugs from stock.

27. NAC 639.945(1) provides, in pertinent part, that the following acts or practices by a holder of any license, certificate or registration issued by the Pharmacy Board or any employee of any business holding any such license, certificate or registration are declared to be, specifically but not by way of limitation, unprofessional conduct and conduct contrary to the public interest:

(a) Manufacturing, compounding, selling, dispensing or permitting to be manufactured, compounded, sold or dispensed substandard drugs or preparations.

(b) Except as otherwise provided in NRS 639.2583 to 639.2808, inclusive, for substitutions of generic drugs, dispensing or causing to be dispensed a different drug or brand of drug in place of the drug or brand of drug ordered or prescribed, unless the express permission of the orderer or prescriber is obtained and, in the case of a written prescription, unless the following information is recorded on the prescription by the person obtaining permission:

- (1) The date on which the permission was granted;
- (2) The name of the practitioner granting the permission;
- (3) The name of the person obtaining the permission;
- (4) The name of the drug dispensed; and
- (5) The name of the manufacturer or distributor of the drug

(c) Using secret formulas.

(d) Except as otherwise provided by subsection 2 of NRS 639.2396, failing strictly to follow the instructions of the person writing, making or ordering a prescription or chart order as to its filling or refilling, the content of the label of the prescription or giving a copy of the prescription or chart order to any person except as permitted by law.

(e) Failing to confer with the person writing, making or ordering a prescription or chart order if there is an error or omission in it which should be questioned.

(f) Operating a pharmacy at a location other than the location at which the pharmacy is licensed to operate.

(g) Supplying or diverting drugs, biologicals, medicines, substances or devices which are legally sold in pharmacies or by wholesalers, so that unqualified persons can circumvent any law pertaining to the legal sale of such articles.

(h) Performing or in any way being a party to any fraudulent or deceitful practice or transaction.

(i) Performing any of his or her duties as the holder of a license,

certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.

(j) Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada.

(k) Performing any act, task or operation for which licensure, certification or registration is required without the required license, certificate or registration.

(l) Violating any term or condition of a subpoena or order issued by the Board or the staff of the Board.

(m) Failing to provide any document, data or information that is required to be made and maintained pursuant to chapters 453, 454, 585 and 639 of NRS and chapters 453, 454, 585 and 639 of NAC to a member of the Board or a member of the staff of the Board upon his or her request.

(n) Dispensing a drug as a dispensing practitioner of a patient with whom the dispensing practitioner does not have a bona fide therapeutic relationship.

(o) Prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship.

28. NAC 639.945(2) provides that the owner of any business or facility licensed, certified or registered by the Pharmacy Board is responsible for the acts of all personnel in his or her employ.

29. NAC 639.945(3) provides that, for purposes of applying Pharmacy Board regulations, a bona-fide therapeutic relationship between the patient and practitioner shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, by the practitioner within the 6 months immediately preceding the date the practitioner dispenses or prescribes a drug to the patient and, as a result of the examination, the practitioner diagnosed a condition for which a given drug therapy is prescribed.

30. Accordingly, any physician or physician assistant who—whether by serving as a so-called “medical director” of, or by furnishing dangerous drugs or hypodermic devices to, or by some other relationship or circumstance with any “medical spa” wherein dangerous drugs or hypodermic devices are possessed, controlled, accessed, prescribed, administered, and/or dispensed—engages in conduct that violates any regulation adopted by the Pharmacy Board, including but not limited to NAC 639.742(1)–(3), (4)(a)–(b), or 639.945(1)–(3), has violated the Nevada Medical Practice Act and is subject to discipline by the Board.

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Respondent's Medical Directorship of Sandra Bledsoe

31. At all relevant times alleged herein, Respondent was an OB/GYN in Las Vegas, Nevada.

32. On or about July 15, 2015, Respondent entered into an agreement (Agreement) with an individual identified as Sandra Bledsoe (Bledsoe). This Agreement allowed Bledsoe to inject Botox, Juvaderm and B12 Vitamin Complex to cosmetic clients, and Respondent acted as supervising physician/Medical Director for VIP Faces, located at 1900 East Desert Inn Road, Las Vegas, Nevada 89169, which was located within the offices of the Desert Inn Women's Clinic. Desert Inn Medical Center owned and operated Desert Inn Women's Clinic at that time. This Agreement provided VIP Faces would pay Desert Inn Medical Center one thousand dollars (\$1,000.00) per month for utilization of two rooms for VIP Faces to perform cosmetic injections using Botox and Juvederm. Also, VIP Faces agreed to refer to Respondent weight loss patients if requested by the client. As Medical Director of VIP Faces, Respondent would examine some, but not all, of VIP Faces clients.

33. On February 24, 2016, the Board's investigators and investigators from the Pharmacy Board inspected VIP Faces located at 1900 E. Desert Inn Road, Las Vegas, NV. Bledsoe was not present during this inspection. However, Respondent was present and stated the following: that he was the supervising physician/Medical Director of VIP Faces, which was owned by Bledsoe, whom he had known for about a year. Unlike his other OB-GYN patients, Respondent did not have a physician-patient relationship with Bledsoe's VIP Faces cosmetic patients. Respondent also stated that he did not examine Bledsoe's cosmetic patients and saw them as they came out of VIP Faces rooms. Respondent did not establish a bona-fide medical relationship with Bledsoe's clients unless they requested other medical care, such as weight loss or gynecology. If a client requested a weight-loss program, then Respondent would examine the patient and prescribe Phentermine as part of their weight loss program. Inspectors found in a refrigerator one used vial of Botox one hundred (100) units with approximately fifty (50) units remaining and two more unopened boxes of Botox units. Respondent admitted that he allowed Bledsoe to act like a medical assistant in ordering products from drug makers Allergan and

1 McKesson utilizing Respondent's DEA number, but did not know exactly how much Bledsoe was
2 ordering for VIP Faces' use or her own personal use.

3 34. Bledsoe routinely injected clients with Botox, and Juvederm without Respondent's
4 medical supervision, and without Respondent's medical orders or instructions. Bledsoe also
5 injected B-12 vitamin for clients after approval by Respondent. VIP Faces held itself out to the
6 public as a "medical spa" "specializing" in injectable cosmetic procedures and "medical" weight-
7 loss.

8 35. Respondent was not a manager, agent, officer or employee of VIP Faces.

9 36. Respondent had no ownership or member interest in VIP Faces, but he had a
10 contractual authority, pursuant to the aforementioned Agreement. Respondent had a statutory duty
11 to manage the medical-related affairs of VIP Faces in compliance with the Medical Practice Act.

12 37. Neither Bledsoe nor other independent contractors of VIP Faces were employed by
13 Respondent during the time Respondent served as Medical Director of VIP Faces.

14 38. At all times relevant to the facts alleged herein, neither Bledsoe, nor her
15 independent contractors of VIP Faces were licensed by any Nevada professional licensing board
16 pursuant to NRS chapters 630 to 637, inclusive, 639 or 640 or licensed to practice medicine in the
17 State of Nevada.

18 39. Other than Respondent as Medical Director no person in any way affiliated with
19 VIP Faces held a medical license issued by the Nevada Medical Board.

20 40. Bledsoe was neither a Nevada licensed cosmetologist nor a Nevada licensed
21 esthetician.

22 41. During Respondent's supervision as Medical Director pursuant to the Agreement,
23 VIP Faces' records failed to indicate that Respondent adequately supervised, contacted or
24 consulted Bledsoe.

25 42. Respondent has been licensed in active status (License No. PD00433) by the
26 Pharmacy Board since September 12, 2013, to dispense prescription drugs at the following
27 location: 1900 E. Desert Inn Road, Suite B, Las Vegas, Nevada 89169.

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1 43. Respondent prescribed prescription-strength Botox; the aforementioned drugs and
2 hypodermic devices are available only by prescription, and are dangerous drugs as defined by
3 NRS 454.201. However, Respondent failed to supervise the amounts ordered and received by VIP
4 Faces, as Bledsoe solely controlled their possession.

5 44. As a result, Respondent, negligently through his lack of supervision, provided the
6 aforementioned dangerous drugs and hypodermic devices in the sole possession, custody and
7 control to Bledsoe.

8 45. During Respondent's agreement as Medical Director of VIP Faces, Bledsoe
9 provided medical treatment, and/or prescriptions, and/or administered dangerous drugs, and/or
10 utilized hypodermic devices, to VIP Faces' patients.

11 46. During Respondent's supervision pursuant to the Agreement, the conduct by
12 Bledsoe constitutes the practice of medicine in Nevada.

13 47. During Respondent's supervision pursuant to the Agreement on the date of
14 inspection, VIP Faces' medical records contained no entries for patient history, notes, examination
15 findings, procedures performed, or therapeutic procedures performed by Respondent, unless the
16 patient was referred by VIP Faces for weight loss or other gynological procedures.

17 48. During Respondent's supervision pursuant to the Agreement, Bledsoe at her
18 discretion, ordered Botox and Juvederm prescribed by Respondent for utilization at VIP Faces
19 without adequate supervision by Respondent.

20 49. Botox and Juvederm were stored in a secure, locked room or cabinet to which
21 the Respondent and Bledsoe had access to. Respondent did not supervise Bledsoe's access to
22 these dangerous drugs and/or hypodermic devices.

23 50. Botox is introduced hypodermically, that is, subcutaneously.

24 51. During Respondent's supervision as Medical Director pursuant to the Agreement,
25 Bledsoe injected the aforementioned dangerous drugs and utilized hypodermic devices without a
26 dispensing license as required by the Pharmacy Board.

27 52. During Respondent's supervision as Medical Director pursuant to the Agreement,
28 Respondent was not always present when Bledsoe injected the aforementioned dangerous drugs.

53. During Respondent's supervision as Medical Director pursuant to the Agreement, Respondent neither received personally nor accounted for personally the dangerous drugs and/or hypodermic devices utilized for injections administered by Bledsoe.

a. The dangerous drugs and the use of hypodermic devices were not dispensed in accordance with NAC 639.745. Respondent did not have a bona-fide therapeutic relationship with some of the VIP Faces patients at issue.

b. Respondent personally did not inject the drugs dispensed in VIP Faces' two rooms, Respondent failed to assure through supervision that they were dispensed only for medically necessary purposes and according to prevailing standards of care, nor did he assure that a certificate for each dispensing technician employed at the facility was displayed in the room or cabinet in which drugs were stored.

54. Respondent failed to adequately supervise Bledsoe to ensure that she possessed the knowledge, skill, and training to perform injections on clients and/or patients safely and properly.

COUNT I

NRS 630.306(1)(r): Failure to Adequately Supervise

55. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

56. NRS 630.306(1)(r) provides that a failure to supervise adequately a medical assistant pursuant to the regulations of the Board is an act that constitutes grounds for initiating disciplinary action against a licensee.

57. By the conduct described herein, Respondent failed to supervise adequately, or supervise properly Bledsoe, and any contractors of VIP Faces in their performance of medical tasks as Medical Director pursuant to the Agreement.

58. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

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COUNT II

NRS 630.306(1)(b)(3): Engaging in Conduct That Violated Pharmacy Board Regulations

59. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

60. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a regulation adopted by the Pharmacy Board is grounds for initiating disciplinary action against a licensee.

61. By the conduct described herein, Respondent engaged in conduct that violates regulations adopted by the Pharmacy Board, specifically including, but not limited to NAC 639.742(1)-(3), (4)(a)-(b), 639.945(1)-(3).

62. By reason of the foregoing, Respondent is subject to discipline by the Nevada State Board of Medical Examiners as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Nevada State Board of Medical Examiners give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Nevada State Board of Medical Examiners set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Nevada State Board of Medical Examiners determine the sanctions it will impose if it finds Respondent violated the Medical Practice Act;

4. That the Nevada State Board of Medical Examiners make, issue and serve upon the Respondent, in writing, its findings of fact, conclusions of law and order, which shall include the sanctions imposed; and,

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1 5. That the Nevada State Board of Medical Examiners take such other and further
2 action as may be just and proper in these premises.

3 Dated this 17 day of November, 2020.

4 INVESTIGATIVE COMMITTEE OF THE
5 NEVADA STATE BOARD OF MEDICAL EXAMINERS

6 By: 
7 Robert Kilroy, Esq., J.D., General Counsel
8 Attorney for the Investigative Committee
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Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

STATE OF NEVADA)
) ss.
COUNTY OF WASHOE)

Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 17 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

M. Neil Tinkburg

M. Neil Duxbury, Chairman

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 17th day of November, 2020, I served a file-stamped copy of the foregoing **FIRST AMENDED COMPLAINT**, via Electronic Mail to the following parties:

Valerie I. Fujii, Esq.
c/o Frank P. Silver, M.D.
Law Offices of Valerie I. Fujii & Associates
val@fujii-lawlv.com

DATED this 17th day of November, 2020.

Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

**In the Matter of Charges and Complaint
Against
FRANK P. SILVER, M.D.,
Respondent.**

Case No. 20-4041-1

SETTLEMENT AGREEMENT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Robert G. Kilroy, Esq., General Counsel for the Board and attorney for the IC, and Frank P. Silver, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, Valarie I. Fujii, Esq., of the Law Offices of Valarie I. Fujii & Associates, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act) to practice medicine in Nevada. His license was originally issued on August 8, 1972 (License No. 2641).

2. On November 6, 2020, in Case No. 20-8462-1, the IC filed a formal Complaint (Complaint) charging Respondent with violating the Medical Practice Act. Specifically, the Complaint alleges one (1) violation of NRS 630.306(1)(r), Failure to Adequately Supervise Medical Assistant Medical Assistant (Count I), and one (1) violation of NRS 630.306(1)(b)(3), Engaging in Conduct That Violated Pharmacy Board Regulations (Count II).

¹ All agreements and admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

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1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of this Complaint, has reviewed and
4 understands this Complaint, and has had the opportunity to consult with competent counsel
5 concerning the nature and significance of this Complaint.

6 5. Respondent is hereby advised of his rights regarding this administrative matter, and of
7 his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
8 certain rights in this administrative matter as set out by the United States Constitution, the Nevada
9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
18 license, including license probation, license suspension, license revocation and imposition of
19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
25 Board has the right to decide in its own discretion whether or not to approve this Agreement. If
26 the Board does not agree and approve this Agreement, then Respondent may rescind this
27 Agreement in its entirety. Respondent understands and agrees that if the Board approves this
28 Agreement, then the terms and conditions enumerated below shall be binding and enforceable

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1 upon him and the Board.

2 **B. TERMS & CONDITIONS**

3 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 4 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 5 conditions:

6 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
 7 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 8 forth in the Medical Practice Act.

9 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
 10 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 11 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 12 matter materially changes prior to entering into this Agreement and for the duration of this
 13 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 14 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 15 have a full consultation with and upon the advice of legal counsel.

16 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
 17 and conditions, if the Board approves this Agreement, and all conditions, then Respondent
 18 knowingly, willingly and intelligently waives all rights in connection with this administrative
 19 matter. Respondent hereby knowingly, willingly and intelligently waives all rights arising under
 20 the United States Constitution, the Nevada Constitution, the Medical Practice Act, the OML, the
 21 APA, and any other legal rights that may be available to him or that may apply to him in
 22 connection with the administrative proceedings resulting from the Complaint filed in this matter,
 23 including defense of the Complaint, adjudication of the allegations set forth in the Complaint, and
 24 imposition of any disciplinary actions or sanctions ordered by the Board. Respondent agrees to
 25 settle and resolve the allegations of the Complaint as set out by this Agreement, without a hearing
 26 or any further proceedings and without the right to judicial review.

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1 4. Acknowledgement of Reasonable Basis to Proceed. As of the time of entering
2 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
3 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
4 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges
5 Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit
6 and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
7 subsequent litigation. Respondent asserts if this matter were to proceed to hearing, he has
8 evidence, witnesses, expert witness(es) and defenses to the counts/claims alleged in the
9 Complaint, but for the purposes of resolving the matter and for no other purpose, Respondent
10 waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to
11 effectuate this Agreement.

12 5. Consent to Entry of Order. In order to resolve this Complaint pending against
13 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
14 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
15 the following terms and conditions are hereby agreed upon:

16 a. Respondent admits to Count I (NRS 630.306(1)(r), Failure to Adequately
17 Supervise Medical Assistant Medical Assistant), and Count II (NRS 630.306(1)(b)(3), Engaging in
18 Conduct That Violated Pharmacy Board Regulations).

19 b. Respondent will pay the costs and expenses incurred in the investigation
20 and prosecution of the above-referenced matter within six (6) months of the Board's acceptance,
21 adoption and approval of this Agreement, the current amount being three thousand one-hundred
22 and forty-five dollars and forty-four cents (\$3145.44). not including any costs that may be
23 necessary to finalize this Agreement. Respondent shall make six (6) monthly payments of
24 \$524.24, with the first payment due on December 18, 2020, and last payment tendered no later
25 than June 4, 2021.

26 c. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty
27 (60) days of the Board's acceptance, adoption and approval of this Agreement.

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d. This Agreement shall be reported to the appropriate entities and parties as required by law, including, but not limited to, the National Practitioner Data Bank.

e. Respondent shall receive a Public Letter of Reprimand.

f. Any other claims arising from the following Board Investigation #15-15840, from which involved Respondent's association with Bledsoe/VIP Faces from 2015-2018, shall be dismissed with prejudice.

g. Respondent shall take three (3) hours of continuing medical education (CME) related to best practices for injectable fillers within the next three (3) months from the date of the Board's acceptance, adoption and approval of this Agreement. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon Respondent as a condition of licensure in the State of Nevada and shall be approved by the Board prior to their completion.

h. Respondent shall remain in his specialty of gynecology and infertility and with his pre-existing and established patients provide injectable fillers upon request; Respondent shall not engage in any medical spa related activities with any unlicensed individuals or entities.

6. **Release From Liability.** In execution of this Agreement, Respondent understands and agrees that the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents are immune from civil liability for any decision or action taken in good faith in response to information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against any or all of the persons, government agencies or entities named in this paragraph arising out of, or by reason of, this investigation, this Agreement or the administration of the case referenced herein.

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1 7. Procedure for Adoption of Agreement. The IC and counsel for the IC shall
 2 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
 3 resolution of this Complaint. In the course of seeking Board acceptance, approval and adoption of
 4 this Agreement, counsel for the IC may communicate directly with the Board staff and the
 5 adjudicating members of the Board.

6 Respondent acknowledges that such contacts and communications may be made or
 7 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
 8 meeting where this Agreement is discussed, and that such contacts and communications may
 9 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
 10 all information of every nature whatsoever related to this matter. The IC and its counsel agree that
 11 Respondent and/or Counsel for the Respondent may appear at the Board meeting where this
 12 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
 13 IC or the IC's counsel.

14 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
 15 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
 16 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
 17 and all remaining claims arising out of the Complaint shall be dismissed with prejudice. If Board
 18 does not accept the settlement terms of this Agreement, then the Respondent may withdraw his
 19 admissions(s) within this Agreement and may rescind the Agreement in its entirety.

20 9. Effect of Rejection of Agreement by Board. In the event the Board does not
 21 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
 22 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
 23 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
 24 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
 25 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
 26 this Agreement and from participating in disciplinary proceedings against Respondent, including
 27 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
 28 such member absent evidence of bad faith.

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1 10. Binding Effect. If approved by the Board, Respondent understands that this
 2 Agreement is a binding and enforceable contract upon Respondent and the Board.

3 11. Forum Selection Clause. The parties agree that in the event either party is
 4 required to seek enforcement of this Agreement in district court, the parties consent to such
 5 jurisdiction and agree that exclusive jurisdiction shall be in the Eighth Judicial District Court,
 6 State of Nevada, Clark County.

7 12. Attorneys' Fees and Costs. The parties agree that in the event an action is
 8 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 9 be entitled to recover reasonable attorneys' fees and costs.

10 13. Failure to Comply With Terms. Should Respondent fail to comply with any term
 11 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 12 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 13 medicine in Nevada pending an Order To Show Cause Hearing, which will be duly noticed.
 14 Failure to comply with the terms of this Agreement, including failure to pay any fines, costs,
 15 expenses or fees owed to the Board, is a failure to comply with an order of the Board, which may
 16 result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).
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Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to civil collection efforts.

DATED this 21 day of NOV, 2020.

INVESTIGATIVE COMMITTEE OF THE
 NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 
 Robert Kilroy, Esq., General Counsel
 Attorney for the Investigative Committee

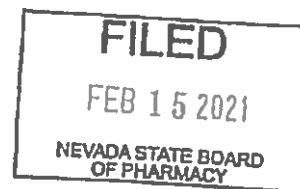
DATED this 24th day of November, 2020.

VALARIE I. FUJII & ASSOCIATES

By: *Valarie Ise Fujii*
 Valarie I. Fujii, Esq.
 Attorneys for Respondent

DATED this 28 day of NOVEMBER, 2020.

Frank P Silver M.D
 Frank P. Silver, M.D., Respondent



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Case No. 21-001-CS-S

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under NRS 233B.127(3) and as an accusation under NRS 622A.300(1) and/or NRS 639.241.

JURISDICTION

1. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because, at the time of the events alleged herein, Respondent Frank P. Silver, MD, held a Nevada controlled substance registration, Certificate of Registration No. CS04120, and a dispensing practitioner registration, Certificate of Registration No. PD00433, both issued by the Board.

FACTUAL ALLEGATIONS

2. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r)), related to failure to adequately supervise a medical assistant, and NRS 630.306(1)(b)(3), related to engaging in conduct that violates Board regulations for possessing and administering dangerous drugs.

3. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent acted as supervising physician and medical director of VIP Faces, located at 1900 East Desert Road, Las Vegas, Nevada, at the time of the events alleged herein.

4. As detailed in the NSBME's order in Case No. 20-4041-1, Sandra Bledsoe (Bledsoe) owned and operated VIP Faces. Bledsoe is not a licensed as a practitioner in Nevada.

5. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe to act under his authority to operate VIP Faces and to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs, specifically to perform cosmetic injections of Botox, Juvaderm and B12 Vitamin Complex, to patients who had not been examined by a practitioner.

6. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary.

7. As detailed in the NSBME's order in Case No. 20-4041-1, with Respondent's knowledge and authorization, Bledsoe and/or the staff of VIP Faces provided on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision.

8. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs and administer dangerous drugs to patients without his supervision.

9. As detailed in the NSBME's order in Case No. 20-4041-1, Respondent permitted Bledsoe and/or the staff of VIP Faces to counsel patients regarding their medical treatment, including the administration of dangerous drugs.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or

dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213, NRS 454.221, NRS 454.316, NRS 454.321; NRS 454.356.

11. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

12. Performing or in any way being a party to any fraudulent or deceitful practice or transaction constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(h) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

13. Performing any duties as the holder of a controlled substance registration in an incompetent, unskillful or negligent manner constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(i) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

14. Aiding or abetting a person not licensed to practice pharmacy in the State of Nevada constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(j) and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

15. Dispensing a drug as a dispensing practitioner to a patient with whom the dispensing practitioner does not have a *bona fide* therapeutic relationship constitutes unprofessional conduct or conduct contrary to the public interest pursuant to NAC 639.945(1)(n)

and is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(4).

16. Violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate any law or regulation relating to drugs is grounds for suspension or revocation of any license or registration issued by the Board. NRS 639.210(12).

17. The Board may suspend or revoke a registration issued pursuant to NRS 453.231 to prescribe or otherwise dispense a controlled substance upon a finding that the registrant has committed an act that would render registration inconsistent with the public interest. NRS 453.236(1)(d) and NRS 453.241(1).

FIRST CAUSE OF ACTION

Unprofessional Conduct – Party to a Fraudulent/Deceitful Practice/Transaction

18. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent was party to a fraudulent or deceitful practice or transaction and engaged in unprofessional conduct as defined in NAC 639.945(1)(h), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

SECOND CAUSE OF ACTION

Unprofessional Conduct – Incompetent, Unskillful or Negligent Performance of Duties

19. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent performed his duties as the holder of a Nevada controlled substance registration in an incompetent, unskillful or negligent manner and engaged in unprofessional conduct as defined in NAC 639.945(1)(i), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

THIRD CAUSE OF ACTION

Unprofessional Conduct – Aiding and Abetting Unlicensed Practice

20. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients without his direct supervision, Respondent aided and abetted Bledsoe and/or the staff of VIP Faces in unlicensed practice and engaged in unprofessional conduct as defined in NAC 639.945(1)(j), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FOURTH CAUSE OF ACTION

Unprofessional Conduct – Unlawful Administration of Dangerous Drugs Without Bona Fide Therapeutic Relationship

21. By permitting Bledsoe and/or the staff of VIP Faces to administer dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent engaged in unprofessional conduct and conduct contrary to the public interest as defined in NAC 639.945(1)(o), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(4).

FIFTH CAUSE OF ACTION

Violations of State Law

22. By permitting Bledsoe to act under his authority to operate VIP Faces and permitting Bledsoe and/or the staff of VIP Faces to purchase, access, store, possess, administer, furnish and/or dispense dangerous drugs to patients with whom Respondent had not established a *bona fide* therapeutic relationship, before Respondent had examined the patients and without his direct supervision, and for whom Respondent had neither diagnosed or determined that a dangerous drug was medically necessary, Respondent violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS Chapter 630 as detailed in the NSBME's

order in Case No. 20-4041-1, and violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1), and is subject to discipline pursuant to NRS 453.236(1) and NRS 639.210(12).

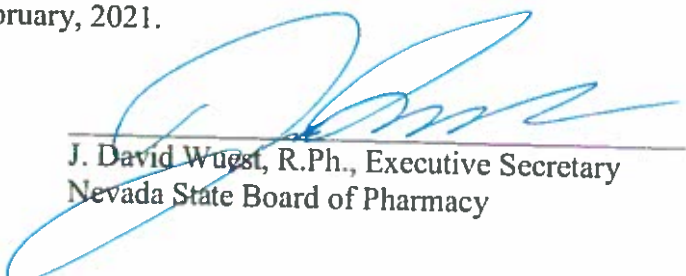
SIXTH CAUSE OF ACTION

Commission of Acts that Render Registration Inconsistent with the Public Interest

23. By violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS Chapter 630 as detailed in the NSBME's order in Case No. 20-4041-1, and by violating, attempting to violate, assisting or abetting in the violation of or conspiring to violate NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356 and/or NRS 639.100(1) as alleged herein, Respondent has committed acts that render his registrations to dispense controlled substances inconsistent with the public interest pursuant to NRS 453.231, and is subject to discipline pursuant to NRS 453.236(1) and NRS 453.241(1).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificates of registration of this respondent.

Signed this 15th day of February, 2021.


J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file of two copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Notice of Intended Action and Accusation. NRS 622A.320; NRS 639.243. Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NOS. 21-001-CS-S

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

**STATEMENT TO THE RESPONDENT
AND NOTICE OF HEARING**

Respondent.

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B and 622A, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, J. David Wuest, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 233B.127(3). You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121; NRS 233B.127(3); NRS 622A.300(1) and (3); NRS 639.241. To do so, you must complete and file two (2) copies of the Answer and Notice of Defense served herewith, to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within twenty (20) days of your receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within. NRS 639.320; NRS 639.243.

III.

The Board has scheduled your hearing on this matter for Wednesday, April 14, 2021, 9:00 a.m. or soon thereafter. Pursuant to Governor Steve Sisolak's Emergency Directive 006, there will be no physical location for this meeting. The meeting can be listened to or viewed live over Zoom.

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

or

Via Teleconference at 1 (669) 900-6833

Meeting ID: 588 625 6671

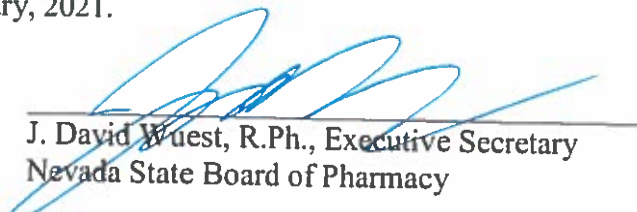
IV.

Pursuant to NRS 241.033 and 241.034, please be advised that the hearing is a public meeting, and the Board may, without further notice, take administrative action against you if the Board determines that such administrative action is warranted after considering your character, alleged misconduct, professional competence, or physical or mental health. The Board at its discretion may go into closed session to consider your character, alleged misconduct, professional competence, or physical or mental health. You may attend any closed session, have an attorney or other representative of your choosing present during any closed session, and present written evidence, provide testimony, and present witnesses relating to your character, alleged misconduct, professional competence, or physical or mental health during any closed session.

V.

Your failure to timely file an Answer and Notice of Defense constitutes an admission of the charges and waiver of the right to a hearing. NRS 639.244. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision. NRS 622A.350.

DATED this 15th day of February, 2021.



J. David Wuest, R.Ph., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

CASE NO. 21-001-CS-S

Petitioner,

v.

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

**ANSWER AND NOTICE
OF DEFENSE**

Respondent.

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his/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.

FRANK P. SILVER, MD

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 17th day of February, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Frank Silver, MD
1900 E Desert Inn Rd
Las Vegas, NV 89169


SHIRLEY HUNTING



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Case No. 21-001-CS-S

Petitioner,

v.

STIPULATION AND ORDER

**FRANK P. SILVER, MD,
Certificate of Registration Nos. CS04120 and
PD00433,**

Respondent.

Brett Kandt, General Counsel for Petitioner the Nevada State Board of Pharmacy (Board), and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, by and through counsel, Richard A. Schonfeld, Esq., David Z. Chesnoff, Esq., and Valarie I. Fujii, Esq., **HEREBY STIPULATE AND AGREE THAT:**

1. On or about February 15, 2021, Respondent was served with the Notice of Intended Action and Accusation (Accusation) on file in this matter together with the Statement to Respondent and Notice of Hearing.
2. On or about February 28, 2021, Respondent filed an Answer and Notice of Defense to the Accusation.
3. Respondent is fully aware of the right to seek the advice of counsel in this matter and obtained the advice of counsel prior to entering into this Stipulation.
4. Respondent is aware of his right to a hearing on the matters alleged in the Accusation, his right to reconsideration, his right to appeal and any and all other rights which may be accorded to him pursuant to NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).
5. Conditioned on the acceptance of this Stipulation by the Board, and with the exception of the right to challenge any determination that Respondent has failed to comply with

the provisions of this Stipulation, Respondent hereby freely and voluntarily waives his rights to a hearing, reconsideration, appeal and any and all other rights related to this action that may be accorded to him by NRS Chapter 233B (Nevada Administrative Procedure Act), NRS Chapter 622A (Administrative Procedure Before Certain Regulatory Bodies), and NRS Chapter 639 (Nevada Pharmacy Act).

6. Respondent acknowledges that Board staff prosecuting this case could present such evidence at an administrative hearing which may be sufficient to establish a factual basis for the violations alleged therein, *to wit*, that:

A. On or about November 17, 2020, the Nevada State Board of Medical Examiners (NSBME) entered an order in Case No. 20-4041-1, and imposed discipline on Respondent's License No. 2641 to practice medicine for violations of NRS 630.306(1)(r) and NRS 630.306(1)(b)(3);

B. Respondent at times failed to put into practice policies and procedures within VIP Faces to ensure that dangerous drugs, *to wit*, cosmetic injectables, were purchased, accessed, stored, possessed, administered, furnished and/or dispensed to patients in compliance with NRS 454.213(1), NRS 454.221 and/or NRS 454.316; and

C. Respondent engaged in conduct contrary to the public interest as defined in NAC 639.945(1).

7. Respondent has not any professional affiliation nor engaged in professional practice with VIP Faces for over three years.

8. Those violations are plead with particularity in the Accusation, and are grounds for action pursuant to NRS 453.241(1) and NRS 639.255.

9. In order to resolve this matter without incurring any further costs or the expense associated with a hearing, and without Respondent admitting to the allegations in the Accusation,

the Board and Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, stipulate to the following:

A. Respondent shall pay a fine of Three-Thousand Dollars (\$3000.00) payable by *cashier's check* or *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

B. Respondent shall pay One-Thousand Dollars (\$1000.00) to partially reimburse the Board for recoverable attorney's fees and costs incurred in investigating and prosecuting this matter, payable by *cashier's check* or *certified check* or *money order* made payable to "Nevada State Board of Pharmacy," to be received by the Board's Reno office located at 985 Damonte Ranch Parkway – Suite 206, Reno, Nevada 89521, within thirty (30) days of the effective date of this Order;

C. Respondent shall establish policies and procedures within his practice to ensure that:

i. A bona fide relationship between the patient and the practitioner ordering a cosmetic injectable exists before the medication is ordered or administered;

ii. The practitioner who examines the patient and orders a cosmetic injectable maintains exclusive possession and control of the medication until after he or she creates a patient-specific and medication-specific order for the administration of the medication;

iii. To the extent a cosmetic injectable called for in an order is put into the control and possession of anyone other than a practitioner, the ordering practitioner personally gives control and possession of the medication to the non-practitioner and only gives the non-practitioner the specific medication in the specific quantity needed to fill the order; and

iv. All cosmetic injectables are kept in a locked storage area with access restricted to authorized persons.

D. Respondent shall comply with all federal and state statutes and regulations regarding cosmetic injectables.

10. Any failure by Respondent to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing that Respondent to appear before the Board at the next regularly-scheduled meeting for a show cause hearing. If such a hearing results in a finding of a violation of this Order by Respondent, the Board may impose additional discipline upon Respondent consistent with the provisions of NRS Chapter 453 and/or Chapter 639.

11. General Counsel will present this Stipulation to the Board for approval pursuant to NRS 622.330 at the Board's regularly scheduled public meeting on June 2, 2021. Respondent will appear at the meeting to answer questions from the Board Members and/or Board Staff. The Board Members and Staff may discuss and deliberate regarding this Stipulation, even if Respondent is not present at the meeting.

12. The Board has discretion to accept this Stipulation, but it is not obligated to do so. If this Stipulation is approved by the Board it shall be a public record pursuant to NRS 622.330.

13. If the Board rejects any part or all of this Stipulation, and unless they reach an alternative agreement on the record during the hearing, the parties agree that a full hearing on the merits of this matter shall be heard by the Board. The terms herein may not be used or referred to in a full hearing on the merits of this matter.

14. Subject to the approval of this Stipulation by the Board, the Board and Respondent agree to release each other from any and all additional claims arising from the facts set forth in the Accusation on file herein, whether known or unknown that might otherwise have existed on or before the effective date of this Order.

Respondent has fully considered the charges and allegations set forth in the *Notice of Intended Action and Accusation* in this matter, and the terms of this Stipulation, and has freely and voluntarily agreed to the terms set forth herein, and waived certain rights, as stated herein.

AGREED:

Signed this ____ day of May, 2021

Signed this ____ day of May, 2021

 5/21/21

FRANK P. SILVER, MD,
Certificate of Registration Nos.
CS04120 and PD00433



BRETT LANDT, ESQ.
General Counsel
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND
CONTENT this 21st day of May, 2021

APPROVED AS TO FORM AND
CONTENT this 21 day of May, 2021



RICHARD A. SCHONFELD, ESQ.
DAVID Z. CHESNOFF, ESQ.
Counsel for Respondent



VALARIE L. FUJII, ESQ.
Counsel for Respondent

DECISION AND ORDER

The Nevada State Board of Pharmacy hereby adopts the foregoing Stipulation as its decision as to Respondent Frank P. Silver, MD, Certificate of Registration Nos. CS04120 and PD00433, in Case No. 21-001-CS-S and hereby orders that the terms of the foregoing Stipulation be made effective upon execution below.

IT IS SO ORDERED.

Entered this 2nd day of June, 2021.



Helen Park, President
Nevada State Board of Pharmacy

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 4th day of June, 2021, I served a true and correct copy of the foregoing document by electronic mail to rschonfeld@cslawoffice.net and by Certified U.S. Mail to the following:

Richard A. Schonfeld, Esq.
CHESNOFF & SCHONFELD
520 South Fourth Street
Las Vegas, NV 89101

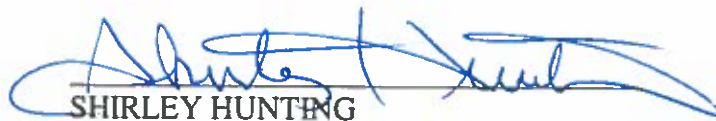


BRETT KANDT

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:

Sandra Bledsoe c/o
Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104


SHIRLEY HUNTING

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August, 2021, I served a true and correct copy of the foregoing document by electronic mail to the following:

Bret Whipple, Esq.
bretwhipple@gmail.com
1100 S. 10th Street
Las Vegas, NV 89104



BRETT KANDT

6D



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SANDRA BLEDSOE, D/B/A REVENGE MD,

Respondent.

Case Nos. 21-042-B-S/21-042-C-S

**STATEMENT TO THE
RESPONDENT AND
NOTICE OF HEARING**

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.2895 and NRS 233B.121-.126, *inclusive*, on or about May 18, 2021, a Cease and Desist/Citation and Fine was served upon Respondent Sandra Bledsoe (Bledsoe) at Revenge MD in Henderson, and a separate Cease and Desist/Citation and Fine was served upon Bledsoe at Revenge MD in Reno, alleging violations of Nevada law as set forth herein.

FACTUAL ALLEGATIONS

1. Bledsoe owns and operates Revenge MD, with locations at 2405 W. Horizon Ridge Pkwy #100 in Henderson (Henderson location), 10605 Double R Blvd. in Reno (Reno location), and online at www.revengemd.com.
2. Bledsoe is not a licensed practitioner in Nevada.
3. In the course of operating both Revenge MD locations, Bledsoe unlawfully purchases, stores, possesses, administers, furnishes and/or dispenses dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, and controlled substances, specifically Phentermine, to patients who have not been examined by a practitioner.

4. In the course of operating both Revenge MD locations, Bledsoe unlawfully provides on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 200.840(1), NRS 454.213(1), NRS 454.221(1), 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356; NRS 639.100(1); NRS 639.281(1) and/or NRS 639.285.

5. In the course of operating both Revenge MD locations, Bledsoe unlawfully engages in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.288 and NAC 639.585-.607.

6. Some of the drug products involved are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. This constitutes a violation of federal law, including, without limitation, 21 U.S.C. § 331 and 21 U.S.C. § 355(a), and consequently a violation of NRS 454.351(1) and NRS 585.490.

7. Controlled substances and dangerous drugs at both Revenge MD locations were not kept in a locked storage area with access restricted to authorized persons, and Bledsoe failed to properly store, label, segregate and/or dispose of adulterated and/or expired drugs. Bledsoe permitted, without limitation, the following: opened, undated multi-dose injectables to be used for treatment of patients, vials of expired drugs for treatment of patients, unlabeled compounded drug products (no beyond use date nor information as to origin) for treatment of patients, and pre-drawn, unlabeled syringes with unknown substances for treatment of patients.

8. Bledsoe has refused to make requested records available in the course of the Board's investigation, including complete and accurate invoices and records of the sale and disposition of the drug products, and complete and accurate practitioner records.

9. On or about June 2, 2021, Bledsoe appealed both the Cease and Desist/Citation and Fine served upon the Henderson location and the Cease and Desist/Citation and Fine served upon the Reno location, and requested a hearing before the Board.

APPLICABLE LAW

10. No person may purchase, access, store, possess, administer, furnish and/or dispense a controlled substance without specific authority to do so. 21 U.S.C. § 822(a)(2); 21 U.S.C. § 823(f); 21 CFR § 1306.03(a)(1); NRS 453.226; NRS 453.321; NRS 453.377; NRS 453.381; NRS 639.100; NRS 639.23505; NAC 639.742.

11. It is a felony offense to acquire a controlled substance 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).

12. It is a felony offense to possess a controlled substance 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).

13. It is a felony offense to dispense a controlled substance except as authorized by law. 21 U.S.C. § 841(a); NRS 453.232.

14. Conspiring to violate the Controlled Substances Act is a felony offense. 21 U.S.C. § 846; NRS 453.401(l)(a).

15. No person may purchase, access, store, possess, administer, furnish and/or dispense a dangerous drug in Nevada without specific statutory authority to do so. NRS 454.213; NRS 454.221; NRS 454.311; NRS 454.316; NRS 454.321; NRS 454.356.

16. A practitioner can give a medical assistant limited authority to possess and administer dangerous drugs pursuant to of NRS 454.213(1)(u), which states in relevant part:

[A] drug or medicine referred to in NRS 454.181 to 454.371, inclusive, may be possessed and administered by . . . [a] medical assistant, in accordance with applicable regulations of the:

(1) Board of Medical Examiners, *at the direction of the prescribing physician and under the supervision of a physician or physician assistant.*

(2) State Board of Osteopathic Medicine, at the direction of the prescribing physician and under the supervision of a physician or physician assistant.

NRS 454.213(1)(u) (*emphasis added*); *see also* NRS 639.100(1).

17. It is a felony offense to knowingly or intentionally obtain possession of a dangerous drug by misrepresentation, fraud, forgery, deception, subterfuge or alteration. NRS 454.311(1).

18. It is a criminal offense to possess a dangerous drug in violation of Nevada law. NRS 454.316(1).

19. It is a felony offense to furnish any dangerous drug in violation of Nevada law. NRS 454.221(1).

20. It is a criminal offense to fraudulently represent oneself to be a practitioner. NRS 639.281(1).

21. It is a felony offense for an unlicensed person to sell or offer for sale any prescription drug. NRS 639.285.

22. It is a felony offense to perform a surgical procedure on another person without a license. NRS 200.840(1).

23. No person may engage in wholesale distribution of prescription drug products into and within Nevada without a license from the Board. 21 U.S. Code § 353(e)(1); 21 CFR Part 205; NRS 639.100; NRS 639.233; NRS 639.288 and NAC 639.585-.607.

24. It is a criminal offense to possess, procure, obtain, sell, offer for sale, give away or otherwise furnish any drug which may not be lawfully introduced into interstate commerce under the Federal Food, Drug and Cosmetic Act. 21 U.S.C. § 331; 21 U.S.C. § 352; 21 U.S.C. § 355(a); NRS 454.351(1); NRS 585.490.

25. All controlled substances and dangerous drugs must be kept in a locked storage area with access restricted to authorized persons. 21 CFR § 1301.71; NAC 639.742(3)(c).

26. 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).

27. 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).

28. Multi-dose injectable vials must be dated at the time the seal of the multi-dose container is breached. The contents of the container may be used within 28 days after the breach of the seal occurred. Contents not used within the period set forth may not be used and must be destroyed. NAC 639.67057(2).

29. Complete and accurate invoices and records of the purchase, sale and disposition of drugs shall be maintained and open to inspection by the Board. NRS 454.286; NRS 639.090.

30. Refusing to furnish information lawfully required of the person or otherwise obstructing the course of a Board investigation is a criminal offense. NRS 197.190.

FIRST CAUSE OF ACTION

Unlawful Acquisition, Possession and Dispensing of a Controlled Substance

31. By unlawfully purchasing, storing, possessing, administering, furnishing and/or dispensing controlled substances to patients, specifically Phentermine, Bledsoe has 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. § 843(a)(3), 21 U.S.C. § 846, 21 CFR § 1306.03(a)(1), NRS 453.226, NRS 453.232, NRS 453.321, NRS 453.331(1)(d), NRS 453.377, NRS 453.381, NRS 453.391(1), NRS 453.401(l)(a), NRS 639.100, NRS 639.23505, NRS 639.281(1), NRS 639.285 and/or NAC 639.742.

SECOND CAUSE OF ACTION

Unlawful Acquisition, Possession and Dispensing of Dangerous Drugs

32. By unlawfully purchasing, storing, possessing, administering, furnishing and/or dispensing dangerous drugs, specifically cosmetic injectable fillers, to patients who have not been examined by a practitioner and without direct practitioner supervision, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 200.840(1), NRS 454.213(1), NRS 454.221(1), 454.311(1); NRS 454.316(1), NRS 454.321, NRS 454.356; NRS 639.100(1); NRS 639.281(1) and/or NRS 639.285.

THIRD CAUSE OF ACTION

Unlawful Wholesaling of Prescription Drugs

33. By engaging in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler, Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.288 and/or NAC 639.585-.607.

FOURTH CAUSE OF ACTION

Unlawful Acquisition/Possession/Distribution/Sale of Unapproved Drugs

34. By purchasing, storing, possessing, administering, furnishing, dispensing, shipping, receiving, storing and/or distributing drug products that are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S., Bledsoe has violated, attempted to violate, assisted or abetted in the violation of or conspired to violate 21 U.S.C. § 331, 21 U.S.C. § 355(a), NRS 454.351(1) and/or NRS 585.490.

FIFTH CAUSE OF ACTION

Failure to Properly Secure, Store, Label, Segregate and Dispose Drugs

35. By permitting unrestricted and unsecured access to the stock of dangerous drugs at both Revenge MD locations, failing to properly store and label drugs, failing to follow procedures to reflect expiration dates on opened multi-dose injectable vials, and/or segregate

and/or dispose of adulterated and/or expired dangerous drugs to ensure they could not be administered to patients, Bledsoe 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 § 1301.71; 21 CFR § 211.137, NRS 585.370, NRS 585.420, NRS 585.520, NRS 639.282(1)(d), NAC 639.67057 and/or NAC 639.742(3)(c).

SIXTH CAUSE OF ACTION
Obstruction in Course of Board Investigation

36. By refusing to make requested records available in the course of the Board's investigation, including complete and accurate invoices and records of the sale and disposition of the drug products, and complete and accurate practitioner records, as alleged herein, Bledsoe violated, attempted to violate, assisted or abetted in the violation of or conspired to violate NRS 197.190, NRS 454.286 and/or NRS 639.090.

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements. NRS 639.2895(2). You have the right to a hearing before the Board to answer the allegations and present evidence and argument on all issues involved, either personally or through counsel. NRS 233B.121. If you fail to appear at the hearing and the Board finds that you were given sufficient legal notice of the hearing, the Board may accept the allegations as true and may proceed to consider the case and render a decision.

The Board has scheduled your hearing on this matter for Wednesday, 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>

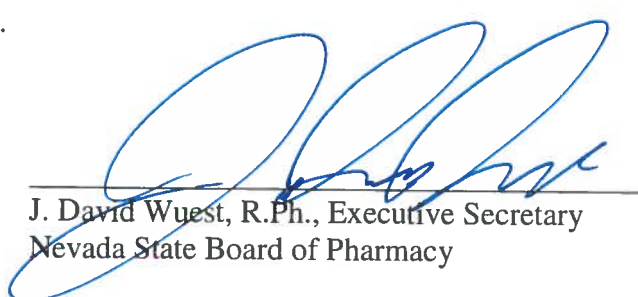
or

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.

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:

Sandra Bledsoe c/o
Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104


SHIRLEY HUNTING



BRET O. WHIPPLE, ESQ.
Nevada Bar No. 6168
1100 S. Tenth Street
Las Vegas, NV 89104
(702) 731-0000
Attorneys for Defendant

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF
PHARMACY,

Case No. 21-042-B-S / 21-042-C-S

PETITIONER,

VS.

SANDRA BLEDSOE, D/B/A REVNGE MD,

RESPONDENT.

MOTION TO CONTINUE HEARING

COMES NOW, Respondent, SANDRA BLEDSOE D/B/A REVENGE MD, by and through her attorney of record, BRET O. WHIPPLE, ESQ., of JUSTICE LAW CENTER, and hereby files this MOTION TO CONTINUE HEARING. This motion is made based upon the following memorandum of points and authorities.

DATED this 16th day of August, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104

MEMORANDUM OF POINTS AND AUTHORITIES.

I. Procedural Background.

The Nevada State Board of Pharmacy ("the Board") has submitted a Cease and Desist/Citation and Fine alleging violations of Nevada law upon Respondent, Case No. 21-042-S. This case makes allegations of conduct ranging from July 2015 through February 2016. This first case alleges one cause of action. Respondent concurrently faces separate allegations in Cases 21-042-B-S and 21-042-C-S. Those cases involve allegations, including six (6) different causes of action.

Each case was filed on July 23, 2021. Each Complaint sets a hearing date of September 1, 2021, at 9:00 a.m. *See* Statements to The Respondent of Hearing, each file stamped July 23, 2021.

On August 3, 2021, the parties communicated regarding a potential stipulated continuance of these hearings, which would allow Respondent adequate time and due process to prepare a defense, given the extensive nature of the present actions, which cover seven causes of action and range from various allegations over a six-year period.

Counsel for Petitioner responded that he would not agree to stipulate a continuance because the matter was previously continued from an initial July 14, 2021, hearing date. *See* Exhibit A - E-mail correspondence regarding continuance. Counsel also complained that he was not inclined to continue the matter because, on his view, Respondent had failed to provide requested information to the Board during the course of the investigation.

II. Legal Argument.

Pursuant to NAC 639.120, governing the conduct of disciplinary hearings under the Nevada State Board of Pharmacy, provides that "the person presiding at the hearing may grant a continuance only upon: (a) A joint stipulation of the parties; (b) The existence of an emergency condition; or (c) A written request filed at least 5 days before the date of the hearing and actually served upon the other parties at least 1 day before the date of the hearing."

1 Furthermore, "[a] continuance based on a written request pursuant to paragraph (c) may
2 be granted only upon a showing of good cause which term must be narrowly construed. A party
3 requesting a continuance must appear on the date of the hearing and be prepared to proceed
4 unless the request has been made pursuant to a joint stipulation."

5 Good cause for a continuance here exists for several reasons. First, the rule clearly
6 contemplates that a stipulated continuance would be appropriate in many cases, especially when
7 there has been no prior continuance. Counsel for Petitioner claims that this matter was initially
8 set July 14, 2021, and has already been continued. It is on this basis Petitioner objects to a
9 continuance of the September 1, 2021, hearing date.

10 However, the Board can see that both Complaints against Respondent were filed July
11 23, 2021. It is thus impossible that there was ever a July 14, 2021, hearing scheduled in this
12 case, and there has been no prior continuance. In fact, the rules governing this proceeding a
13 particular form of Notice, which was only provided to Respondent in the July 23, 2021, filings.
14 Respondent did not (and could not have) had notice for any alleged July 14, 2021, setting. As
15 such, Petitioner's basis for objecting to the requested continuance is without merit.

16 In addition to there being no merit to the reasoning behind objecting to the continuance,
17 Respondent would be severely prejudiced if the continuance is not denied. First, Respondent is
18 facing concurrent accusations in three different case numbers. In total, there are seven separate
19 causes of action. The allegations span a period of over six years. The Statement and Notice was
20 filed on July 23, 2021, and the hearing set for September 1, 2021. This provides Respondent
21 approximately 37 days to prepare to face accusations in three case numbers, seven causes of
22 action, and allegations spanning a period of years. These allegations involve the management
23 of two separate businesses, located in two different cities. Simply put, 37 days is a totally
24 insufficient time to prepare a defense given the scope of the allegations.

25 Respondent has constitutional due process rights in this administrative proceeding.
26 *Natchez v. State*, 102 Nev. 247, 252-53 (Nev. 1986). These rights include a fair and impartial
27 tribunal. *Id.* Most importantly:

"This court has held that, in the context of administrative pleadings, due process requirements of notice are satisfied where the parties are sufficiently apprised of the nature of the proceedings so that there is no unfair surprise. We explained that it is the opportunity to prepare a defense that defines due process."

Dutchess Bus. Servs. v. State, Bd. of Pharm, 124 Nev. 701, 712 (Nev. 2008)(emphasis added).

Respondent's due process rights can only be given via a continuance of the present hearing setting. As such, this constitutes good cause for a continuance. Respondent requires additional time to: (1) investigate the claims against her; (2) obtain evidence in her defense; (3) locate and secure the attendance of witnesses; (4) file and litigate pre-hearing motions in advance of the hearing; (5) seek to exclude inadmissible evidence the Board may seek to offer at the time of the hearing; and (6) have a fair opportunity to consult with counsel in advance of the hearing. Given the scope of the allegations, noted above, it is not possible that Respondent can complete these six steps in a period of 37 days from the Notice to the date of the hearing.

For these reasons, Respondent respectfully requests that this Motion to Continue be granted, and that a new hearing date be set approximately ninety (90) days beyond the date of September 1, 2021.

DATED this 16th day of August, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

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DATED this 16th day of August, 2021.

/s/ Bret O. Whipple, Esq.
Bret O. Whipple, Esq.
Nevada Bar No. 6168

DECLARATION OF BRET O. WHIPPLE, ESQ.

1
2
3 1. That I am an attorney licensed in the State of Nevada who represents the
defendant in the above case.

4 2. That Defendant is out of custody and does not object to this continuance request.

5 3. That I am scheduled for two directly overlapping trials, one in this case, and one
6 in State v. Gary Elmore, and on that basis request that trial be continued in this case.

7 4. That the information presented in this motion is true or based upon information
and belief.

8 5. That this motion is not made for the purposes of delay.

9
10 DATED this 16th day of August, 2021.

JUSTICE LAW CENTER

/s/ Bret O. Whipple, Esq.

Bret O. Whipple, Esq.

Nevada Bar No. 6168

JUSTICE LAW CENTER
1100 SOUTH 10TH STREET
LAS VEGAS, NV 89104



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SANDRA BLEDSOE, D/B/A REVENGE MD,

Respondent.

Case Nos. 21-042-B-S/21-042-C-S

**OPPOSITION TO RESPONDENT'S
MOTION FOR CONTINUANCE**

The Nevada State Board of Pharmacy (Board), by and through counsel prosecuting this matter, Brett Kandt, General Counsel, files this opposition to Respondent Sandra Bledsoe's Pre-Hearing Motion for Continuance filed August 16, 2021. This opposition is based upon the following points and authorities and the pleadings on file herein.

MEMORANDUM OF POINTS AND AUTHORITIES

I. FACTUAL AND PROCEDURAL BACKGROUND

On or about May 18, 2021, pursuant to NRS 639.2895 a Cease and Desist/Citation and Fine was served upon Respondent at Revenge MD in Henderson, and a separate Cease and Desist/Citation and Fine was served upon Respondent at Revenge MD in Reno, alleging numerous violations of Nevada law arising from unlicensed practice. On or about June 2, 2021, Bledsoe appealed both the Cease and Desist/Citation and Fine served upon the Henderson Revenge MD location (Case No. 21-042-B-S) and the Cease and Desist/Citation and Fine served upon the Reno Revenge MD location (Case No. 21-042-C-S), and requested a joint hearing before the Board on both.

On June 4, 2021, counsel met and conferred via telephone on a hearing date in this matter, at which time counsel for Respondent requested that the hearing be noticed for September 1, 2021, rather than for the next meeting of the Board on July 14, 2021. The parties stipulated that the hearing would be noticed for September 1, 2021, and Board counsel

subsequently confirmed that stipulation in correspondence to Respondent's counsel. *See Exhibit 1* - Declaration of Brett Kandt at ¶ 2 and *Exhibit 2*. The Statement to Respondent and Notice of Hearing was served on Respondent pursuant to NRS 233B.121(1) on or about July 23, 2021.

To date Respondent has made no discovery request for production of evidence or witnesses in this matter. *See Exhibit 1* - Declaration of Brett Kandt at ¶ 3. On April 21, May 24 and June 14, 2021, Board investigator Dena M. McClish requested that Respondent produce records and responses in the course of the Board investigation of this matter. *See Exhibit 3* - Declaration of Dena M. McClish at ¶ 2 and *Exhibit 4*. Respondent provided a limited response on May 19, 2021. *See Exhibit 3* - Declaration of Dena M. McClish at ¶ 3 and *Exhibit 5*. Otherwise, Respondent has failed to respond to those requests or otherwise cooperate in the course of this investigation. *See Exhibit 3* - Declaration of Dena M. McClish at ¶ 3.

II. LEGAL STANDARD

This appeal hearing challenging Respondent's Cease and Desist/Citation and Fine for unlicensed practice at both the Henderson and Reno locations of Revenge MD is governed by NRS 233B.121-.126, *inclusive*.¹ "In a contested case, all parties must be afforded an opportunity for hearing after reasonable notice." NRS 233B.121(1). Courts have deemed "good cause" for a continuance to mean "a substantial reason; one that affords a legal excuse." *Price v. State*, 409 P.3d 889 (Nev. 2017) (citations omitted).

¹ Respondent cites NAC 639.120 as the legal basis for a continuance, which governs disciplinary hearings of licensees before the Board and does not apply to this proceeding. Nevertheless, a continuance may be granted to the extent necessary to accord a respondent due process in a contested case. *See, e.g., Jones v. State ex rel. Wyo. DOT*, 991 P.2d 1251 (Wyo. 1999).

III. ARGUMENT

Respondent's Motion must be denied since Respondent cannot demonstrate good cause for a continuance or that she has not been accorded all necessary due process guarantees of fundamental fairness, including the opportunity to prepare a defense. *Dutchess Business Services, Inc. v. Nevada State Bd. of Pharmacy*, 124 Nev. 701, 711-15, 191 P.3d 1159, 1166-69 (2008). Respondent requested a hearing on September 1st rather than July 14th. Respondent has made no discovery request for production of evidence or witnesses. With the exception of her limited response on May 19, 2021, Respondent has failed to respond to the Board's investigation requests or otherwise cooperate in the course of this investigation. Consequently, Respondent cannot maintain that she has been denied the opportunity to prepare a defense or otherwise show good cause for a continuance at this juncture.

IV. CONCLUSION

For the foregoing reasons, the prosecution respectfully requests that the Board deny Respondent's Pre-Hearing Motion for Continuance and proceed with a hearing on September 1, 2021.

RESPECTFULLY SUBMITTED this 20th day of August, 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.

SANDRA BLEDSOE, D/B/A REVENGE MD,

Respondent.

Case Nos. 21-042-B-S/21-042-C-S

**DECLARATION OF BRETT KANDT
IN OPPOSITION TO RESPONDENT'S
MOTION TO CONTINUE HEARING**

I, Brett Kandt, Esq. hereby declare as follows:

1. I am prosecuting this matter for Petitioner Nevada State Board of Pharmacy (Board). I am duly admitted to practice law in the State of Nevada. I have personal knowledge of the matters stated herein and would be competent to testify thereon if called upon to do so.

2. On June 4, 2021, counsel met and conferred via telephone on a hearing date in this matter, at which time counsel for Respondent requested that the hearing be noticed for September 1, 2021, rather than for the next meeting of the Board on July 14, 2021. The parties stipulated that the hearing would be noticed for September 1, 2021, and I subsequently confirmed that stipulation in correspondence to counsel. A true and correct copy of that correspondence is attached as **Exhibit 2**.

3. To date counsel has made no discovery request for production of evidence or witnesses in this matter.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 20th day of August, 2021, in Washoe County, Nevada.

BRETT KANDT, Esq.



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

June 4, 2021

VIA ELECTRONIC MAIL TO: bretwhipple@gmail.com

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104

Re: Appeals of Sandra Bledsoe – Case No. 21-142-S (VIP Faces)
Case Nos. 21-142-B-S and 21-142-C-S (Revenge MD)

Dear Bret:

This will confirm that the hearings in the above-referenced NRS 639.2895 cases will be conducted separately on September 1, 2021, and the Nevada State Board of Pharmacy will timely serve a Statement to Respondent and Notice of Hearing for each pursuant to NRS 233B.121.

If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt
General Counsel
Nevada State Board of Pharmacy

Exhibit 2

Brett Kandt

From: Brett Kandt
Sent: Friday, June 4, 2021 4:19 PM
To: 'Whipple, Bret'; 'bretwhipple@gmail.com'
Cc: Kristopher Mangosing; Shirley Hunting
Subject: Appeals of Sandra Bledsoe – Case No. 21-142-S (VIP Faces)/Case Nos. 21-142-B-S and 21-142-C-S (Revenge MD)
Attachments: GC correspondence to Whipple re Beldsoe hearings 21-242.pdf

Bret-

Please see attached.

Regards,

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
775-850-1440
bkandt@pharmacy.nv.gov



NOTICE: This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not establish an attorney-client relationship. This information does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under applicable Federal or State law. If the reader of this message is not the intended recipient, you are hereby notified that you are strictly prohibited from reading, using, sharing or copying this communication or its contents. If you have received this email in error, please notify the sender immediately and destroy the original transmission.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SANDRA BLEDSOE, D/B/A REVENGE MD,

Respondent.

Case Nos. 21-042-B-S/21-042-C-S

DECLARATION OF DENA MCCLISH
IN OPPOSITION TO RESPONDENT'S
MOTION TO CONTINUE HEARING

I, Dena M. McClish, 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 April 21, May 24 and June 14, 2021, I requested that Respondent produce records and responses in the course of the Board investigation of this matter. A true and correct copy of that correspondence is attached as **Exhibit 4**.

3. Respondent provided a limited response on May 19, 2021. A true and correct copy of that correspondence (without attachments) is attached as **Exhibit 5**. Otherwise, Respondent has failed to respond to the Board's requests or otherwise cooperate in the course of this investigation.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 18 day of August, 2021, in Clark County, Nevada.



DENA M. MCCLISH



Nevada State Board of Pharmacy

1050 E Flamingo Rd • SUITE E217 • LAS VEGAS, NEVADA 89119-7524

1-800-364-2081 • FAX (702) 486-7903 • www.bop.nv.gov

CONFIDENTIAL

04/21/2021

Revenge MD

Owner, Sandra Bledsoe and Medical Director(s) or responsible practitioner(s)
c/o Bret Whipple, Esq
1100 South 10th St
Las Vegas, NV 89104

Re: Nevada Board of Pharmacy Investigative Case 21-042

Dear Ms. Bledsoe and the Medical Director of Revenge MD,

As you are aware, the Nevada State Board of Pharmacy (Board) has received multiple complaints regarding violations and unsafe practices at Revenge MD in both the Reno and Henderson, NV locations. The Board has a case open to investigate the matter. I am writing to request that you respond to the allegation(s) and findings below and provide copies of certain documents and information relevant to the Board's investigation.

The complaints indicated that Botox, Botox alternatives, and fillers are being purchased from Canada or other foreign countries (unapproved for use in the U.S.) and are being administered to patients. Additionally, single use Botox vials are being used for multiple patients and invasive procedures such as micro-needling are being performed by non-medical persons (cosmetologist) without a practitioner being present or a practitioner's evaluation.

In response to this information, the Nevada Board of Pharmacy with the assistance the Nevada Board of Nursing performed a site inspection of both facilities and found the following violations:

- 1) Multiple dangerous drugs obtained from overseas locations (unapproved for use in the United States) were found to include but not limited to:
Liporase (appearing to be from Korea)
Various Restylane products
Juvederm Voluma with lidocaine (manufactured in Russia)
- 2) Unauthorized personnel (non-medical) had independent possession and access to both dangerous drugs and controlled substances.
- 3) Multiple vials of expired dangerous drugs were observed in treatment rooms, readily available for administration (not quarantined to prevent use).
- 4) Multiple vials of expired medication (Myers cocktail) were observed stored in the medication refrigerator readily available for administration (not quarantined to prevent use).

Exhibit 4

- 5) Multiple vials of multi-dose dangerous drugs were observed in treatments rooms that had been punctured with no date indicating when the vial was initially punctured nor expiration of the opened vial.
- 6) Containers of compounded dangerous drugs creams were being used without the proper labeling (no beyond use date, and no information as to origin compounding pharmacy or manufacturer)
- 7) Patient specific medications (some prescribed to staff) were found in patient treatment rooms, available for general patient use.
- 8) Patient specific controlled substances (phentermine) were found unsecured on an open shelf accessible to non-medical personnel without a licensed practitioner's presence.
- 9) Medication labeled as "Physician sample – not for resale" (Xeomin) is stored with examples of the same medication that are purchased in the marketplace. Staff was unaware medication labeled as "physician samples" cannot be sold/charged to clients.
- 10) Pre-drawn, unlabeled syringes with unknown substances were found at both locations.

In response to these allegations and findings, please provide the following:

- 1) Purchase receipts/invoices and/or orders for all medications purchased from any locations outside of the U.S. in the last calendar year.
- 2) A copy of orders/invoices for all dangerous drugs and controlled substances from 10/01/2020 – present (for both locations).
- 3) A copy of all medical director and/or primary practitioner contracts and/or employment agreements from 04/01/2019 – present.
- 4) A schedule, agreement, or other documentation showing the primary practitioner present at both locations from 03/07/2021 – 04/07/2021.
- 5) A written response to each allegation and finding from both the owner and medical director(s) or responsible practitioner(s)

Please provide the information referenced above and a written response to the foregoing allegations within 14 calendar days of receipt of this request. Include with your response any records or other information you believe will help the Board make a determination in this case. **Any written statement must include your handwritten signature attesting that it is true and accurate.**

Please feel free to contact me with any questions. I can be reached at (702) 486-6420, Ext. 154.

Respectfully,

Dena McClish

Dena McClish, Investigator, Nevada State Board of Pharmacy
 1050 E Flamingo Rd Ste E217, Las Vegas, NV 89119
 Office: 702-486-6420 ext 154 Fax: 702-486-7903
 Email: dmcclish@pharmacy.nv.gov

Dena M. McClish

From: Dena M. McClish
Sent: Monday, June 14, 2021 7:55 AM
To: 'Whipple, Bret'
Cc: Brett Kandt (bkandt@pharmacy.nv.gov); Courtney K. Lee
Subject: RE: Nevada Board of Pharmacy Investigative Case 21-042, Revenge MD

Good morning Mr. Cannon and Mr. Whipple, to date, I have received no supplemented response. Please submit this response no later than COB 6/18/21.

Respectfully,

Dena M McClish, Investigator

Nevada State Board of Pharmacy
 1050 E Flamingo Rd Ste E-217
 Las Vegas, NV, 89119



Office: 702.486.6420 ext 154
 Cell: 702.494.8672
 Fax: 702.486.7903
 E-mail: dmcclish@pharmacy.nv.gov
 Web Page: www.bop.nv.gov

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. Thank you.

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

From: Whipple, Bret [mailto:admin@justice-law-center.com]
Sent: Monday, June 7, 2021 12:24 PM
To: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: Re: Nevada Board of Pharmacy Investigative Case 21-042, Revenge MD

Good Morning, Ms. McClish:

Mr. Whipple wishes to apologize for the delay in supplementing the response to your inquiry. He has been in trial and anticipates that he will be able to supplement the response by tomorrow.

Very truly yours,
 Curtis W. Cannon
 Legal Assistant

On Mon, May 24, 2021 at 8:23 AM Dena M. McClish <dmcclish@pharmacy.nv.gov> wrote:

Good morning Mr. Whipple, when can I expect the supplemented response? As to request (3), you provided a medical director agreement for 04/2021- present only--please provide the requested agreements from 04/2019 – present. You provided absolutely no response to request (5), please state your intention of doing so and when I can expect that supplemented response.

Respectfully,

Dena M McClish, Investigator



Nevada State Board of Pharmacy

1050 E Flamingo Rd Ste E-217

Las Vegas, NV, 89119

Office: 702.486.6420 ext 154

Cell: 702.494.8672

Fax: 702.486.7903

E-mail: dmcclish@pharmacv.nv.gov

Web Page: www.bop.nv.gov

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. Thank you.

This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

From: Whipple, Bret [mailto:admin@justice-law-center.com]
Sent: Wednesday, May 19, 2021 3:53 PM
To: Dena M. McClish <dmcclish@pharmacy.nv.gov>
Subject: Nevada Board of Pharmacy Investigative Case 21-042, Revenge MD

Greetings,

Please find attached our response regarding the above matter.

Thank you

—
Justice Law Center

Office of Bret Whipple & Associates

1100 S. Tenth Street

Las Vegas, Nevada 89104

(702) 731-0000

Fax (702) 974-4008

—
Justice Law Center
Office of Bret Whipple & Associates
1100 S. Tenth Street
Las Vegas, Nevada 89104
(702) 731-0000
Fax (702) 974-4008



JUSTICE LAW CENTER

1100 S. 10th Street, Las Vegas, Nevada 89104
T: (702) 731-0000 F: (702) 974-4008
bretwhipple@gmail.com

May 19, 2021

Dena McClish
Nevada State Board of Pharmacy
1050 E. Flamingo Road, Suite E217
Las Vegas, NV 89119-7524

VIA EMAIL: dmcclish@pharmacy.nv.gov

RE: Nevada Board of Pharmacy Investigative Case 21-042

Dear Ms. McClish:

This letter and the accompanying exhibits are in response to your letter dated April 21, 2021 in which you requested certain items

Included herewith are the following requested items:

1. As to request (1) and (2), Purchase receipts/invoices for all medications purchased from locations outside the U.S. in the last calendar year, including copies of invoices for all dangerous drugs and controlled substances from 10/01/2020- present: (See documents Bates number REV MD 00001 through REV MD 00165.)
2. As to request (3), A copy of all medical director and primary practitioner contracts and employment agreements from 04/01/2019 – present. (See documents Bates number REV MD 00166 through REV MD 00167)
3. As to request (4), Documentation showing the primary practitioner present at both locations from 03/07/2021 – 04/07/2021. Documents responsive to question #4 are to be supplemented.

My client reserves the right to amend and supplement these responses as necessary. Should you have any questions, please do not hesitate to contact me at the above number or on my personal cell phone, (702) 493-6075.

Very truly yours,

Bret Whipple, Esq.

Exhibit 5

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 20th day of August, 2021, I served a true and correct copy of the foregoing document by electronic mail to the following:

Bret Whipple, Esq.
bretwhipple@gmail.com
1100 S. 10th Street
Las Vegas, NV 89104



BRETT KANDT



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 18, 2021

VIA CERTIFIED U.S. MAIL

Sandra Bledsoe
 Revenge MD
 2405 W. Horizon Ridge Pkwy #100
 Henderson, Nevada 89052

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada (Case No. 21-042-B-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that in the course of your ownership and operation of Revenge MD at 2405 W. Horizon Ridge Pkwy #100 in Henderson in Reno you are engaged in unlicensed activity as follows:

1. You unlawfully purchase, store, possess, administer, furnish and/or dispense dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, to patients who have not been examined by a practitioner. You unlawfully provide on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).
2. You are engaged in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.285 and NAC 639.585-.607.
3. Some of the drug products involved are intended for distribution in foreign markets and are not approved for marketing, distribution or use in the U.S. This constitutes a violation of federal law, including, without limitation, 21 U.S.C. § 331 and 21 U.S.C. § 355(a), and consequently a violation of NRS 454.351(1).

This notice shall serve as a CITATION pursuant to NRS 639.2895(2) for unlicensed activity. The Board has assessed an administrative fine of ten thousand dollars (\$10,000.00) pursuant to NRS 639.2895(3). You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check*, *certified check* or *money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

9171 9690 0935 0252 0575 14

Sandra Bledsoe

May 18, 2021

Page 2

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this notice. *See* NRS 639.2895(2). Please be aware that the forgoing does not preclude the filing of criminal charges. If you have any questions, please do not hesitate to contact me at 775-850-1440 or bkandt@pharmacy.nv.gov.

Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

cc: Bret Whipple, Esq.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18st day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe
Revenge MD
2405. W Horizon Ridge Pkwy #100
Henderson, NV 89052

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104



KRISTOPHER MANGOSING



Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

PHONE (775) 850-1440 • FAX (775) 850-1444

E-mail: bkandt@pharmacy.nv.gov • Web Page: bop.nv.gov

May 18, 2021

VIA CERTIFIED U.S. MAIL

Sandra Bledsoe
 Revenge MD
 10605 Double R Blvd.
 Reno, NV 89521

Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada (Case No. 21-042-C-S)

Dear Ms. Bledsoe:

The Nevada State Board of Pharmacy (Board) has determined that in the course of your ownership and operation of Revenge MD at 10605 Double R Blvd. in Reno you are engaged in unlicensed activity as follows:

1. You unlawfully purchase, store, possess, administer, furnish and/or dispense dangerous drugs, specifically cosmetic injectable fillers including, without limitation, Restylane Kysee, Restylane Lidocaine, Restylane Lyft, Juvederm Voluma with Lidocaine and/or and Liporase, to patients who have not been examined by a practitioner. You unlawfully provide on-site medical treatment to patients, including the administration of dangerous drugs through cosmetic injections, without direct practitioner supervision. This constitutes a violation of state law, including, without limitation, NRS 454.213(1), NRS 454.221, NRS 454.316, NRS 454.321, NRS 454.356; NRS 639.100(1), NRS 639.281(1), NRS 639.282(1)(d), NAC 639.601(1) and/or NAC 639.898(1).
2. You are engaged in the business of shipping, receiving, storing and distributing prescription drug products into and within Nevada without a license to engage in business as a wholesaler. This constitutes a violation of federal and State law, including, without limitation, 21 U.S. Code § 353(e)(1), 21 CFR Part 205, NRS 639.100, NRS 639.233, NRS 639.285 and NAC 639.585-.607.
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9171 9690 0935 0252 0575 07

Sandra Bledsoe
May 18, 2021
Page 2

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Best regards,



Brett Kandt
General Counsel
Nevada State Board of Pharmacy

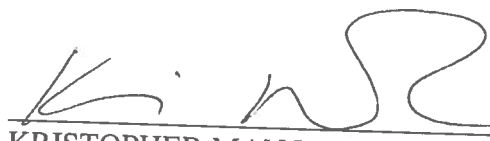
cc: Bret Whipple, Esq.

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 18th day of May, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Sandra Bledsoe
Revenge MD
10605 Double R Blvd
Reno, NV 89521

Bret Whipple, Esq.
1100 S. 10th Street
Las Vegas, NV 89104


KRISTOPHER MANGOSING

7

FILED**JUL 31 2020****NEVADA STATE BOARD
OF PHARMACY****BEFORE THE NEVADA STATE BOARD OF PHARMACY**

CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
PD00502,

Petitioner.

Case No. 17-066-CS-S**ORDER OF REINSTATEMENT**

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), hereby orders as follows:

The Nevada State Board of Pharmacy (Board) heard this matter on July 18, 2018, rendered a decision, and entered an Order on July 25, 2018, revoking the certificates of registration of Craig Weingrow, MD (Weingrow) controlled substance registration, Certificate of Registration No. CS20272 and dispensing practitioner registration, Certificate of Registration No. PD00502. Weingrow petitioned for reinstatement of his controlled substance registration, Certificate of Registration No. CS20272, pursuant to NRS 639.257. On January 15, 2020, and July 15, 2020, Weingrow appeared with counsel before the Board to answer questions and give testimony regarding his petition, his compliance with the Order, and the facts and circumstances underlying this matter.

The Board granted the petition and ordered that Weingrow's Certificate of Registration No. CS20272 be reinstated effective immediately subject to the following terms, conditions and restrictions:

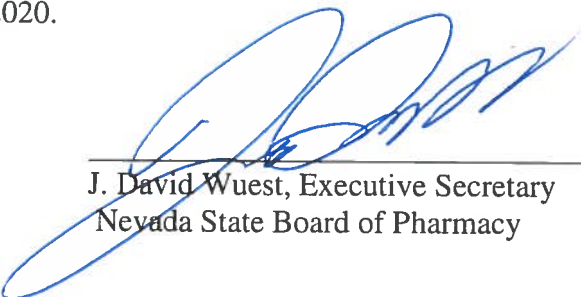
1. Weingrow may only prescribe the controlled substances listed in Exhibit 2 submitted in support of his petition (copy attached).
2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.
3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

Any failure by Weingrow 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

Weingrow 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, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

IT IS SO ORDERED.

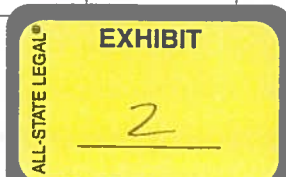
Entered this 31st day of July, 2020.



J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CRAIG WEINGROW, M.D.**LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES
PRESCRIBING**

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Armodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post- Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jeffrey Setness, Esq.
Fabian Vancott
411 E. Bonneville Ave. #400
Las Vegas, NV 89101



KRISTOPHER MANGOSING



BEFORE THE NEVADA STATE BOARD OF PHARMACY

In the Matter of:

CASE NO. 17-066-CS-S

CRAIG WEINGROW, M.D.
Certificate of Registration Nos. CS20272
PD00502

Petitioner

PETITION TO MODIFY ORDER OF REINSTATEMENT FILED ON JULY 31, 2020

COMES NOW Petitioner Craig Weingrow, M.D. ("Weingrow") by and through his counsel, Jeffrey B. Setness of the law firm of Fabian VanCott and hereby petitions the Nevada State Board of Pharmacy ("Board") for an order modifying the Order of Reinstatement filed on July 31, 2020, to permit Weingrow to prescribe, order, possess, and administer testosterone pellets based upon the following:

I. INTRODUCTION

On July 31, 2020, in the case of *Nevada State Board of Pharmacy v. Craig Weingrow, M.D., et al*, Case No. 17-066-CS-S, the Nevada State Board of Pharmacy filed its Order of Reinstatement which states, in pertinent part, as follows:

1. Weingrow may only prescribe the controlled substances listed-in Exhibit 2 submitted in support of his petition (copy attached).
2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.
3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

A copy of the Order of Reinstatement is attached as Exhibit 1. It should be noted that the existing Order of Reinstatement permits Dr. Weingrow to prescribe Testosterone Cypionate, which is a Schedule III substance.

Weingrow respectfully files this Petition requesting an order modifying the Order of Reinstatement filed on July 31, 2020, to permit Weingrow to:

1. Prescribe testosterone pellets, which are also a Schedule III substance like Testosterone Cypionate;
2. Order testosterone pellets from a FDA Registered 503B Outsourcing Facility;
3. Possess the testosterone pellets utilizing the security procedures mandated by the Drug Enforcement Administration; and
4. Administer the testosterone pellets to patients.

II. BACKGROUND

A. Prescribing and Ordering of Testosterone Pellets

Weingrow has been in contact with Evexias Medical Centers which are located in Southlake, Texas; Rockwall, Texas; and Denver, Colorado regarding the EvexiPEL Hormone Pellet Therapy. Documents regarding the EvexiPEL Hormone Pellet Therapy are attached as Exhibit 2. The Hormone Pellet Therapy FAQ's on the EvexiPEL website states that "EvexiPEL uses proprietary pellets from our partner pharmacy FarmaKeio and FarmaKeio Outsourcing a 503B FDA Registered Manufacturing Facility." Excerpts from the Hormone Pellet Therapy FAQ's are attached as Exhibit 3.

FarmaKeio is an FDA Registered 503B Outsourcing Facility, which is licensed in a number of states including Nevada. See Exhibit 4.

Weingrow is willing to agree to prescribe and order only those quantities of testosterone pellets sufficient to meet the needs of his existing patients.

B. Possession and Storage of Testosterone Pellets

Weingrow is willing to agree to possess and store the testosterone pellets in compliance with the security requirements set forth in Title 21, Code of Federal Regulations, § 1301.72(b).

III. CONCLUSION

Dr. Weingrow respectfully requests that the Board amend its Order of Reinstatement dated July 31, 2020 to permit Weingrow to prescribe, order, possess, and administer testosterone pellets as set forth above.

Dated: July 14, 2021.


JEFFREY B. SETNESS, ESQ.
ATTORNEY FOR PETITIONER
CRAIG WEINGROW, M.D.

Approved as to form and content:


CRAIG WEINGROW, M.D.

CERTIFICATE OF SERVICE

I certify that I am an employee of Fabian VanCott, and that on this 15th day of July 2021,
I served a true and correct copy of the:

PETITION TO MODIFY ORDER OF REINSTATEMENT FILED ON JULY 31, 2020

by Federal Express and E-mail to the following:

Brett Kandt
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521
bkandt@pharmacy.nv.gov



An Employee of
FABIAN VANCOTT

RECEIVED

AUG 3 2020

FILED

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD
OF PHARMACY

1/1/1
CRAIG WEINGROW, M.D.,
Certificate of Registration Nos. CS20272
PD00502,

Case No. 17-066-CS-S

ORDER OF REINSTATEMENT

Petitioner.

J. David Wuest, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy (Board), hereby orders as follows:

The Nevada State Board of Pharmacy (Board) heard this matter on July 18, 2018, rendered a decision, and entered an Order on July 25, 2018, revoking the certificates of registration of Craig Weingrow, MD (Weingrow) controlled substance registration, Certificate of Registration No. CS20272 and dispensing practitioner registration, Certificate of Registration No. PD00502. Weingrow petitioned for reinstatement of his controlled substance registration, Certificate of Registration No. CS20272, pursuant to NRS 639.257. On January 15, 2020, and July 15, 2020, Weingrow appeared with counsel before the Board to answer questions and give testimony regarding his petition, his compliance with the Order, and the facts and circumstances underlying this matter.

The Board granted the petition and ordered that Weingrow's Certificate of Registration No. CS20272 be reinstated effective immediately subject to the following terms, conditions and restrictions:

1. ~~Weingrow may only prescribe the controlled substances listed in Exhibit 2~~
submitted in support of his petition (copy attached).
2. Weingrow shall report his controlled substance prescribing every quarter to Board staff.
3. Weingrow shall appear before the Board for prior authorization to make any amendments to the list of controlled substances he may prescribe.

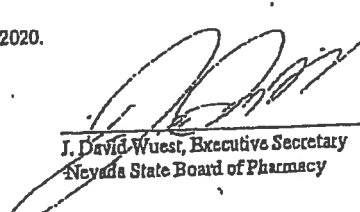
Any failure by Weingrow to comply with the terms of this Order may result in issuance by the Executive Secretary of an order to show cause pursuant to NAC 639.965 directing

EXHIBIT 1

Weingrow 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, the Board may impose additional discipline not inconsistent with the provisions of NRS Chapter 639.

IT IS SO ORDERED.

Entered this 31st day of July, 2020.



J. David Wuest, Executive Secretary
Nevada State Board of Pharmacy

CRAIG WEINGROW, M.D.LIST OF CONTROLLED SUBSTANCES THAT DR. WEINGROW ANTICIPATES
PRESCRIBING

Controlled Substance	Schedule	Treatment For
Alprazolam	IV	Anxiety, Panic Disorder
Ammodafinil	IV	Narcolepsy, OSA
Butalbital/Acetaminophen/Caffeine	IV	Tension Headaches, Migraines
Carisoprodol	IV	Muscle Spasms
Chlordiazepoxide	IV	Alcohol Withdrawal, Acute
Clonazepam	IV	Anxiety, Restless Legs Syndrome
Codeine/Guaifenesin	V	Bronchitis, Severe Cough
Dextroamphetamine/Amphetamine	II - N	ADHD
Diazepam	IV	Anxiety, Alcohol Withdrawal, Acute Muscle Spasms
Estrogens, Esterified/Methyltestosterone	III	Menopause, Vasomotor Symptoms
Eszopiclone	IV	Insomnia
Lorazepam	IV	Anxiety
Lisdexamfetamine	II - N	ADHD
Methylphenidate	II - N	ADHD
Methyltestosterone	III	Hypogonadotropic Hypogonadism
Modafinil	IV	Narcolepsy, OSA
Pregabalin	IV	Diabetic Peripheral Neuropathy, Post- Herpetic Neuralgia
Suvorexant	IV	Insomnia
Temazepam	IV	Insomnia
Testosterone Cypionate	III	Hypogonadotropic Hypogonadism
Tramadol	IV	Moderate/Severe Pain
Zolpidem	IV	Insomnia



CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 31st day of July, 2020, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Jeffrey Setness, Esq.
Fabian Vancott
411 E. Bonneville Ave. #400
Las Vegas, NV 89101


KRISTOPHER MANGOSING

Call Us Today! 1.817.328.8376 | pcc@evexiasmedical.com**EVEXIAS**
MEDICAL CENTERS**SCHEDULE YOUR CONSULTATION NOW**

ABOUT EVEXIPEL HORMONE THERAPY REGENERATIVE THERAPIES
AESTHETICS BLOG SHOP CONTACT  

A unique, integrated approach to hormone balance and optimum health

If you're considering bio-identical hormone replacement therapy (BHRT) with pellets, you may think all pellet therapy providers offer the same solutions.

While thousands of healthcare providers do offer subcutaneous BHRT with pellets—most don't take an integrated, functional medicine approach to patient care.

**EXHIBIT 2** —



How is the EvexiPEL® Hormone Pellet Therapy different?

The EvexiPEL Hormone Pellet Therapy method was developed by EVEXIAS founder Dr. Terri DeNeui, DNP, APRN, ACNP-BC, after more than a decade of treating patients with hormone imbalance and teaching hundreds of medical practitioners in the science, discovery and clinical processes pertaining to bio-identical hormone replacement therapy via pellet implants.

While some practitioners prescribe BHRT with pellets to treat the symptoms of hormone imbalance, Dr. DeNeui's EvexiPEL® Hormone Pellet Therapy method relies on uncovering the root cause of the patient's hormone imbalance or health issue.

Over the years, Dr. DeNeui, discovered that hormone imbalance is but one factor that contributes to patients' health struggles. Understanding that all of our body systems work together, she found that addressing all systems as a whole produces the best outcomes.

Once EvexiPEL® practitioners identify the root cause of the patient's health concerns, EVEXIAS®' experts in hormone optimization, functional medicine, nutrition and mental health work as a team to help ensure patients experience optimum results.

Experience superior pellet therapy with EvexiPEL's® proprietary pellet formulation

Not only has Dr. DeNeui developed a superior method for providing pellet therapy, she also worked with a team of experts at Farmakeio—a leading compounding pharmacy in the U.S.—to create a proprietary pellet formulation to help improve patient comfort, convenience and outcomes.

Put into practice at EVEXIAS® Medical Centers—one of the largest pellet therapy providers in the country—the EvexiPEL® Pellet Formulation continues to yield the

- **Reduced scar tissue, resulting in far fewer pellet extrusions**, which decreases the need for additional office visits to deal with complications.
- **Far fewer boosts required in new patients**, which amounts to a more effective and convenient treatment for patients—and fewer office visits.
- **Quicker absorption of hormones for patients**, who report more comprehensive symptom relief sooner than with other compounded pellets.
- **More consistent absorption over time**, which helps ensure longer lasting therapeutic results.
- **Increased patient satisfaction**. Always a top priority at EVEXIAS!

Whether you seek treatment directly from an integrated, functional medicine practitioner at EVEXIAS Medical Centers in the Dallas and Fort Worth metroplex or a practitioner certified in the EvexiPEL® Hormone Pellet Therapy method, you can feel confident that your health is in good hands.



The EvexiPEL® method doesn't start OR stop with pellet therapy

It's important to note that EvexiPEL® Hormone Pellet Therapy is NOT a one-size-fits-all solution. Every patient comes to us with unique health needs and varying degrees of hormone imbalance—something we address through our collaborative patient-practitioner approach (collaboration is a key aspect of functional medicine).

Along with undergoing lab and diagnostic tests, patients can expect to spend plenty of quality time reviewing their health history and concerns with their practitioner. Since physical, mental, and environmental factors can all have an impact on total

- Health history (physical and mental).
- Family's health history (genetics often influence health).
- Lifestyle—diet, exercise, sleep and other habits like tobacco, alcohol and drug use.
- Home and work environments.
- Exposure to environmental and emotional toxins.
- Current medication usage, including any supplements.
- Social activities and interactions.

Integrated treatment plans also address gut health, DNA and toxicity issues

Based on the patient's unique needs, treatment may involve bio-identical hormone replacement therapy with pellets (dosage customized for each patient), along with other therapies that help promote total body health. The practitioner may prescribe therapy to address issues related to:

Gut health: Research has shown direct connections between gut health and inflammation, autoimmune disorders, mental health and more. In addition, a healthy gut helps us metabolize hormones efficiently. If the practitioner finds that poor gut health (unbalanced gut microbiome, leaky gut, etc.) is contributing to the patient's health issues, she may prescribe gut health therapy, including a detox program, probiotics, IV nutrients, supplements or other therapies to restore gut health.

DNA: Recent research revealed that how we metabolize hormones is hardwired in our DNA. During the exam, the practitioner will inquire whether patients have a family history of hormone imbalance or difficulty metabolizing hormones. If so, treatment plans can be modified accordingly.

Toxicity: Practitioners will also ask patients about toxins they're exposed to in their

Ready to get well, live well and stay well? We can help!

Through EvexiPEL® Hormone Pellet Therapy and our integrated approach to wellness, our practitioners are dedicated to helping patients like you live their best lives. We're here to find the underlying cause of your health concerns and help you heal.

If you want to find out how EvexiPEL® Hormone Pellet Therapy and integrated, functional medicine may benefit you, contact the EVEXIAS office nearest you.

[CLICK HERE AND WE WILL CONTACT YOU!](#)



AESTHETIC HORMONE REGENERATION THERAPIES THERAPIES THERAPIES

BOTOX®	WOMEN	Hormone Pellet Therapy	Denver, CO 720-729-7268
DYSPORT®	Hormone Optimization for Women	IV Nutrition Supplementation	Rockwall, TX 469-402-1877
Dermal Fillers	Sexual Health for Women	Hair Loss Solutions	Southlake, TX (817) 328-8 ^
KYBELLA® Treatment			
Laser			

Health for Men

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FDA Disclaimer: This website is for educational purposes only. It is not intended as a substitute for the diagnosis, treatment, and advice of a qualified licensed professional. This site offers people medical information and tells them their alternative medical options, but in no way should anyone consider that this site represents the practice of medicine. This site assumes no responsibility for how this material is used. Also note that this website frequently updates its contents, due to a variety of reasons, therefore, some information may be out of date. The statements regarding alternative treatments for cancer have not been evaluated by the Food and Drug Administration.



83-EvexiPEL | info@evexipel.com

MEDICAL PROVIDERS

EvexiPEL
Endo With Good Manners!

Q ≡

HORMONE PELLET THERAPY FAQ's

EvexiPEL is Hormone Replacement Therapy Evolved

EvexiPEL Frequently Asked Questions

If you have questions about bio-identical hormone replacement therapy with pellets, we've got answers. Check out our FAQs below, and feel free to contact us with additional questions.

Hormone Therapy FAQ's

+ WHAT TREATMENTS DO EVEXIPEL® PRACTITIONERS RECOMMEND TO ENHANCE HORMONE OPTIMIZATION?

+ So, how can my doctor claim that bio-identical hormones are not safer than synthetic, chemical hormones?

+ HOW ARE HORMONES MONITORED DURING THERAPY?

+ THYROID HEALTH

+ METABOLIC SYNDROME

+ Should I Do Anything Before My Appointment?

+ How Can I Get Started With BHRT?

Pellet Therapy FAQ's



ARE THERE ANY HEALTH CONDITIONS THAT WOULD PREVENT A PATIENT FROM GETTING PELLET THERAPY?



WHAT RISKS ARE ASSOCIATED WITH BIO-IDENTICAL HORMONE REPLACEMENT THERAPY WITH PELLETS?



HOW DO EVEXIPEL® PRACTITIONERS DETERMINE WHETHER OR NOT A PATIENT IS A GOOD CANDIDATE FOR PELLET THERAPY?



HOW LONG CAN PATIENTS EXPECT TO CONTINUE UNDERGOING PELLET THERAPY?



SHOULD PATIENTS PLAN FOR ANY DOWNTIME FOLLOWING PELLET THERAPY?

Patients should take it easy and avoid strenuous exercise for a few days following the procedure – 72 hours for women and 4 to 5 days for men. This helps ensure the tiny incision heals properly and can prevent extrusion of the pellet from under the skin.

With EvexiPEL, patients report healing faster than when they used other pellet therapies. EvexiPEL uses proprietary pellets from our partner pharmacy FarmaKeio and FarmaKeio Outsourcing a 503B FDA Registered Manufacturing Facility. Not only do you heal faster with these pellets, you bruise less and have less downtime.

The key in this pellet formulation is that it reduces inflammation and therefore speeds up the healing process with less likelihood of the body rejecting the pellets as is common with most pellets providers can obtain at just about any pharmacy.

We're Open: Monday - Friday: 9:00 am - 5:00 pm CST | FAX 1.833.887.4969

[REGISTER](#)

[PROVIDER PORTAL](#)



[CONTACT US](#)

FDA Registered 503B Outsourcing Facility

For the best in pharmaceutical compound manufacturing,
trust the art and
science of professional compounding to the experts at
FarmaKeio Outsourcing.

Ask Us a Question!

OUR MISSION

EXHIBIT 4

FarmaKeio is a state-of-the-art FDA
Registered 503B Outsourcing Facility,
and can help.

To positively impact people's lives by providing

to positively impact people's lives by providing
safe, effective and accessible compounded
medications

Your First Name

Phone #

Your Last Name

Your Email Address

Practice Type

Ask us any questions...

QUALITY

FarmaKeio Outsourcing LLC shall comply with all
state and federal regulations regarding
compounding medications in an Outsourcing
Facility as defined by the FDA in section 503B of
the Federal Food, Drug and Cosmetic Act. FKO's
executive management shall maintain and
continually work to improve a robust Quality
Management System (QMS), which outlines and
defines expectations with regards to quality in the
organization.

Let's Chat!

Give us a call to discuss how we can bring value
to your medical practice.



817.203.8216



Our Pellets
are
Preferred by
Not all Pellets are created equal!
Providers

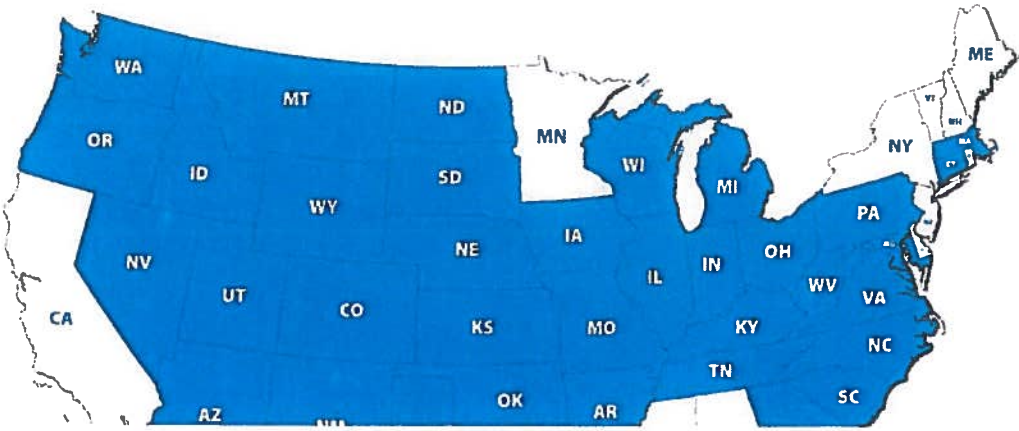


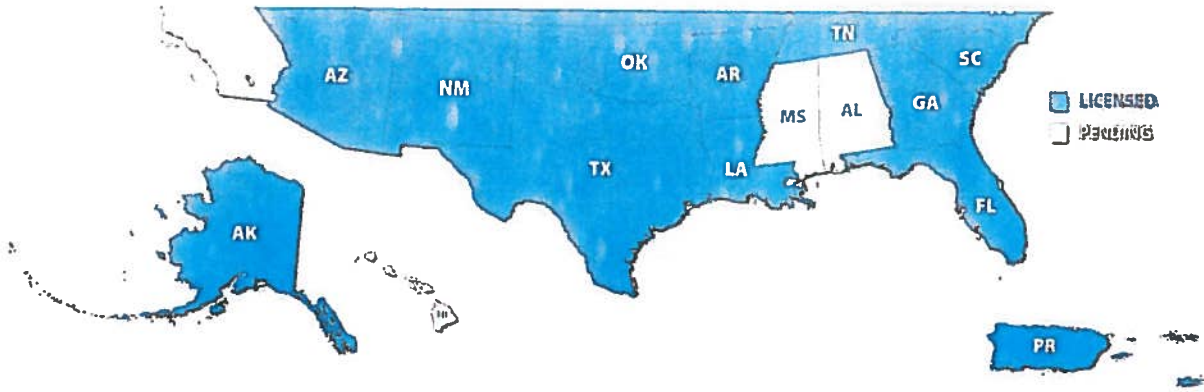
SEE WHY PRACTITIONERS LOVE OUR
PELLETS

DOWNLOAD OUR
WHITEPAPER



Where We Are Licensed





CONTACT US

920 S. Kimball Avenue, Suite 100,
Southlake, TX 76092
817.203.8216
Toll Free 1.888.477.1567
contact@fko-outsourcing.com
fko-outsourcing.com



FarmaKeio Outsourcing is a state-of-the-art FDA Registered 503B Outsourcing Facility located in Southlake, Texas, offering physicians Premiere Solutions for Hormone Replacement Pellet Therapy.

- 920 S. Kimball Avenue, Suite 100
Southlake, TX 76092
- TOLL FREE 1.888.477.1567
- FAX 1.833.887.4969
- contact@fko-outsourcing.com
- FKO-Outsourcing.com

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8

8A

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION Registration Fee: \$50.00
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Complete Name (no abbreviations):

First: Sheyenne Middle: Louise Last: Moore
 Home Address: West B. St. Apt#: _____
 City: Fallon State: NV Zip Code: 89406
 Telephone: (775) _____ SS# or ITIN: _____
 Date of Birth: _____ Place of Birth: Bremerton, WA Sex: ☐ M or ☒ F
 E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: NIA

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 09581
 Address: 2020 Reno Hwy
 City: Fallon State: NV Zip Code: 89406

* Signature of Managing Pharmacist: Adm Lic #: 19336 Date: 01/25/2021
 (Without the signature of the managing pharmacist, the application will be returned.)

1. Are you 18 years of age or older? Yes ☒ No ☐
 2. Are you a high school graduate or the equivalent? Yes ☒ No ☐
 (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

	Yes	No
3. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?.....	☐	☒
4. Been charged, arrested or convicted of a felony or misdemeanor in any state?.....	☒	☐
5. Had your license subjected to any discipline 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 #:
	<u>NV</u>	<u>Aug / 2013</u>	<u>NIA enclosed Carson</u>
			County
			Court
			<u>Carson City, NV.</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
 IF you marked YES to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

01/25/2021
 Date

Board Use Only Date Processed:

Amount: \$50.00

Jan. 25, 2021 1419

TO: The State Board of Pharmacy,

My name is Sheyanne L. Moore.

I am applying for a direct hitter position at Walgreens, in Fallon, NV. In this position, I will as a cashier, be able to assist in the Pharmacy when needed. I have completed the required pharmacy tech, direct hitter E-Learnings with great scores, at 90% and above. This letter is written for an explanation of Criminal Charges I recieved going on 8 years, dated Aug 2013.

my charge was based off of Carson City, NV, Carson County. I have no documents to show, it was so long ago, I'm unable to acquire them. the charge was: Misdemeanor Possession Not to be entered into interstate commerce.

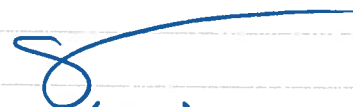
I completed all requirments of the court. and still remain in counseling. Reference to be added.

I truly hope this doesn't affect your decision in accepting my application. Please feel free to contact Jacque as a professional reference, I have given verbal consent.

Jacque B.
(775)

I very much look forward to expanding my skills in the pharmacy and to be more of an asset to my company. Thank you for your consideration.

Sincerely,
Sheyanne Moore



(775)

Darlene Nases

From: Samantha Cayer <
Sent: Tuesday, March 23, 2021 5:28 PM
To: Darlene Nases
Subject: Broken fax

Hello,

Spoke earlier about tech in trainee, she had her paperwork in the car so I can actually do it today. Sheyanne Moore for Walgreens pharmacy

JUDGMENT AND ORDER OF THE COURT			
CARSON CITY JUSTICE AND MUNICIPAL COURT			
DEFENDANT: MOORE, SHEYANNE LOUISE			
COURT CASE #: 13 CR 01262 1C	ORIGINATING CASE #: 13-4570	LANGUAGE SPOKEN: ENGLISH STATUS: OPEN	
PROSECUTING ATTORNEY: CARSON CITY DISTRICT ATTORNEY DEFENSE ATTORNEY: WILLIAM MURPHY			
CHARGE AND SENTENCE INFORMATION			
CHARGES: 453.336.2a - POSSESS SCHEDULE I, II, III OR IV CONTROLLED SUBSTANCE, FIRST OR SECOND OFFENSE			
-AMENDED TO: 8.04.125 CS POSSESS DRUG NOT TO BE INTRODUCED INTO INTERSTATE COMMERCE			
PLEA: 08/21/2013 - GUILTY			
DISPOSITION: 08/21/2013 - GUILTY		JAIL: 180 DAYS IN JAIL SUSPENDED FOR ONE YEAR	
CHARGES: 453.566 - USE OR POSSESS DRUG PARAPHERNALIA			
PLEA: NO PLEA			
DISPOSITION: 08/06/2013 - NO CHARGES FILED		JAIL:	
ADDITIONAL FEES			
ORIGINAL AMT	AMT PAID	AMT DISMISSED	AMT DUE
TOTAL OWING AS OF THIS DATE: NO FINES OR FEES ARE DUE ON THIS CASE.			
REQUIREMENTS	DUE DATE	CONDITIONS	COMPLETED
	08/21/2014	FORMAL PROBATION; REPORT IMMEDIATELY OR UPON RELEASE FROM JAIL TO THE DEPARTMENT OF ALTERNATIVE SENTENCING.	
		SUBMIT TO SEARCH & SEIZURE WITH OR WITHOUT CAUSE FOR ALCOHOL, ILLEGAL DRUGS (INCLUDING ANY AND ALL SYNTHETIC CANNABINOIDS SUCH AS SPICE OR K2) AND SYNTHETIC OR DESIGNER CATHINONES SUCH AS "BATH SALTS", DRUG PARAPHERNALIA; ANY NARCOTIC MEDICATIONS, EVEN IF PRESCRIBED BY A PHYSICIAN, MUST BE APPROVED BY DEPT OF ALTERNATIVE SENTENCING.	
		SPECIALTY COURT ADMISSION GRANTED	
		NO ALCOHOL, DRUGS (INCLUDING ANY AND ALL SYNTHETIC CANNABINOIDS SUCH AS SPICE OR K2) AND SYNTHETIC OR DESIGNER CATHINONES SUCH AS "BATH SALTS", DRUG PARAPHERNALIA; ANY NARCOTIC MEDICATIONS, EVEN IF PRESCRIBED BY A PHYSICIAN, MUST BE APPROVED BY DEPT OF ALTERNATIVE SENTENCING.	
		OBEDIENT TO ALL LAWS EXCEPT FOR MINOR TRAFFIC	

ARREST / BAIL / BOND INFORMATION				
ARREST DATE	STATUS DATE	CURRENT STATUS	AMOUNT	TYPE OF BAIL
08/04/2013	08/21/2013	OTHER		
MUST APPEAR IN MENTAL HEALTH COURT ON 8/22/13 AND JUDGE TATRO IS TO DECIDE ON CUSTODY STATUS				
NEXT COURT HEARING INFORMATION				
MENTAL HEALTH COURT		Thursday, August 22, 2013	2:30 pm	
ADDITIONAL CASE INFORMATION				
NO FURTHER INFORMATION				
JUDGE'S SIGNATURE: _____ JOHN TATRO, 8/21/2013				

DEFENDANT: MOORE, SHEYANNE LOUISE
 Date Date: 8/21/2013 Print Date: 8/21/2013

COURT CASE #: 13 CR 01362 1C
 FILE DATE: 08/05/2013 Page 2 of 2

Thank you,
 Samantha Cayer
 775
 Sent from my iPhone

Second: Gener Tejero

Action: Passed unanimously.

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

C. Sheyanne Moore

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

Ms. Moore provided background on her disclosure regarding illegal substance abuse. She commented that she has changed.

Board discussion ensued regarding her disclosure, if her counseling is personal or subject by a court order, and if the Managing Pharmacist who signed her application still works at the pharmacy.

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

Board discussion ensued regarding Ms. Moore undergoing a PRN evaluation or equivalent.

Board Action:

Motion: Jade Jacobo moved to approve Sheyanne Moore's Pharmaceutical Technician in Training registration pending favorable PRN evaluation or equivalent.

Second: Krystal Freitas

Action: Passed unanimously.

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

A. Elemental Pharmacy – Las Vegas, NV

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

Mr. Case provided background on the application and his disclosure regarding a DUI.

Joe Dodge, Nevada Board of Pharmacy Inspector, questioned Mr. Case and Mr. Sinang regarding the business model and Mr. Sinang's work history.

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

8B

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: Clinton Middle: Peter Last: Rickman
 Home Address: 5 Nevada St Apt#:
 City: Carson City State: NV Zip Code: 89703
 Telephone: SS# or ITIN:
 Date of Birth: Place of Birth: California Sex: ☒ Male ☐ Female
 E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 04788
 Address: 1465 E William St.
 City: Carson City State: NV Zip Code: 89701
 Signature of Managing Pharmacist: Chanel Lic #: NV16291 Date: 3/9/21

(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 <u>any</u> state?	☒	☐
4. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?.....	☐	☒
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	☐	☒

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
	NV	6/5/2018	17-CR0090	Douglas	9th Judicial District Court of the State of Nevada

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

Board Use Only Date Processed: Amount: \$50.00 (cc)

4-14-21

1 CASE NO. 17-CR-0090

2 DEPT. NO. I

FILED

2018 JUN -5 PM 3:29

SOBBIE R. WILLIAMS
CLERK

BY ANOWA DEPUTY

6 IN THE NINTH JUDICIAL DISTRICT COURT OF THE STATE OF NEVADA

7 IN AND FOR THE COUNTY OF DOUGLAS

8 THE STATE OF NEVADA,

9 Plaintiff,

10 vs

JUDGMENT OF CONVICTION

11 CLINTON PETER RICKMAN,

12 Defendant,

13
14 On the 25th day of July, 2017, the defendant above-
15 named appeared before the Court with counsel, Maria Pence,
16 Esq., and entered a plea of guilty to the crime of TRAFFICKING
17 IN A CONTROLLED SUBSTANCE, a category B felony, in violation of
18 NRS 453.3385, committed on or about October 13th, 2016.

19 On the 5th day of June, 2018, the defendant above-
20 named appeared before the Court for sentencing with counsel,
21 Maria Pence, Esq., and the State was represented by Deputy
22 District Attorney Tina Russom, Esq. No sufficient legal cause
23 was shown by the defendant as to why judgment should not be
24 pronounced against him. The Court adjudged the defendant guilty
25 of the crime of TRAFFICKING IN A CONTROLLED SUBSTANCE, a
26 category B felony, in violation of NRS 453.3385.
27
28

RECEIVED FROM APPLICANT
PUBLIC DOCUMENT

1 The Pre-Sentence Investigation Report was amended and
2 the Court ordered the following corrections:

3 1) Page 2, Under III. DEFENDANT INFORMATION, Status:,
4 striking "Expired" and replacing it with "Valid".

5 The Court then sentenced the defendant to
6 imprisonment with the Nevada Department of Corrections for a
7 maximum term of sixty (60) months with a minimum parole
8 eligibility of twenty-four (24) months and ordered the
9 defendant to effect restitution in the amount of one thousand,
10 four hundred (\$1,400.00) dollars. The Court imposed a fine in
11 the amount of five hundred (\$500.00) dollars. The Court further
12 ordered the defendant to pay the following to the District
13 Court Clerk's Office: three dollars (\$3.00) as an
14 administrative assessment fee pursuant to NRS 176.0623(1) for
15 obtaining and testing the genetic markers, one hundred fifty
16 dollars (\$150.00) as a fee for obtaining and testing samples of
17 blood and saliva to determine genetic markers pursuant to NRS
18 176.0915(1), twenty-five dollars (\$25.00) as an administrative
19 assessment fee pursuant to NRS 176.062, and sixty dollars
20 (\$60.00) as a lab fee pursuant to NRS 453.575. Execution of
21 this term of confinement and the imposed fine are suspended for
22 a period not to exceed five (5) years under the general terms
23 and conditions of the Probation Agreement and subject to the
24 following additional special conditions:

- 25 1) the defendant shall violate no laws;
26 2) the defendant shall not possess any weapons;

1 3) the defendant is to submit his person, place of
2 residence, vehicle or areas under his control to search at any
3 time, with or without a search warrant or warrant of arrest,
4 for evidence of a crime or violation of probation by the
5 Division of Parole and Probation or its agent;

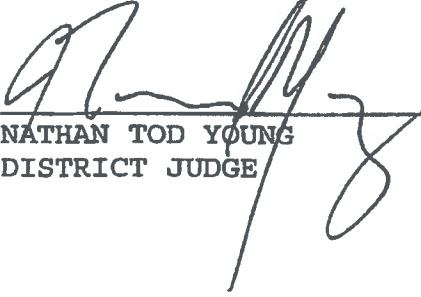
6 4) the defendant is to pay all court fees within
7 ninety (90) days (\$3.00 + \$150.00 + \$25.00 + \$60.00 = \$238.00);
8

9 5) the defendant is to pay restitution prior to the
10 expiration of probation (\$1,400.00).

11 This judgment constitutes a lien in like manner as a
12 judgment rendered in a civil action. NRS 176.275.

13 The defendant is given credit for forty-four (44)
14 days pre-sentence confinement time.

15
16 Dated this 5 day of June, 2018

17
18 
19 _____
20 NATHAN TOD YOUNG
21 DISTRICT JUDGE
22
23
24
25
26
27
28

To whom it may concern,

My name is Clinton Rickman, and in November of 2016 I was arrested for trafficking a controlled substance. My former girlfriend had asked me to help her deliver narcotics from California to Nevada, and I made the mistake of saying yes. This is the first and only time I've ever gotten in trouble with the law. Since my arrest I have been clean, completed drug and alcohol counseling, and have complied with my probationary terms. I am also an active member of Narcotics Anonymous. My restitution and Court fees are paid in full and I'm due to expire from probation in September. Thank you for taking the time to read this and consider my application.

Sincerely,

Clinton Rickman

9

9A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY \$80.00 TOTAL
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES \$200.00 TOTAL
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Bayink-Raine Middle: Frederick Last: Falter
 Home Address: ██████ W. Azure Dr., Ste. ██████
 City: Las Vegas State: NV Zip Code: 89130
 SS# or ITIN: ██████ Date of Birth: ██████ Sex: ☒ M or ☐ F
 Telephone: ██████ E-mail address: ████████████████████

PRACTICING LOCATION (Required)

Practice Name (if any): ████████████████████
 Physical Address: 7260 W Azure Dr. Suite #: 140
 City: Las Vegas State: NV Zip Code: 89130
 Telephone: 775 513 3852 Fax: ████████
 Nursing Board #: 836624 Issued: 12/11/2020 Expires: 01/06/2023

☐ Check this box if you are an APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide \$200.00 Total Registration fee)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?					
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				☒	☐
2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?				☒	☐
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:	State	Date:	Case #:		
<u>agreement for monitoring</u>	<u>NV</u>	<u>04/30 2018</u>	<u>0101-17YR</u>		
Criminal Action:	State	Date:	Case #:	County	Court
	<u>/ /</u>			<u>please</u>	<u>see attached</u>

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.


 Original Signature of APRN, no copies or stamps accepted

12-16-2020
 Date

COLLABORATING PHYSICIAN's name (If required): ████████████████████

Original Signature of Collaborating Physician, no copies or stamps accepted

Date

Board Use Only: Date Processed ████████

Amount 200.00

Candy Nally

From: Patty Towler
Sent: Thursday, May 6, 2021 4:57 PM
To: Candy Nally; Cydnee Cernas
Subject: APRN

Hello Candy –

5/6/21

Status change

Morgan Rios APRN002087 changed from active-prescribing CII – COLL to active-prescribing CII – COLL – D

Mercedes Ocan Lic#833381 changed from active-prescribing CII – COLL to active-prescribing

Bay-Ink-Raine Falter Lic#836624 changed from active to active-prescribing

Jiji Ochoa APRN001906 changed from active-prescribing CII – COLL to active-prescribing CII

Sincerely,

NEVADA STATE BOARD OF NURSING

Patty Towler
Licensure Coordinator
775-687-7700 or 702-486-5800
702-486-5803 Fax
ptowler@nsbn.state.nv.us



Nevada State Board of Pharmacy

985 DAMONTE RANCH PKWY • SUITE 206 • RENO, NEVADA 89521

(775) 850-1440 • FAX (775) 850-1444 • www.bop.nv.gov

April 29, 2021

Sent via U.S. Mail and Email

Bayink-Raine Falter, APRN
7260 W. Azure Drive, Suite 140
Las Vegas, NV 89130

RE: Bayink-Raine Falter's ("Falter") APRN prescribe application for dangerous drugs

Dear Mr. Falter,

The Nevada State Board of Pharmacy ("Pharmacy Board") considered your application for an APRN prescribe registration for dangerous drugs at the Board meeting on April 15, 2021. The Pharmacy Board approved your application with the condition that you continue to comply with the Board of Nursing Monitoring Agreement dated April 30, 2018 ("Nursing Board Agreement"), incorporated by reference, including, but not limited to:

1. ABSTINENCE AND DRUG TESTING

You shall abstain from the use of alcohol and all mood-altering drugs and controlled substances except when legally prescribed by a treating practitioner who is knowledgeable about the disease of addiction and your history. This treatment must be reported to the Nursing Board, in writing, within seven (7) days, accompanied by documentation from the practitioner regarding the medical treatment and all other methods of alternative treatment having been tried first. The Nursing Board may require additional testing and reporting until you document sobriety after periods of prescribed drug use.

You shall register with the Nursing Board approved drug-screening program and submit to random urine, blood or other tests for drugs of abuse and/or alcohol on the day requested by the drug testing company, his counselor, or representative of the Nursing Board. These tests shall occur no less than twenty-four (24) times per year and shall be treated as forensic specimens by a Nursing Board-approved laboratory. You shall cause test results to be provided to the requesting party and the Nursing Board. Any confirmed positive finding shall be reported immediately to the Nursing Board. Changes in frequency of tests may be approved by the Compliance Coordinator and the Director of Nursing Practice.

Nevada State Board of Pharmacy
Bayink-Raine Falter, APRN
Page 2 of 2

2. ATTENDANCE AT MEETINGS AND SUBMISSION OF QUARTERLY REPORTS TO THE BOARD

You shall comply with required attendance at meetings and shall cause all reports to be submitted in writing to the Nursing Board on a quarterly basis as follows. These reports must be submitted no later than the last day of March, June, September and December. The Executive Director or the Compliance Coordinator and the Director of Nursing Practice may evaluate and approve or deny changes in the frequency of reporting. You shall:

- a. Attend a minimum of two (2) meetings per week of Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) and shall submit documentation of all meetings attended whether working or not. The Compliance Coordinator will evaluate consideration for alternative recovery support groups;
- b. Cause your AA or NA sponsor to submit reports addressing your progress in recovery on forms provided by the Nursing Board whether working or not;
- c. Attend weekly meeting of a Nursing Board-approved Nurse Support Group and submit documentation of all meetings attended whether working or not;
- d. Submit self reports in detailed format as provided by the Nursing Board, whether working or not;
- e. Cause your direct nursing supervisor to submit written reports to the Nursing Board addressing work attendance, reliability, nursing competence, and any other information the supervisor identifies as appropriate to report to the Nursing Board for evaluation of compliance.

3. FINANCIAL RESPONSIBILITY

You shall be financially responsible for all requirements of the Nursing Board Agreement and reporting to the Nursing Board.

Please notify the Pharmacy Board when the terms of the Nursing Board Agreement are completed or terminated. A violation of the Nursing Board Agreement may constitute a breach of the condition of your APRN prescribe registration for dangerous drugs, and may be cause for discipline, suspension, or revocation of your registration by the Pharmacy Board.

Please contact me with additional questions.

Sincerely,



Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

12/16/2020

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy. #206

Reno, NV 89521

Application for APRN-Prescribe

Re: Explanation and Documentation for "Yes" answers

Criminal Action: DUI Liquor State: NV Date: 10/06/2010 Case: C1027886A County: Clark

Court: Las Vegas Municipal

I worked graveyard for a security company. I got off early at around 2am. I was eating food and drinking a beer in my parking spot at my apartment so I didn't wake up my family that was still asleep. Metro officers were patrolling the community from a call and seen me in my car with the open container. I pled nolo contest for DUI Liquor. The case was closed in 2012.

Criminal Action: Disorderly Conduct State: NV Date: 08/19/2011 Case: 11M37788X County: Clark

Court: Justice Court, Las Vegas Township

I went to pick up a rental car with my family for vacation. I had already prearranged the payment and schedule. I was told when I got there I couldn't rent the car. It was already 10 pm at night and I got upset demanding to speak with a manager. I still was unable to rent the car. Metro officers were onsite and cited me for disorderly conduct. The case was dismissed and closed 10/20/2011.

Criminal Action: DUI Liquor Subsequent Arrest State: NV Date: 01/18/2014 Case: C1109639A

County: Clark Court: Las Vegas Municipal

I got off work from the ICU after a 12-hour day shift. I met up with a colleague for some food, drinks and karaoke. On my way home I fell asleep while waiting at a red light. Metro officers pulled up behind me and cited me for DUI liquor. I pled nolo contest and the case was closed in 2016.

Criminal Action: Battery State: NV Date: 02/28/2016 Case: 16M15195X County: Clark

Court: Justice Court, Las Vegas Township

I got into an argument with my girlfriend while she was getting ready for work. She burned her back on her curling iron while arguing. Metro officers responded and I was cited for battery. I pled guilty and the case was closed in April 2018.


Bayink Falter

Steven D. Grierson

ORDER

Your Name: Christian Frederick Falter

Address: 7260 W. Azure Dr. #140

City, State, Zip: Las Vegas NV, 89134 89130

Phone:

Email:

Self-Represented Petitioner

DISTRICT COURT
CLARK COUNTY, NEVADA

In the Matter of the Application of:

Christian Frederick Falter

(print the old name you do not want anymore)
For Change of Name.

CASE NO.: **D-18-571715-N**

DEPT: **Dept. B B**

ORDER FOR CHANGE OF NAME

This Order was submitted (☒ check one) ☐ after a hearing ☐ without a hearing before the above-entitled court, and after a review of the pleadings and papers on file and the testimony given, if any, and good cause appearing therefore:

IT IS ORDERED that the name of the Petitioner, who was born on (date of birth) 1/6/1985 in (city) Las Vegas (state) NV be legally changed from

To

<u>Christian</u> (first)	<u>Frederick</u> (middle)	<u>Falter</u> (last)
<u>Bay-Ink-Raine</u> (first)	<u>Frederick</u> (middle)	<u>Falter</u> (last)

A new birth certificate (☒ check one) ☐ shall ☐ shall not be issued.

DATED this 6th day of August, 2018.

DISTRICT COURT JUDGE

LINDA MARQUIS

Submitted By: (your signature)

(print your name)

Christian Frederick Falter

CERTIFIED COPY
DOCUMENT ATTACHED IS A
TRUE AND CORRECT COPY
OF THE ORIGINAL ON FILE

© 2017 Family Law Self-Help Center

CLERK OF THE COURT

AUG 17 2018

☐ Dismissed - Want of Prosecution
☐ Involuntary (Statutory) Dismissal
☐ Default Judgment
☐ Transferred
☐ Disposed After Trial Start
☐ Judgment Reversed by Trial
☐ Settled/Withdrawn:
☐ Without Judicial Conf/Hrg
☐ With Judicial Conf/Hrg
☐ By ADR

RECEIVED

AUG 03 2018

DISTRICT COURT
DEPT B

JUL 23 2018

CLERK OF THE COURT

JUL 23 2018

RECEIVED

MAY 22 2018

RECEIVED

ORIGINAL

BEFORE THE NEVADA STATE BOARD OF NURSING

IN THE MATTER OF

CHRISTIAN FALTER

LICENSED PROFESSIONAL NURSE

NEVADA LICENSE NO. RN76897

RESPONDENT

AGREEMENT FOR MONITORING

CASE NO. 0101-17YR

This Agreement is hereby entered into between CHRISTIAN FALTER, (RESPONDENT) and the NEVADA STATE BOARD OF NURSING, (BOARD).

It is hereby stipulated and agreed, by and between the parties to the above-entitled matter, that the following statements are true:

1. Respondent is aware of, understands, and has been advised of the effect of this Agreement, which Respondent herein has carefully read and fully acknowledges. No coercion has been exerted on the Respondent. Respondent acknowledges his right to an attorney at his own expense. Respondent has had the benefit at all times of obtaining advice from competent counsel of his choice.

2. Respondent understands the nature of the allegations under investigation by the Nevada State Board of Nursing. Respondent freely admits that he is addicted to alcohol and/or controlled substances. Respondent freely admits that he was convicted for disorderly conduct in 2011, driving under the influence of alcohol two times between 2011 and 2015, and for battery/domestic violence in 2016, a prohibitive conviction. Respondent acknowledges this conduct constitutes a violation of the Nevada Revised Statutes 632.347 (1)(b) criminal convictions, and (1)(e) controlled substances and/or alcohol. Respondent further acknowledges that such acts and admissions subject him to disciplinary action by the Board.

3. Respondent is aware of the Respondent's rights, including the right to a hearing on any charges and allegations, the right to an attorney at his own expense, the right to examine witnesses who would testify against him, the right to present evidence in his favor and call witnesses on his behalf, or to testify himself, the right to contest the charges and allegations, the

1 right to reconsideration, appeal or any other type of formal judicial review of this matter, and any
2 other rights which may be accorded to him pursuant to the Nevada Administrative Procedures
3 Act and the provisions of Chapter 632 of the Nevada Revised Statutes and the Nevada
4 Administrative Code. Respondent agrees to waive the foregoing rights upon acceptance of
5 this Agreement by the Board.

6 4. Respondent understands that the Board is free to accept or reject this Agreement,
7 and if rejected by the Board, a disciplinary proceeding may be commenced. It is agreed that
8 presentation to and consideration by the Board of such proposed Agreement, shall not disqualify
9 the Board, or any of its members, from further participation, consideration, adjudication or
10 resolution of these proceedings, and that no Board member shall be disqualified or challenged
11 for bias therefore. This Agreement shall only become effective when both parties have duly
12 executed it and unless so executed, this Agreement will not be construed as an admission.

13 5. This Agreement shall not be construed as excluding or reducing any criminal or
14 civil penalties or sanction or other remedies that may be applicable under federal, state or local
15 laws.

16 6. This Agreement shall cover any nursing license or certificate issued by the State
17 of Nevada. Based upon the foregoing stipulations and recitals, it is hereby agreed that the Board
18 may issue the following decision and order:

19 DECISION AND ORDER

20 IT IS HEREBY ORDERED that Nevada Licensed Professional Nurse, license number
21 RN76897, issued in the name of CHRISTIAN FALTER is placed on monitoring for a minimum
22 of three (3) years with the following terms and conditions:

23 1. COMPLETION OF COURSES

24 Respondent shall take, and submit documentation of successful completion of the
25 National Council of State Board of Nursing Understanding Substance Use Disorder in Nursing,
26 and the Nevada Nurse Practice Act course within (30) days of acceptance and execution of the
27 Agreement by the Board.
28

1 2. **ABSTINENCE AND DRUG TESTING**

2 Respondent shall abstain from the use of alcohol and all mood-altering drugs and
3 controlled substances except when legally prescribed by a treating practitioner who is
4 knowledgeable about the disease of addiction and the Respondent's history. This treatment must
5 be reported to the Board, in writing, within seven (7) days, accompanied by documentation from
6 the practitioner regarding the medical treatment and all other methods of alternative treatment
7 having been tried first. The Board may require additional testing and reporting until Respondent
8 documents sobriety after periods of prescribed drug use.

9 Respondent shall register with the Board approved drug-screening program and submit to
10 random urine, blood or other tests for drugs of abuse and/or alcohol on the day requested by the
11 drug testing company, his counselor, or representative of the Board. These tests shall occur no
12 less than twenty-four (24) times per year and shall be treated as forensic specimens by a Board-
13 approved laboratory. Respondent shall cause test results to be provided to the requesting party
14 and the Board. Any confirmed positive finding shall be reported immediately to the Board.
15 Changes in frequency of tests may be approved by the Compliance Coordinator and the Director
16 of Nursing Practice.

17 3. **COUNSELOR REPORTS (DUE QUARTERLY)**

18 Respondent shall participate in counseling for a minimum of twice per month with a
19 Board approved provider who shall submit progress reports related to the plan of treatment every
20 three (3) months. At the completion of one (1) year of counseling, the respondent may
21 discontinue individual counseling upon the provider's submission of a discharge summary to the
22 Board.

23 4. **ATTENDANCE AT MEETINGS AND SUBMISSION OF QUARTERLY**
24 **REPORTS TO THE BOARD**

25 Respondent shall comply with required attendance at meetings and shall cause all reports
26 to be submitted in writing to the Board on a quarterly basis as follows. These reports must be
27 submitted no later than the last day of March, June, September and December. The Executive
28

1 Director or the Compliance Coordinator and the Director of Nursing Practice may evaluate and
 2 approve or deny changes in the frequency of reporting. Respondent shall:

- 3 a. Attend a minimum of two (2) meetings per week of Alcoholics
 4 Anonymous (AA) or Narcotics Anonymous (NA) and shall submit
 5 documentation of all meetings attended **whether working or not.**
 6 The Compliance Coordinator will evaluate consideration for alternative
 7 recovery support groups;
- 8 b. Cause his AA or NA sponsor to submit reports addressing
 9 Respondent's progress in recovery on forms provided by the Board
 10 **whether working or not;**
- 11 c. Attend weekly meetings of a Board-approved Nurse Support Group and
 12 submit documentation of all meetings attended **whether working or not;**
- 13 d. Submit self reports in a detailed format as provided by the Board, **whether**
 14 **working or not;**
- 15 e. Cause his direct nursing supervisor to submit written reports to the
 16 Board addressing work attendance, reliability, nursing competence, and
 17 any other information the supervisor identifies as appropriate to report to
 18 the Board for evaluation of compliance.

19 5. **LIMITATIONS AND RESTRICTIONS ON EMPLOYMENT**

20 The Board shall approve all employment sites requiring a nursing license (including
 21 changes within the same worksite or unit) **prior to commencement of work.** Respondent shall:

- 22 a. Provide a complete copy of this Agreement to his employer and
 23 direct supervisor **prior to commencement of work.**
- 24 b. Be employed in a setting in which direction is provided by a Registered
 25 Nurse. Direction shall mean: the intermittent observation, guidance and
 26 evaluation of the nursing practice by a licensed professional nurse who
 27 may only occasionally be physically present;
- 28 c. Cause his direct nursing supervisor to submit a job description and an
 initial written report on a form provided by the Board **prior to the**
commencement of employment, and by each additional or subsequent
 supervisor;
- d. Work only day or evening shift that ends prior to midnight. Respondent
 may not work for a nursing registry, work in home health, for a traveling
 agency, or any other temporary employing agencies, float pool, per diem,

or position that requires on-call status. Respondent shall not be self-employed or contract for services. Multiple employers are prohibited;

- e. Not work more than ninety (90) hours in nursing in a two (2) week period for a **minimum of one (1) year**;
- f. Not function as a supervisor, including as a head nurse or charge nurse for a **minimum of one (1) year**;
- g. Notify the Board in writing within seventy-two (72) hours after termination of any nursing employment for any reason and include a full explanation of the circumstances surrounding the termination;
- h. Have no access to controlled substances during his employment as a licensed nurse for a **minimum of one (1) year**.

Upon receipt of a written request by the Respondent at the successful completion of one year of this Agreement, the Executive Director or the Compliance Coordinator and the Director of Nursing Practice may evaluate and approve or deny changes in the above employment limitations and restrictions that indicate a term of a minimum of one year.

6. REQUIREMENT TO ATTEND ORIENTATION AND MEET WITH THE BOARD OR STAFF

Respondent shall attend a **mandatory orientation** meeting within thirty days of execution of this Agreement by the Board to facilitate understanding and accountability of the terms and conditions of this Agreement as scheduled by the Compliance Coordinator. Upon request, Respondent shall meet with the Board or its representatives and cooperate with representatives of the Board in their supervision and investigation of Respondent's compliance with the terms and conditions of this Agreement.

7. FINANCIAL RESPONSIBILITY

Respondent shall be financially responsible for all requirements of this Agreement.

8. REQUIRED NOTIFICATION OF OTHER STATES OF LICENSURE

Respondent shall, upon execution of this Agreement, provide a copy of this Agreement to any other state Board of Nursing in whose jurisdiction he has been issued a nursing license (current or not). Respondent shall also provide a copy of this Agreement to any other regulatory agency in whose jurisdiction he has applied or will apply for a license.

1 9. **VIOLATIONS OF THIS AGREEMENT - CONSEQUENCES**

2 Respondent acknowledges that if he violates any of the terms and conditions of this
3 Agreement, the Board may revoke, or invoke other appropriate discipline against his license to
4 practice nursing, subject to a hearing in accordance with the Nevada Nurse Practice Act for the
5 purpose of establishing that there has, in fact, been a violation of the stipulations of this
6 Agreement.

7 Respondent acknowledges that any violation of the Nevada Nurse Practice Act, any dilute urine
8 or positive drug screen may be considered a violation of this Agreement and subject to further
9 action by the Board.

10 10. **AGREEMENT TO SURRENDER LICENSE**

11 In the event that a violation of the terms and conditions of this Agreement is alleged,
12 Respondent agrees to surrender his license to the Executive Director, or the Compliance
13 Coordinator, if they so request, and refrain from practicing nursing until requirements have been
14 met, violations resolved, or entry of a final order of the Board or a court of competent
15 jurisdiction, whichever last occurs, regarding a potential violation.

16 Respondent acknowledges that pursuant to NRS 632.405, this Agreement shall become a
17 public record if an entry of a final order of the Board results in disciplinary action against his
18 license for violation of this agreement.

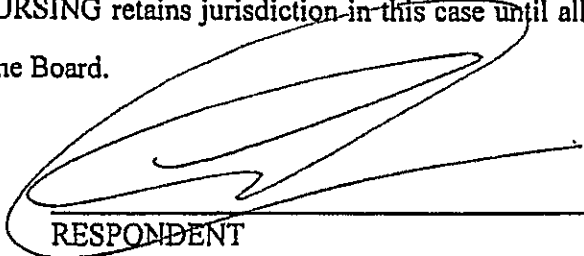
19 11. **COMPLETION AND TERMINATION OF MONITORING**

20 Respondent shall only receive credit toward service of his monitoring period while
21 employed in a capacity for which nursing licensure is required and subject to adequate
22 supervision approved by the Board. Respondent acknowledges he is not eligible for early
23 termination of this Agreement. The Agreement shall be terminated at the time the Board receives
24 documentation verifying the Respondent's completion of all terms and conditions of the
25 Agreement and when respondent receives notice of termination from the Board.

26 ///

1 The NEVADA STATE BOARD OF NURSING retains jurisdiction in this case until all
 2 conditions have been met to the satisfaction of the Board.

3
 4 Dated this 27 day of April, 2018

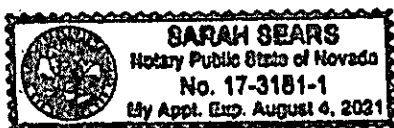

 5 RESPONDENT
 6 CHRISTIAN FALTER

7 State of Nevada

8 County of Clark

9 This instrument was acknowledged before me on April, 27, 2018, by

10 Christian Falter

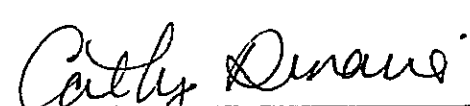



 13 Notary Public

14
 15 Accepted and approved this 30th day of April, 2018

16 NEVADA STATE BOARD OF NURSING

17
 18 By:


 19 Cathy Dinauer, MSN, RN
 20 Executive Director
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C5082421
J5082421-REPORT 2A

PAGE: 155
10/20/2011

JUSTICE COURT, LAS VEGAS TOWNSHIP
CLARK COUNTY REGIONAL JUSTICE CENTER
200 LEWIS AVENUE
LAS VEGAS, NEVADA 89101
COURT 128
DISPOSITION NOTICE AND JUDGMENT

CASE NUMBER - 11M37788X

STATE VS: FALTER, CHRISTIAN FREDERICK

ID #: [REDACTED]

AKA: FALTER, CHRISTIAN

DR NUMBER:

START DATE: 08/19/2011

ARRESTED BY: ROBERTS, SCOTT D

ARREST DATE: 08/19/2011

SUBMITTED BY: NO SUBMITTING OFFICER

SUBMIT DATE: 08/30/2011

PROSECUTOR: STEPHANIE GRAHAM

DISPO DATE: 10/20/2011

001 CHARGE: COUNTY M DISORDERLY CONDUCT
DISPOSITION: ----GUILTY---- DISORDERLY CONDUCT

SENTENCED: 10/20/2011

FINED: \$ 0	EXCUSED: \$ 0	
JAIL TIME: MOS	DAYS HRS	CONS/CONC:
CTS : MOS	DAYS 000 HRS	
COMM SERV: DAYS	HRS MIN	
RESTITUTION: \$ 0	CONTRIBUTION: \$ 0	DRUG FEE: \$ 0
EDUCATION:		

NONE

CITATION: 104736745

PCN: 0028439100

SEQ: 001

COPIES OF

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, in and for the County of Clark, State of Nevada.

By [Signature] Deputy

Date 7/23/12

[Signature]
JUSTICE OF THE PEACE - DEPT. 05

English | Español



Las Vegas Municipal Court
At the Regional Justice Center
200 Lewis Avenue
Las Vegas, NV

Mailing Address:
P.O. Box 3960
Las Vegas, NV 89127
www.lasvegasnevada.gov

Phone: 38-Court(382-6878)

Payment History Report

Defendant: FALKER, CHRISTIAN FREDERICK **History Number:** 597520 **As Of:** 4/13/2018

Viol Date: 10/6/2010 **Case:** C1027886A **Description:** DUI LIQUOR **Case Status:** CLOSED

Date	Description	Amount Paid
10/7/2010	Payment Receipt # 10-LEST-8-009551	\$ 40.00
	Bond Filing Fee - State 50% : \$ 20.00	
	Bond Filing Fee - City 50% : \$ 20.00	
11/1/2011	Payment Receipt # 11-ASED FC7-003776	\$ 35.00
	WP FEE : \$ 35.00	
7/25/2012	Payment Receipt # 12-ASED FC7-002130	\$ 707.00
	Administrative Assessment - County : \$ 2.00	
	Administrative Assessment - City : \$ 7.00	
	Administrative Assessment - State (SGF) : \$ 5.00	
	Administrative Assessment - State : \$ 106.00	
	Construction Assessment : \$ 10.00	
	Specialty Court Program Assess : \$ 7.00	
	DUI Chemical Analysis Assessme : \$ 60.00	
	Fine : \$ 510.00	
		\$ 782.00

Viol Date: 1/18/2014 **Case:** C1109639A **Description:** DUI SUBSEQUENT ARREST **Case Status:** CLOSED

Date	Description	Amount Paid
1/18/2014	Payment Receipt # 14-LEST 4-000285	\$ 50.00
	Bond Filing Fee - City 50% : \$ 25.00	
	Bond Filing Fee - State 50% : \$ 25.00	
4/11/2016	Payment Receipt # 16-ASED FC5-001263	\$ 810.00
	Administrative Assessment - County : \$ 2.00	
	Administrative Assessment - City : \$ 7.00	
	Administrative Assessment - State (SGF) : \$ 5.00	
	Administrative Assessment - State : \$ 106.00	
	Construction Assessment : \$ 10.00	
	Specialty Court Program Assess : \$ 7.00	
	Genetic Marker Testing AA : \$ 3.00	

Justice Court, Las Vegas Township Clark County, Nevada

Department: 11

Court Minutes



L007028657

16M15195X State of Nevada vs. FALTER, CHRISTIAN

Lead Atty: Michael R. Pandullo

9/15/2016 9:00:00 AM Bench Trial (no bail posted)

Result: Matter Heard

PARTIES PRESENT:

State Of Nevada	Bunnett, Matthew
Attorney	Pandullo, Jennifer
Defendant	FALTER, CHRISTIAN

Judge: Goodman, Eric**Court Reporter:** Smith, Patsy**Court Clerk:** Powers, Rissa

PROCEEDINGS

Events: Matter dismissed by State pursuant to NRS 174.085

Case Closed - Dismissed

Judgment Entered**Plea/Disp:** 001: Battery [50212]

Disposition: Dismissed - State Not Proceeding (Nolle Prosequi)

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in Justice Court of Las Vegas Township, In and for the County of Clark, State of Nevada.

By [Signature] DeputyDate 7/23/18

Las Vegas Justice Court: Department 11

LVJC_RW_Criminal_MinuteOrder

Case 16M15195X Prepared By: montj
9/15/2016 2:46 PM

9B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy #206 – Reno, NV 89521

1448

APPLICATION FOR ADVANCED PRACTICE REGISTERED NURSE - PRESCRIBE
REGISTRATION FEE: FOR AUTHORITY TO PRESCRIBE DANGEROUS DRUGS ONLY \$80.00 TOTAL
FOR AUTHORITY TO PRESCRIBE CONTROLLED SUBSTANCES \$200.00 TOTAL
 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

First: Ma. Celestina Middle: Lopez Last: Aguilar
 Home Address: [REDACTED] Rogue Wave Street
 City: Las Vegas State: NV Zip Code: 89138
 SS# or ITIN: [REDACTED] Date of Birth: [REDACTED] Sex: ☐ M or ☒ F
 Telephone: 702-609-3708 E-mail address: [REDACTED]

PRACTICING LOCATION (Required)

Practice Name (if any): _____
 Physical Address: [REDACTED] Rogue Wave Street Suite #: _____
 City: Las Vegas State: NV Zip Code: 89138
 Telephone: [REDACTED] Fax: _____
 Nursing Board #: 840219 Issued: 04/08/2021 Expires: 04/08 05/19/2023

☒ Check this box if you are an APRN who intends to apply for DEA Registration. Board Staff will notify DEA and you of the required information and provide a letter with your pending number to allow you to apply for the DEA in Nevada-(Do not apply to DEA before receiving your pending letter.) (Provide \$200.00 Total Registration fee)

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?					
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				☒	☐
2. Been the subject of a board citation, administrative action whether completed or pending in <u>any</u> state?				☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:					
Board Administrative Action:		State	Date:	Case #:	
			/ /		
Criminal Action:	State	Date:	Case #:	County	Court
	<u>NV</u>	<u>08/06/2008</u>	<u>2:06-CR-403-KJD-LRL</u>	<u>CLARK</u>	<u>UNITED STATES DISTRICT COURT</u>

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed APRN who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature of APRN, no copies or stamps accepted [Signature] Date 6/3/2021

COLLABORATING PHYSICIAN's name (If required): Upinder Singh, M.D.
[Signature] [Signature] Date 6/3/21

Original Signature of Collaborating Physician, no copies or stamps accepted _____ Date _____

Board Use Only: Date Processed _____ Amount \$200 Check #

1688

Candy Nally

From: Patty Towler
Sent: Thursday, April 8, 2021 4:59 PM
To: Candy Nally; Cydnee Cernas
Subject: APRN

Hello Candy –

4/8/21

Erica Farren EMS RN Lic#832985 issd 4/8/21 exp 8/28/21 – active
 Christina Newby EMS RN Lic#832933 issd 4/8/21 exp 6/3/22 – active
 John Byrd CRNA Lic#837099 issd 4/8/21 exp 7/6/22 – active
 Erica Torgerson CRNA Lic#835101 issd 4/8/21 exp 7/4/22 - active
 Hilary Trumbo Cress Family NP Lic#839040 issd 4/8/21 exp 6/13/21 - active
 Joel Kay Family NP Lic#827957 issd 4/8/21 exp 10/4/21 – active-prescribing
 Laura De La Torre Psych Mental Health NP Lic#836799 issd 4/8/21 exp 7/13/22 – active-prescribing CII
 David Goen Psych Mental Health NP Lic#836987 issd 4/8/21 exp 2/11/23 – active-prescribing CII
 Elizabeth Leadbetter Family NP Lic#837771 issd 4/8/21 exp 1/31/23 – active-prescribing CII
 Wendy Batchelor Family NP Lic#826274 issd 4/8/21 exp 1/6/22 – active-prescribing CII
 Allyson Keefe Family NP Lic#838437 issd 4/8/21 exp 11/7/22 – active-prescribing
 Kimberly Thompson Family NP Lic#838231 issd 4/8/21 exp 6/24/22 – active-prescribing CII
 Anjenette Sorapuru Acute Care NP Lic#838178 issd 4/8/21 exp 10/13/22 – active-prescribing CII
 Christine Worthy Acute Care NP Lic#838731 issd 4/8/21 exp 6/1/22 – active-prescribing CII
 Amiben Dudhia Family NP Lic#838189 issd 4/8/21 exp 4/13/22 – active-prescribing
 Jean Montenegro Family NP Lic#838445 issd 4/8/21 exp 6/8/21 – active-prescribing CII – COLL
 Sharon Matias Psych Mental Health NP Lic#839028 issd 4/8/21 exp 3/9/23 – active-prescribing CII – COLL
 Bianca Aguila Family NP Lic#839425 issd 4/8/21 exp 1/3/22 – active-prescribing
 Joshua Clemmer Psych Mental Health NP Lic#815503 issd 4/8/21 exp 6/7/22 – active-prescribing
 Arlyne Jamison Family NP Lic#839069 issd 4/8/21 exp 12/19/22 – active-prescribing
 Bianca Camille Fong Family NP Lic#839050 issd 4/8/21 exp 11/17/21 – active-prescribing
 Amanda-Grace Johnson Family NP Lic#816524 issd 4/8/21 exp 10/27/22 – active-prescribing
 Charmaine Capistrano Family NP Lic#838780 issd 4/8/21 exp 4/5/22 – active-prescribing
 Brittany Williams Family NP Lic#839070 issd 4/8/21 exp 9/24/22 – active-prescribing
 Melanie Paluay Family NP Lic#839071 issd 4/8/21 exp 11/20/21 – active-prescribing
 Chukwuemeka Obilor Psych Mental Health NP Lic#839199 issd 4/8/21 exp 6/8/21 – active-prescribing
 Amanda Trevino Family NP Lic#838419 issd 4/8/21 exp 7/10/22 – active-prescribing CII
 Ma Celestina Aguilar Family NP Lic#840219 issd 4/8/21 exp 5/19/23 – active-prescribing
 Pamela Johnson Family NP Lic#839153 issd 4/8/21 exp 11/16/22 – active-prescribing CII
 Cristopher Lipana Family NP Lic#839429 issd 4/8/21 exp 3/7/23 – active-prescribing
 Benson Wanjohi Psych Mental Health NP Lic#839389 issd 4/8/21 exp 1/18/22 – active-prescribing CII – COLL
 Megan Harrison Family NP Lic#839395 issd 4/8/21 exp 3/15/22 – active-prescribing
 Kathy Taylor Family NP Lic#838411 issd 4/8/21 exp 6/3/22 – active-prescribing CII
 Tyler Braz Family NP Lic#813694 issd 4/8/21 exp 7/14/22 – active-prescribing
 Chona Miller Family NP Lic#840576 issd 4/8/21 exp 12/8/22 – active-prescribing
 Kimberlie Wang Family NP Lic#838284 issd 4/8/21 exp 8/14/22 – active-prescribing
 Rebecca Sequeira Family NP Lic#839640 issd 4/8/21 exp 9/9/21 – active-prescribing
 Arkay Lising Psych Mental Health NP Lic#840041 issd 4/8/21 exp 10/19/22 – active-prescribing
 Jordyn Palmer Family NP Lic#839855 issd 4/8/21 exp 12/4/22 – active-prescribing
 Luanna Nesby Certified Nurse Midwife Lic#840035 issd 4/8/21 exp 5/3/23 – active-prescribing CII

June 3, 2021

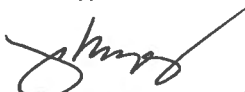
To: Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

Re: Explanation for answer to question # 1: Record of Arrest

The case was for Conspiracy to Commit Money laundering on August 6, 2008. Case did not go to trial and was sealed. Case was self reported to the Nevada Board of Nursing on 2008 and was not given a board citation or disciplinary action and license was renewed with no gaps in licensure.

Thank you. For any further questions, please contact me at phone # [REDACTED]

Sincerely,


Ma. Celestina L. Aguilar

May 18, 2009

Ma Celestina Aguilar
[REDACTED] Mocarito Ave
Las Vegas, NV 89113

Dear Ms. Aguilar:

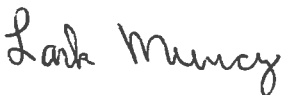
The Nevada State Board of Nursing at its May 13, 2009 meeting accepted your renewal application for licensure as Registered Nurse, with the stipulation that you complete a Board approved legal ethics in nursing class within six months. The Board also ordered that you refrain from any involvement with real estate.

Pre-approval of the course must be obtained to meet the educational requirement of your Board order. To obtain pre-approval, a copy of the course description, and/or outline must be submitted to this office. You will be contacted regarding approval or denial of the course you have selected. This office must receive documentation of your successful completion of the educational requirement no later than November 13, 2009.

Your renewal application will continue to be processed as usual. To access your most current licensure information, please refer to our web site www.nursingboard.state.nv.us under License Verification. This information is updated daily, Monday through Friday.

Thank you for your patience and cooperation in this matter. If you have any questions please do not hesitate to contact me in writing, or by telephone at 888-590-6726.

Sincerely,
NEVADA STATE BOARD OF NURSING



Lark Muncy, R.N.
Investigator

November 12, 2009

Ma Celestina Aguilar
[REDACTED] Mocomito Ave
Las Vegas, NV 89113

Dear Ms. Aguilar:

This office has received documentation of your successful completion of the course Nurses Legal Advisor to meet the educational requirements that the Board of Nursing ordered you complete at the May 13, 2009 Board meeting. Completion of that course places you in compliance with that Order.

Congratulations and thank you for your cooperation in this matter. If you have any questions, please do not hesitate to contact this office in writing, or by telephone at 888-590-6726.

Sincerely,
NEVADA STATE BOARD OF NURSING



Linda Aure, RN
Investigator

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA

JUDGMENT IN A CRIMINAL CASE

V.

CELESTINA AGUILAR

Case Number: 2:06-CR-403-KJD-LRL

USM Number: 41893-048

David Brown

Defendant's Attorney

THE DEFENDANT:

☒ pleaded guilty to count(s) 1 of the superseding indictment☐ pleaded nolo contendere to count(s) _____
which was accepted by the court.☐ was found guilty on count(s) _____
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

Title & Section	Nature of Offense	Offense Ended	Count
18 USC §1956(h)	Conspiracy to Commit Money Laundering	12/13/06	1

The defendant is sentenced as provided in pages 2 through 5 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.☐ The defendant has been found not guilty on count(s) _____☒ Count(s) remaining counts & indictment ☐ is ☒ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

August 6, 2008

Date of Imposition of Judgment

I hereby attest and certify on 4/3/14
that the foregoing document is a full, true
and correct copy of the original on file in my
legal custody.CLERK, U.S. DISTRICT COURT
DISTRICT OF NEVADABy S. Rusea Deputy Clerk

Signature of Judge

KENT J. DAWSON, U.S. DISTRICT JUDGE
Name and Title of JudgeAugust 7, 2008
Date

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA

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CELESTINA AGUILAR

Case Number: 2:06-CR-403-KJD-LRL

USM Number: 41893-048

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The defendant is adjudicated guilty of these offenses:

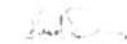
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August 6, 2008

Date of Imposition of Judgment



Signature of Judge

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and correct copy of the original on file in my
legal custody.CLERK, U.S. DISTRICT COURT
DISTRICT OF NEVADABy S. Rucella Deputy ClerkKENT J. DAWSON, U.S. DISTRICT JUDGE
Name and Title of JudgeAugust 7, 2008
Date

DEFENDANT: CELESTINA AGUILAR
CASE NUMBER: 2:06-CR-403-KJD-LRL**PROBATION**

The defendant is hereby sentenced to probation for a term of:

4 years

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The Defendant shall refrain from any unlawful use of a controlled substance and shall submit to one drug test within 15 days of the commencement of supervision and at least two periodic drug tests thereafter, not to exceed 104 drug tests annually. Revocation is mandatory for refusal to comply.

- ☐ The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. (Check, if applicable.)
- ☒ The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. (Check, if applicable.)
- ☒ The defendant shall cooperate in the collection of DNA as directed by the probation officer. (Check, if applicable.)
- ☐ The defendant shall register with the state sex offender registration agency in the state where the defendant resides, works, or is a student, as directed by the probation officer. (Check, if applicable.)
- ☐ The defendant shall participate in an approved program for domestic violence. (Check, if applicable.)

If this judgment imposes a fine or restitution, it is a condition of probation that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: CELESTINA AGUILAR
CASE NUMBER: 2:06-CR-403-KJD-LRL

SPECIAL CONDITIONS OF SUPERVISION

1. You shall not possess, have under your control, or have access to any firearm, explosive device, or other dangerous weapons, as defined by federal, state, or local law.
2. You shall submit your person, property, residence, place of business and vehicle under your control to a search conducted by the United States Probation Officer or any authorized person under the immediate and personal supervision of the probation officer, at a reasonable time and in a reasonable manner, based upon reasonable suspicion of contraband or evidence of a violation of a condition of supervision; failure to submit to a search may be grounds for revocation; the defendant shall inform any other residents that the premises may be subject to a search pursuant to this condition.
3. You shall be prohibited from incurring new credit charges, opening additional lines of credit, or negotiating or consummating any financial contracts without the approval of the probation officer.
4. You shall provide the probation officer access to any requested financial information, including personal income tax returns, authorization for release of credit information, and any other business financial information in which you have a control or interest.
5. You shall be confined to home confinement without electronic monitoring for a period of six (6) months.

AO 245B (Rev. 06/05) Judgment in a Criminal Case
Sheet 5 -- Criminal Monetary Penalties

Judgment -- Page 4 of 5

DEFENDANT: CELESTINA AGUILAR

CASE NUMBER: 2:06-CR-403-KJD-LRL

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 100.00	\$	\$ 20,000.00

☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case* (AO 245C) will be entered after such determination.

☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
----------------------	--------------------	----------------------------	-------------------------------

TOTALS	\$ <u>0</u>	\$ <u>0</u>
--------	-------------	-------------

☐ Restitution amount ordered pursuant to plea agreement \$ _____

☐ The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:

☐ the interest requirement is waived for the ☐ fine ☐ restitution.

☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

United States District Court
District of Nevada
Probation Office

Chad R. Boardman
Chief United States Probation Officer
Foley Federal Building
300 So. Las Vegas Blvd., Ste. 1200
Las Vegas, Nevada
89101



Tel: (702) 527-7300
Fax: (702) 527-7345

August 6, 2012

Celestina Aguilar
[REDACTED] Cactus Canyon Ct.
Las Vegas, NV 89128

RE: EXPIRATION OF SUPERVISION TERM
Case No. 2:06-CR-403-KJD(LRL)

Dear Ms. Aguilar:

This letter serves to formally confirm the expiration of your supervision term as ordered in criminal case 2:06-CR-403-KJD(LRL), effective August 5, 2012.

Despite your expiration from supervision, you remain liable for any court-imposed restitution and/or fine amounts that remain outstanding and will be expected to continue with your monthly payments, if applicable. If you have a felony conviction, you must adhere to all Federal and State laws prohibiting possession of firearms and/or explosive devices. Additionally, should you continue to reside in Nevada, you remain subject to local criminal registration requirements.

Sincerely,

A handwritten signature in black ink, appearing to read "Casey J. Anderson", followed by a horizontal line.

CASEY J. ANDERSON
United States Probation Officer

- Integrity is Our Guide -



**U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION**

Celestina Aguilar
7720 Mocerito Avenue
Las Vegas, NV 89117

Asset Id:	08-DEA-505349
Case Number:	R5-06-0039
Property:	(2) Cashier's Checks & (3) Western Union Money Orders, VL:\$20,000.00 (See Attached List)
Asset Value:	\$20,000.00
Seizure Date:	08/26/2008
Seizure Place:	Las Vegas, NV
Owner Name:	Aguilar, Celestina
Seized From:	Aguilar, Celestina
Judicial District:	District of Nevada

NOTICE MAILING DATE: October 3, 2008

NOTICE OF SEIZURE

The above-described property was seized by the Drug Enforcement Administration (DEA) for forfeiture pursuant to Title 21, United States Code (U.S.C.), Section 881, because the property was used or acquired as a result of a violation of the Controlled Substances Act (Title 21, U.S.C., Sections 801 et seq.). The seizure date and place, as well as other pertinent information regarding the property are listed above.

Pursuant to Title 18, U.S.C., Section 983 and Title 19, U.S.C., Sections 1602-1619, procedures to administratively forfeit this property are underway. You may petition the DEA for return of the property or your interest in the property (remission or mitigation), and/or you may contest the seizure and forfeiture of the property in Federal court. You should review the following procedures very carefully.

TO REQUEST REMISSION OR MITIGATION OF FORFEITURE

If you want to request the remission (pardon) or mitigation of the forfeiture, you must file a petition for remission or mitigation with the Forfeiture Counsel of the DEA within thirty (30) days of your receipt of this notice. The petition must include proof of your

interest in the property and state the facts and circumstances which you believe justify remission or mitigation. The regulations governing the petition process are set forth in Title 28, Code of Federal Regulations, Part 9.

TO CONTEST THE FORFEITURE

In addition to, or in lieu of petitioning for remission or mitigation, you may contest the forfeiture of the seized property in UNITED STATES DISTRICT COURT. To do so, you must file a claim with the Forfeiture Counsel of the DEA by November 7, 2008. The claim need not be made in any particular form (Title 18, U.S.C., Section 983(a)(2)(D)). The claim shall identify the specific property being claimed; state the claimant's interest in such property; and be made under oath, subject to penalty of perjury (Title 18, U.S.C., Section 983(a)(2)(C)). A frivolous claim may subject the claimant to a civil fine in an amount equal to ten (10) percent of the value of the forfeited property, but in no event will the fine be less than \$250 or greater than \$5,000 (Title 18, U.S.C., Section 983(h)). Upon the filing of a claim under Title 18, U.S.C., Section 983(a), a claimant may request, pursuant to Section 983(f), release of the seized property during the pendency of

the forfeiture proceeding due to hardship. Requests must be sent to the Forfeiture Counsel of the DEA. The following property is not eligible for hardship release: contraband, currency, or other monetary instruments or electronic funds unless the property constitutes the assets of a legitimate business which has been seized; property to be used as evidence of a violation of the law; property, by reason of design or other characteristic, particularly suited for use in illegal activities; and property likely to be used to commit additional criminal acts if returned to the claimant. If you wish to contest the forfeiture of the asset, you must comply with the procedures set forth herein. Your failure to do so will result in the termination of your interest in the asset, and may preclude your contesting the forfeiture of the asset in any judicial proceeding - either civil or criminal - even if such a proceeding has already been commenced or is commenced in the future.

WHERE TO FILE CORRESPONDENCE

All submissions must be filed with the Forfeiture Counsel, Asset Forfeiture Section, Drug Enforcement Administration, HQs Forfeiture Response, P.O. Box 1475, Quantico, Virginia 22134-1475. Correspondence sent via private delivery must be filed with the Forfeiture Counsel, Asset Forfeiture Section, Drug Enforcement Administration, 8701 Morrisette Drive, Springfield, VA 22152. A PETITION, CLAIM, OR OTHER CORRESPONDENCE SHALL BE DEEMED FILED WITH THE FORFEITURE COUNSEL, ASSET FORFEITURE SECTION, WHEN RECEIVED BY THE DEA AT EITHER OF THE ADDRESSES NOTED ABOVE. SUBMISSIONS BY FACSIMILE OR OTHER ELECTRONIC MEANS WILL NOT BE ACCEPTED. The Asset ID referenced above should be used with all submissions. Failure to include the Asset ID may cause a delay in processing your submission(s).

Asset List for Personal Seizure Notice

October 3, 2008 (10:42am)

Agency Case: R5-06-0039

Seizure No: N-13

ASSET ID	ASSET DESCRIPTION	VIN/SERIAL NO.
08-DRA-505349	1 Nevada Federal Credit Union Cashier's Check	00537770
	1 Nevada Federal Credit Union Cashier's Check	00537848
	1 Check City Western Union Money Order	08-9222083622
	1 Check City Western Union Money Order	08-9222083667
	1 Check City Western Union Money Order	08-9222083658

10

10A

NEVADA STATE BOARD OF PHARMACY

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

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: Jason Middle: Michael Last: Bellak
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Home Address: [REDACTED] Antler Pointe Ct
 City: Reno State: NV Zip: 89523
 Telephone: [REDACTED] Email: [REDACTED]
 Degree: MD Practitioner License #: 21151 Specialty: Allergy and Immunology
 (You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Allergy and Asthma Associates
 Practice Address: 2135 Green Vista Dr Suite #: 109
 City: Sparks State: NV Zip: 89431
 Telephone: 7753595010 Fax: 7753597656 Email: jasonbellak@gmail.com

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: Personal and Professional History				Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?				✓	
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?				✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?				✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?				✓	
If you marked YES to any questions above, include the following information and provide a signed statement of explanation . Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.					
Board Administrative Action:	State:		Date:		Case #:
See Attached					
Criminal Action:	State:	Date:	Case #:	County:	Court:
See Attached					

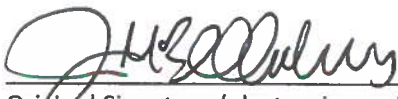
I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application 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.

Jason Bellak

Print Name (First, Last)

06/19/21

Date



Original Signature (electronic, copies or stamps not accepted)

06/19/21

Date

Board Use Only: Date Processed: _____ Amount: 200

Jason Michael Bellak

License Number:

21151

License Type:

Medical Doctor

License Status:

Active

Initial License Date:

Jun-08-2021

Expiration Date:

Jun-30-2021

Public Address:

2135 Green Vista Dr. Suite 109

Public City:

Sparks

Public State:

Nevada

Public ZIP Code:

89431

Public Country:

United States

Public Phone Number:

(775) 359-5010

Specialties

Education History

Postgraduate Training

License History

Board Actions

Current Employment Status / Conditions / Restrictions on License / Prior Malpractice Claims

Powered by Thentia Cloud (<https://www.thentia.com>)

Jason M. Bellak, MD
[REDACTED] Antler Pointe Ct
Reno, NV 89523
(P) [REDACTED]
Email: [REDACTED]

June 19, 2021

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

RE:

Dear Sir or Madam:

The years between 2003-2005 were a difficult and tumultuous time in my life. In the face of a failing marriage during the time of my allergy/immunology fellowship in Madison, WI, I demonstrated a pattern of behavior that I regret. I take full responsibility for that behavior. I used drugs and alcohol outside the workplace to inappropriately cope with my personal failings. I repeatedly acted out in anger.

In June 2004 I was convicted of non-criminal traffic violations including operating while intoxicated in the Village of Shorewood hills near Madison, WI. Dane County Case No. 2003 CF2738 involved my ex-wife and my stepson. I have no excuses for acting out physically with my ex-wife and my stepson. The drunken bar fight that led to Dane County Case No. 2005 CF1259 continued a pattern of inappropriate coping and acting out at that time. I have lived every day since that time to be an example of good behavior.

During a period of performing laboratory bench research to fulfill the requirements of my NIH funded allergy and immunology fellowship, I used cocaine and marijuana on two separate weekend/off-duty occasions accompanying heavy drinking at the end of January 2005 and February 2005. On March 7, 2005, an investigator from the Wisconsin Medical Board came to my workplace at the University of Wisconsin Hospital and Clinics and stated the board was contacted by my mother-in-law regarding my substance use. I consented to hair and urine samples; the hair was positive for cocaine and the urine was positive for THC. I was subsequently dismissed from The University of Wisconsin School of Medicine and Public Health allergy and immunology fellowship training program before completing the program on June 5, 2015. On July 20, 2005, the Wisconsin Medical Examining Board (MEB) suspended my temporary educational permit (TEP) for a five-year period and granted a stay for a three-month period (conditioned upon compliance with conditions and limitations including treatment and monitoring) and ordered that I could reapply for consecutive three-month extensions of the stay while compliant with order **LS0507201MED**. In August 2005, the MEB issued a limited medical license (48534-20) subject to the same conditions and limitations imposed on the TEP. Upon full compliance with the MEB order without additional concerns, the restrictions were removed and a full, unrestricted medical license granted effective July 21, 2010.

Due to my actions in Wisconsin, I violated Arizona Revised Statutes §32-1401(27)(f) (“habitual intemperance in the use of alcohol or habitual substance abuse”), §32-1401(27)(d) (“committing a felony, whether or not involving moral turpitude...”), §32-1401(27)(o) (“action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction...”), and §32-1401(27)(g) (“using controlled substances except if prescribed by another physician for use during a prescribed course of treatment.” On December 4, 2008, I entered into the consent agreement **MD-05-0351A** with the Arizona Medical Board for stayed revocation of my medical license (29914). I was placed on five years’ probation, effective July 20, 2005, to run concurrently with the WI MEB order. Probation was terminated and full, unrestricted license instated August 31, 2010.

On January 9, 2007, I was notified that my enrollment application to participate in the Medicare program was denied because per Code of Federal Regulations 42 §424.530(a)(3)(i)(A), within the past ten years (September 8, 2005), I was convicted of a “felony offense that CMS has determined to be detrimental to the best interests of the program and its beneficiaries.” I requested reconsideration of that initial determination. On April 16, 2017, a contractor Hearing Officer found that I was properly denied enrollment. I appealed that decision to the Department of Health and Human Services Department Appeals Board. However, CMS’ decision to deny my request to enroll was affirmed on October 30, 2007 by Administrative Law Judge Corolyn Cozad Hughes. A new enrollment application for Medicare was submitted on August 20, 2015 and approved on October 6, 2015. I currently have no restrictions for Medicare participation.

Although I would not wish a similar course on anyone, I had personal growth that made me a better father, citizen, and physician. Through that process, I was given the opportunity to improve my coping skills beyond using alcohol or drugs as an escape and move past anger that I harbored regarding events during my childhood and failed marriage. It should be noted that patient care and safety were never impacted. I was never intoxicated at work and was always professional with my patients and colleagues. I have had sole custody of my daughter since 2005 who is now a Sophomore at the University of Oklahoma. I was monitored for 5 years by the Wisconsin Medical Examining Board, concurrent with the Arizona Medical Examining Board and the Wisconsin Department of Corrections—this included intensive outpatient treatment and random drug monitoring no less than 104 times per year. The University of Wisconsin had confidence in me and supported a return to complete allergy and immunology subspecialty training in 2011 after leaving that program in 2005 when the disclosed events occurred. During that training period, I had additional monitoring that was uneventful. In 2012, I started a new allergy service line in addition to the general practice that was required by the Wisconsin Office of Rural Health’s loan repayment grant that I completed January 2015.

From May 2016-June 2021, I practiced allergy/immunology full-time in Oklahoma. Due to my prior history of criminal convictions and medical board actions in WI and AZ, on May 13, 2016 the Oklahoma Department of Narcotics and Dangerous Drugs (OBNDD) placed my initial prescribing license #52111 on probation for 1 year that was completed without incident (case SCH No. 2016-09). My federal DEA registration #BB7675436 has never been sanctioned and is currently unrestricted. Oklahoma medical license #31873 was granted without restrictions in 2016. During my time practicing in OK, I was recognized by patients, peers, and my employer for my dedication to practicing excellent, compassionate care. I was the vice-president that

current practice and the Oklahoma Allergy and Asthma Society vice-president. I have been married to current wife since 2016 and have 2 stepsons and my daughter full-time. We are very involved with our church community.

A full, unrestricted Nevada medical license #21151 was granted on June 8, 2021. I will start practicing allergy and immunology at Allergy and Asthma Associates in Sparks, NV on July 6, 2021.

Please do not hesitate to contact me with any additional questions or requests for additional information.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Jason M. Bellak", written over the typed name.

Jason M. Bellak, MD

Jason M. Bellak, MD, FAAAAI, FCAAI, FACP

Antler Pointe Ct

Reno, NV 89523

Email:

Phone:

June 19, 2021

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

RE: controlled substance application affirmative response regarding criminal charges and convictions

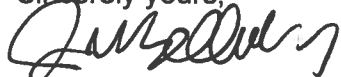
Dear Board Members:

I submitted my controlled substance application with an affirmative response regarding prior criminal charges and convictions. Please see the following regarding the conviction:

1. June 14, 2004: Village of Shorewood Hills, Wisconsin, Municipal Court traffic citations for operating a motor vehicle while intoxicated (1st offense) and speeding (See Attachment 1).

In April, 2004, I was arrested and issued three (civil) traffic citations by the Village of Shorewood Hills Police Department. The citations were issued for speeding, operating with a prohibited alcohol concentration and for operating while intoxicated (1st offense). A .13 blood alcohol concentration was recorded by police. The citations were resolved in June 2004, when the Municipal Court entered a no contest plea on my behalf for the operating while intoxicated citation and the speeding citation. The citation for prohibited alcohol concentration was dismissed. The court ordered that I pay a fine (inclusive of costs) of approximately \$1,100; that my operating privilege be suspended for a period of 6 months; and that I undergo a mandatory alcohol assessment. The assessment and follow-up class in Group Dynamics at Madison Area Technical College (MATC) were fulfilled through the Dane County Mental Health Center. The fines were paid in full. My operating privileges were restored in December 2004.

Sincerely yours,



Jason M. Bellak, MD

Jason M. Bellak, MD, FAAAAI, FCAAI, FACP
 [REDACTED] Antler Pointe Ct
 Reno, NV 89523
 Email: [REDACTED]
 Phone: [REDACTED]

June 19, 2021

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

RE: Controlled Substance Application – criminal convictions

Dear Board Members:

I submitted my Nevada State Board of Pharmacy controlled substance application with an affirmative response regarding prior criminal charges and convictions. Please see the following regarding the convictions:

1. September 8, 2005: Dane County Court, Madison, WI. Wisconsin Statute § 948.03(3)(a), recklessly causing great bodily harm to a child;
2. September 8, 2005: Dane County Court, Madison, WI. Wis. Stat. § 940.19(1), battery.

On December 2, 2003, the Dane County District Attorney's Office filed a criminal complaint against me alleging four criminal violations (Dane County Case No. 2003 CF 2738):

1. Physical abuse of a child in violation of Wis. Stat. § 948.03(2)(a);
2. Misdemeanor battery in violation of Wis. Stat. § 940.19(1);
3. Intimidate victim/dissuade reporting in violation of Wis. Stat. § 940.44(1); and
4. Disorderly conduct in violation of Wis. Stat. § 947.01.

The conduct at issue in these criminal charges occurred on or about September 26, 2003.

My early, formative years were spent growing up in Las Vegas. My mother was an ice-skating showgirl on the Strip and my father was in sales. My parent's relationship was abusive. I witnessed them abusing each other, including an incident as a young child I observed my father running over my mother in his car in front of our house. I also was witness to several failed suicide attempts by my mother before I was a teenager. After my parent's divorce when I was nine years old, I lived with my mother for a few years before she moved out of the country with a boyfriend. The relationship with my mother was non-traditional. She introduced me to alcohol and drugs at a very early age. Although I was never a daily user of alcohol or drugs, substance use was the only way I knew how to cope with celebrations or disappointments—I was a binge abuser. Similarly, anger was the only way I knew how to act out. I never had counseling or self-help until I hit bottom as noted below.

I met my ex-wife, Elizabeth, in 2000. Upon significant reflection, Elizabeth had many similarities to my mother. She had mental health issues of her own, including borderline personality disorder and bipolar disorder. I thought I could save her. We enabled each other. The relationship was extremely volatile. When I moved to Arizona to pursue residency training

in internal medicine, Elizabeth eventually followed me there. I became attached to Elizabeth's children, Chance and Ashtyn. Elizabeth became pregnant with our daughter, Isabelle, who was born in 2002. When we moved to Wisconsin in 2003 for the allergy and immunology fellowship at the University of Wisconsin, Elizabeth and I had married and I was optimistic. Unfortunately, Elizabeth's mental health took a significant turn for the worse and her dependence on substances escalated. Elizabeth liked me as a person that would be her partner in abusing substances. When I did not participate in those activities, we argued about it. When I did participate in those activities we argued. The relationship became even more volatile.

In the fall of 2003, I came home to Elizabeth and our three children after work. Everything was in complete disarray. The children were dirty, hungry, and needed help with homework. I went into our basement and found 18-month-old Isabelle holding sharp scissors and her brother, Chance down the hall. I called to Chance and asked him why his toddler sister had sharp scissors. I became angered and tried to slap Chance who ducked, tripped, and fell on the ground. When he was on the ground, I kicked him. After that incident, I knew I needed help. I started seeing a psychiatrist who started me on fluoxetine. Fluoxetine initially made me feel very fatigued. About a week after starting fluoxetine, I fell asleep on a weekend afternoon. I woke up and did not know where Elizabeth and the children were located. I eventually found them at a neighbor's home. Elizabeth was intoxicated and the kids were running wild. I took the kids home and Elizabeth followed me there to confront me. That argument became physical and I pushed her when Isabelle was close by. The police were called. Before the police were going to leave the house, Elizabeth told them that I had kicked Chance the previous week. I was arrested and charged with the above criminal violations.

On June 8, 2004, I appeared before the Honorable Gerald C. Nichol and, pursuant to a plea agreement, entered guilty pleas to counts one and two. Adjudication on counts one and two was withheld. Counts three and four were dismissed. The plea agreement with respect to counts one and two provided that, upon a guilty plea and acceptance of responsibility for the conduct, the parties would make a joint recommendation to withhold adjudication and refer me for participation in the Dane County District Attorneys Deferred Prosecution Program. Upon successful completion of the program, count one was to be dismissed and, with respect to count two, adjudication was to have been entered. Payment of a fine with respect to this count was the disposition proposed at the time. A contract with the Deferred Prosecution Unit was submitted to the court on July 12, 2004. The contract was set to expire on June 22, 2006.

By letter of June 1, 2005, the Deferred Prosecution Unit revoked the deferred prosecution contract due to my conduct as described separately that led to criminal of a separate battery charge.

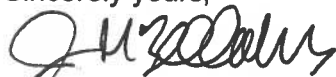
On September 8, 2005, I appeared before Judge Steven Ebert for adjudication and sentencing. At the hearing I withdrew my guilty plea, entered on June 8, 2004, to the charge of intentionally causing great bodily harm to a child. In its place, I pleaded guilty to a violation of Wis. Stat. § 948.03(3)(a), recklessly causing great bodily harm to a child. Judge Ebert entered adjudication of guilt to the new charge and to count 2 (battery in violation of Wis. Stat. § 940.19(1)). As to both counts, sentence was withheld and I was placed on probation. As to the reckless injury charge, I was placed on probation for a period of four years; as to the battery, I was placed on probation for a period of two years, both to run concurrent to another.

Conditions of probation included: no contact with Elizabeth Bellak except as permitted through the family court, juvenile court and the agent's discretion; no physical discipline of a child; random urinalysis at the agent's discretion; alcohol and other drug treatment at the

agent's discretion; and restitution (with respect to 2005CF1259). Additionally, if I were able to secure employment out of state, both the Court and the State are on record as having no objection to the transfer of probation, should that be requested in the future.

I successfully completed my terms of probation and I was discharged by the Wisconsin Department of Corrections on September 8, 2009.

Sincerely yours,

A handwritten signature in black ink, appearing to read "J. Bellak", with a stylized flourish at the end.

Jason M. Bellak, MD

Jason M. Bellak, MD, FAAAAI, FCAAI, FACP
[REDACTED] Antler Pointe Ct
Reno, NV 82523
Email: [REDACTED]
Phone: [REDACTED]

June 19, 2021

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

RE: controlled substance application affirmative response

Dear Board Members:

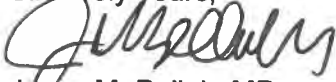
I submitted my controlled substance application with an affirmative response regarding prior criminal charges and convictions.

On December 9, 2004, the Dane County District Attorney's Office filed a two count Criminal Complaint against me (Dane County Case No. 2004 CF 2696). This Complaint alleged that on November 26, 2004, I engaged in:

1. Bail jumping in violation of Wis. Stat. § 946.49(1)(b); and
2. Disorderly conduct in violation of Wis. Stat. § 947.01.

On November 26, 2004, Elizabeth and I argued about her wanting to go "shopping" with the children. Elizabeth had a history and prior arrests for shoplifting. She had used the children in the past to help her hid her shoplifting activity. We did not have money for shopping and I was concerned that Elizabeth would be shoplifting with the kids. I initially told her that she could not take the car to do this. The argument escalated and I called the police. My landlord happened to be in our home doing maintenance and witnessed the argument. Elizabeth and I gave different accounts of the incident. On April 29, 2005, those charges were dismissed.

Sincerely yours,


Jason M. Bellak, MD

Jason M. Bellak, MD, FAAAAI, FCAAI, FACP
[REDACTED] Antler Pointe Ct
Reno, NV 89523
Email: [REDACTED]
Phone: [REDACTED]

June 19, 2021

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

RE: controlled substance application affirmative response for criminal charges and convictions

Dear Board Members:

I submitted my controlled substance application with an affirmative response regarding prior criminal charges and convictions. Please see the following regarding the conviction:

1. September 8, 2005: Dane County Court, Madison, WI. Wis. Stat. § 940.19(1), battery.

On June 6, 2005, the Dane County District Attorney's Office filed a three count Criminal Complaint against me (Dane County Case No. 2005 CF 1259). The Complaint alleged that on May 15, 2005, I engaged in:

1. Bail jumping in violation of Wis. Stat. § 946.49(1)(b);
2. Misdemeanor battery in violation of Wis. Stat. § 940.19(1); and
3. Disorderly conduct in violation of Wis. Stat. § 947.01.

On May 15, I learned that a very close friend had died. I turned to alcohol to dull my grief. While out drinking with a friend, I acted offensively towards a women. When confronted by the women's significant other, a physical altercation occurred and I punched him. Until that point, I had not addressed my problem drinking. I subsequently enrolled in rehabilitation.

By letter of June 1, 2005, the Deferred Prosecution Unit revoked the deferred prosecution contract for Dane County Case No. 2003 CF 2738 due to my conduct.

On September 8, 2005, I pled no contest to the charge of misdemeanor battery. The charges of bail jumping and disorderly conduct were dismissed. Sentence was withheld and I was placed on probation for a period of two years concurrent to probation in case number 2003 CF 2738. Conditions of probation are the same as for Dane County Case No. 2003 CF 2738. I successfully completed my terms of probation and I was discharged by the Wisconsin Department of Corrections on September 8, 2009.

Sincerely yours,



Jason M. Bellak, MD

CC076908.FRM/SLS/sle
D/V

STATE OF WISCONSIN

CIRCUIT COURT

DAN

Cir Br 9

Case No.

03 CF 2738

CRIMINAL COMPLAINT

STATE OF WISCONSIN, PLAINTIFF

VS.

Sys. ID

JASON M. BELLAK

DOB: [REDACTED]

Sex/Race: M/W

Height/Weight: 5'10/185

Hair/Eyes: BRO/BRO

[REDACTED] BURBANK PL
MADISON, WI 53705

2003 DEC -2 PM 9:35
CIRCUIT COURT
DANE COUNTY, WI

OFFENSE(S): Child Abuse - Intentionally Cause Great Harm, Battery,
Intimidate Victim/Dissuade Reporting, Disorderly Conduct

STATUTE(S): 948.03(2), 940.19(1), 940.44(1), 947.01

DEFENDANT(S)

AGENCY & CASE NO: SHPD/03-100133

Court Case No: 03 CF 2738

DA CASE NO: 03-DA-016380

COMPLAINING WITNESS

Lt. Dennis Pine

COUNT 1

THE ABOVE-NAMED COMPLAINING WITNESS BEING DULY SWORN SAYS THAT THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, on or about September 26, 2003, at the VILLAGE OF SHOREWOOD HILLS, intentionally cause great bodily harm to a child, C.R.L., DOB: 04/28/94; contrary to Section 948.03(2) of the Wisconsin Statutes, a Class E felony; and upon conviction may be fined not more than \$50,000 or imprisoned not more than fifteen (15) years, or both.

COUNT 2

AND AS A SECOND AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the VILLAGE OF SHOREWOOD HILLS, on October 12, 2003, cause bodily harm to Elizabeth Bellak, by an act done with intent to cause bodily harm to that person, without that person's consent and with knowledge that the person so harmed did not give consent; contrary to

Section 940.19(1) of the Wisconsin Statutes, a Class A misdemeanor; and upon conviction may be fined not more than Ten Thousand Dollars (\$10,000), imprisoned not more than nine (9) months or both.

COUNT 3

AND AS A THIRD AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the VILLAGE OF SHOREWOOD HILLS, on October 12, 2003, knowingly and maliciously attempt to prevent another person, Elizabeth Bellak, who has been the victim of a crime, from making a report of the victimization to a law enforcement agent; contrary to Section 940.44(1) of the Wisconsin Statutes; a Class A misdemeanor; and upon conviction may be fined not more than Ten Thousand Dollars (\$10,000), imprisoned not more than nine (9) months or both.

COUNT 4

AND AS A FOURTH AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the VILLAGE OF SHOREWOOD HILLS, on October 12, 2003, engage in violent or otherwise disorderly conduct under circumstances in which such conduct tended to cause or provoke a disturbance; contrary to Section 947.01 of the Wisconsin Statutes, a Class B misdemeanor; and upon conviction may be fined not more than One Thousand Dollars (\$1,000), imprisoned not more than ninety (90) days or both.

FACTS: Your complainant is a court officer with the Village of Shorewood Hills Police Department and for this complaint is replying on a report submitted by Village of Shorewood Hills Police Officer Denzer, Sgt. Wood, and Dane County Sheriff's Office Detective Mary Butler.

Officer Denzer reports that on October 12, 2003, at approximately 7:15 p.m., the officer was dispatched to 833 Burbank Place, in the Village of Shorewood Hills, Dane County, Wisconsin, in reference to two 911 hang up calls. At that location, Officer Denzer met with a female who identified herself with a Wisconsin photo driver's license as Elizabeth Bellak. Officer Denzer could tell that she was upset and appeared to have been crying. She stated, "My husband got mad at me. He pushed me and I fell into our daughter". Elizabeth identified her husband as Jason M. Bellak, birth date 04/07/72. Officer Denzer asked her if the incident caused her pain and she replied, "Yes". She further stated, "This has been going on for a long time. It has got to stop". Officer Denzer asked her if she had any bruises or marks from the incident. She pointed to her face and the officer observed redness on her left cheek, it appeared swollen.

Officer Denzer reports Elizabeth asked her son, C.R.L., birth date 04/28/94, age nine, to describe his black eye. C.R.L. stated, "My dad kicked me in the eye". He stated that he believed it occurred approximately one to two weeks ago, on or about September 26, 2003. Officer Denzer observed a black mark that was fading around his left eye. The officer asked C.R.L. to describe to him how he got the black eye. He stated that his dad,

Jason, was helping him with his homework. He advised he was not doing well and that Jason was also angry with him because he had not put the scissors and screwdriver where they belonged. He reports that his dad then went downstairs to find his sister, I.B.B., birth date 04/16/02, age one. He reports that Jason pushed him, which caused him to collide with his sister. C.R.L. reports that his father then kicked him in the eye.

Sgt. Wood made contact with Elizabeth regarding the incident on October 12, 2003. Elizabeth explained that Jason was feeling sick due to starting some medication. She reports that due to Jason feeling ill, she went to a neighbor's residence with the children so that he could rest. She advised that Jason was upset with her for not being home. She stated Jason told her that he felt she had left him when he was sick and that she wasn't being a good wife. Elizabeth stated she was in the kitchen with Jason and her youngest daughter, I.B.B., when Jason grabbed her by the front of the shirt. She reports that Jason pulled up on the shirt and then pushed her backwards, causing her to fall onto her daughter. After Jason made sure that their daughter was not injured, she reports he again confronted her in the hallway, at which time he grabbed her face with his hand and squeezed. She reports Jason then pushed her backwards, causing her to fall onto her head. She stated that when she fell onto her head, it caused her pain without her consent. Sgt. Wood reports that Elizabeth stated that the pain was still severe at the time of the interview with her on October 13, 2003. She rated the pain a six of a possible ten.

Elizabeth stated she told Jason she was no longer going to tolerate him abusing her and attempted to call the police. She stated that Jason prevented her from getting to the phone by pushing her away from it and standing in her way. A short time later she reports that Jason allowed her to get to the phone and she called the police.

Detective Mary Butler made contact with Elizabeth's other daughter, A.T.L., birth date 02/09/97, age six. Detective Butler asked A.T.L. if she remembers any other time when her mom hurt her dad or her dad hurt her mom while they had been in the new house. She stated, "Yes". She advised it was the time that her dad went to jail. Detective Butler reports this was on or about September 26, 2003. Detective Butler asked her what she remembered about that night. A.T.L. stated that her dad, Jason, threw her mom on the floor, on her sister, I.B.B. She further stated that her dad then threw her mom in the hallway.

Detective Butler then made contact with C.R.L., who stated that before his dad Jason hit him, he told him he needed to put the stuff away. He stated that his dad then smacked him in the head and he knocked down his one year old sister. When Detective Butler asked if C.R.L. could show him how his dad had hit him, he used his right hand and hit himself on the right side of the head with an open hand. When Detective Butler asked if it was an open or closed hand, C.R.L. stated it was an open hand. After he was hit, C.R.L. stated that he fell down and hit his one year old sister with his foot accidentally. C.R.L. stated that he landed on his back with his arm behind his head, blocking his head. C.R.L. stated that his dad then kicked him in the head because he got mad that his one year old sister got knocked down. C.R.L. stated that his dad's foot was coming toward his

head. He advised that his dad was carrying his one year old sister when Jason kicked him in the eye. Detective Butler asked which leg Jason used and C.R.L. advised it was his right leg. Detective Butler asked C.R.L. if he started crying when he was on the ground and he stated that he did and his dad told him not to do it again or he would do it harder. Detective Butler drew a face and asked C.R.L. to mark where his dad kicked him. C.R.L. then drew a mark near the left eye. He also showed the detective where the bruise was, describing it as being above the eye on the eyelid. Detective Butler asked C.R.L. when this was and he stated it was three weeks ago, on or about September 26, 2003. Detective Butler asked C.R.L. if he remembered what part of the foot his dad kicked him with. He showed the detective the upper portion of the bottom of his foot, indicating this is what his dad used when he kicked him.

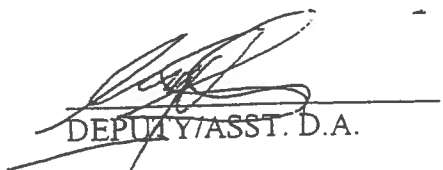
Sgt. Wood made contact with Jason Bellak, who stated he slapped C.R.L. on the top of the head with an open hand "pretty hard" and C.R.L. fell to the ground. He stated that he then kicked at C.R.L. with a bare foot, hitting him in his arm. Jason stated that he thought C.R.L. landed on some laundry and not the concrete floor. He reports that C.R.L. was crying and Elizabeth came down, at which time he went upstairs. Jason reports that Elizabeth told him that C.R.L. had a black eye. Jason stated that he did not apologize at that time because he was upset with himself for hitting and kicking C.R.L., he was still upset with C.R.L. about the screwdriver and scissors, and he did not want to fight with Elizabeth. Jason told Sgt. Wood that he feels that Elizabeth needs direction, which she dislikes.

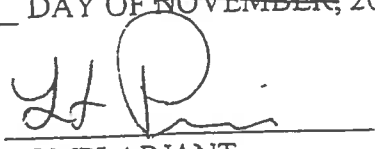
**THIS COMPLAINT IS BASED ON the information and belief of your complainant, who is a court officer for the Village of Shorewood Hills Police Department, and who learned of the above offense from the reports of Village of Shorewood Hills Police Officer(s) Denzer, Sgt. Wood, and Dane County Sheriff's Detective Mary Butler, which report(s) your complainant believes to be truthful and reliable inasmuch as they were prepared during the course of the officer(s) official duties.

Further, your complainant believes the information furnished by Elizabeth Bellak, C.R.L., A.T.L. to be truthful and reliable inasmuch as they are citizen informant(s) and witnessed the events described.

Your complainant believes the statements of the Defendant to be truthful and reliable insofar as they are admissions against penal interest.

SUBSCRIBED AND SWORN TO BEFORE ME ^{December}
AND APPROVED FOR FILING THIS 2 DAY OF NOVEMBER, 2003.


DEPUTY/ASST. D.A.


COMPLAINANT

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH 9

DANE COUNTY

STATE OF WISCONSIN,

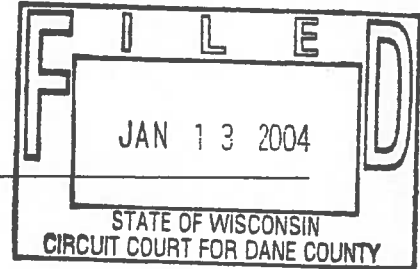
Plaintiff

vs.

Case No. 03 CF 2758

JASON M BELLAK,

Defendant



INFORMATION

I, THE UNDERSIGNED ASSISTANT/DEPUTY DISTRICT ATTORNEY FOR DANE COUNTY, WISCONSIN, INFORM THE COURT THAT THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, on or about September 26 , 2003, intentionally cause great bodily harm to a child, C.R.L., DOB: 04/28/94; contrary to Section 948.03(2) of the Wisconsin Statutes, a Class E felony; and upon conviction may be fined not more than \$50,000 or imprisoned not more than fifteen (15) years, or both.

COUNT 2

AND AS A SECOND AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the VILLAGE OF SHOREWOOD HILLS, on October 12, 2003, cause bodily harm to Elizabeth Bellak, by an act done with intent to cause bodily harm to that person, without that person's consent and with knowledge that the person so harmed did not give consent; contrary to Section 940.19(1) of the Wisconsin Statutes, a Class A misdemeanor; and upon conviction may be fined not more than Ten Thousand Dollars (\$10,000), imprisoned not more than nine (9) months or both.

COUNT 3

AND AS A THIRD AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the VILLAGE OF SHOREWOOD HILLS, on October 12, 2003, knowingly and maliciously attempt to prevent another person, Elizabeth Bellak, who has been the victim of a crime, from making a report of the victimization to a law enforcement agent; contrary to Section 940.44(1) of the Wisconsin Statutes; a Class A misdemeanor; and upon conviction may be fined not more than Ten Thousand Dollars (\$10,000), imprisoned not more than nine (9) months or both.

COUNT 4

AND AS A FOURTH AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the VILLAGE OF SHOREWOOD HILLS, on October 12, 2003, engage in violent or otherwise disorderly conduct under circumstances in which such conduct tended to cause or provoke a disturbance; contrary to Section 947.01 of the Wisconsin Statutes, a Class B misdemeanor; and upon conviction may be fined not more than One Thousand Dollars (\$1,000), imprisoned not more than ninety (90) days or both.

11/13/04
DATE


Assistant/Deputy District Attorney

State of Wisconsin vs. Jason M Bellak

Judgment of ConvictionSentence Withheld, Probation
Ordered

Date of Birth: [REDACTED]

Case No.: 2003CF002738

The defendant was found guilty of the following crime(s):

t. Description	Violation	Plea	Severity	Date(s) Committed	Trial To	Date(s) Convicted
Child Abuse-Recklessly Cause Great Harm	948.03(3)(a)	Guilty	Felony G	09-26-2003 on or about		09-08-2005
Battery	940.19(1)	Guilty	Misd. A	10-12-2003		09-08-2005

IT IS ADJUDGED that the defendant is guilty as convicted and sentenced as follows:

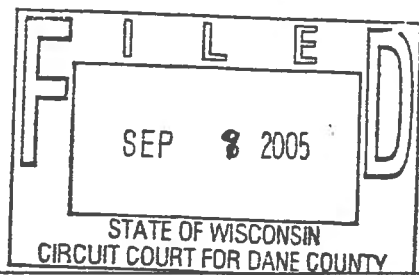
Ct.	Sent. Date	Sentence	Length	Concurrent with/Consecutive to/Comments	Agency
1	09-08-2005	Probation, sent withheld	4 YR	Transfer of probation authorized to any other state.	Department of Corrections
2	09-08-2005	Probation, sent withheld	2 YR		Department of Corrections

Conditions of Sentence or Probation**Obligations:** (Total amounts only)

Fine	Court Costs	Attorney Fees	Restitution	Other	Mandatory Victim/Wit. Surcharge	5% Rest. Surcharge	DNA Anal. Surcharge
	40.00			14.00	120.00		

Conditions:

Ct.	Condition	Agency/Program	Comments
1	Costs		All above money obligations are to be paid by the defendant to the Clerk of Courts office within 60 days.
1	Alcohol treatment		AODA and treatment as recommended by agent.
1	Drug treatment		AODA and treatment as recommended by agent.
1	Prohibitions		Defendant shall not have any contact, direct or indirect, with Elizabeth B. except as permitted by Family Court case or Juvenile Court case or probation agent's discretion. No physical discipline of any child.
1	Other		Defendant to submit to drug urinalysis at agent's discretion. Defendant advised of requirement to provide DNA sample.
2	Costs		See count 1.
2	Other		All conditions are the same as count 1.

**IT IS ADJUDGED** that 6 days sentence credit are due pursuant to § 973.155, Wisconsin Statutes**IT IS ORDERED** that the Sheriff execute this sentence.

STATE OF WISCONSIN

CIRCUIT COURT BRANCH 9

DANE COUNTY

For Official Use Only

State of Wisconsin vs. Jason M Bellak

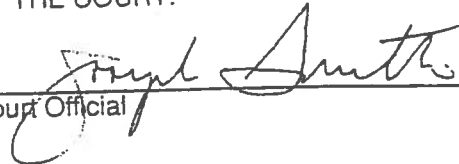
Judgment of ConvictionSentence Withheld, Probation
Ordered

Date of Birth: [REDACTED]

Case No.: 2003CF002738

Steven D. Ebert, Judge
Matthew D Moeser, District Attorney
Stephen P Hurley, Defense Attorney

BY THE COURT:



Court OfficialSeptember 9, 2005

Date

CC088033.FRM/MDM/sle
D/V
STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

COPY

CRIMINAL COMPLAINT

STATE OF WISCONSIN, PLAINTIFF

VS.

Sys. ID 168713

JASON M. BELLAK

DOB: [REDACTED]

Sex/Race: M/W
Height/Weight: 5'10/180
Hair/Eyes: BLK/BRO

[REDACTED] LAKE MENDOTA DR
MADISON, WI 53704

OFFENSE(S): Bail Jumping - Felony, Disorderly Conduct
STATUTE(S): 946.49(1)(b), 947.01

Sys. ID 168770

ELIZABETH D. BELLAK

DOB: [REDACTED]

Sex/Race: F/W
Height/Weight: 5'07/118
Hair/Eyes: BRO/BRO

[REDACTED] LAKE MENDOTA DR
MADISON, WI 53704

OFFENSE(S): Disorderly Conduct
STATUTE(S): 947.01

DEFENDANTS

AGENCY & CASE NO: MAPD/04-141522
DA CASE NO: 04-DA-018801 A - Eliz Bellak
04-DA-018802 B - Jason Bellak

Court Case No: 04 CF 2696
04 CM

COMPLAINING WITNESS
LaFrancois, Cator, Gebler, Zwart

COUNT 1

THE ABOVE-NAMED COMPLAINING WITNESS BEING DULY SWORN SAYS
THAT THE ABOVE-NAMED DEFENDANT, JASON BELLAK, IN DANE

COUNTY, WISCONSIN DID, on or about November 26, 2004, at the CITY OF MADISON, intentionally, having been released from custody under Chapter 969 of the Wisconsin Statutes, on a charge of to wit: among others, Child Abuse-Intentionally Cause Harm, contrary to Section 948.03 (2)(a) of the Wisconsin Statutes, a felony, did fail to comply with the terms of that bond, to-wit: among others, not to threaten or direct any acts of physical violence towards Elizabeth Bellak and to commit no crimes while released on bond; contrary to Section 946.49(1)(b) of the Wisconsin Statutes, a Class H felony; and upon conviction may be fined not more than \$10,000 or imprisoned not more than six (6) years, or both.

COUNT 2

AND AS A SECOND AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANTS, JASON BELLAK AND ELIZABETH BELLAK, IN DANE COUNTY, WISCONSIN DID, at the CITY OF MADISON, on or about November 26, 2004, engage in violent, abusive, or otherwise disorderly conduct under circumstances in which such conduct tended to cause or provoke a disturbance; contrary to Section 947.01 of the Wisconsin Statutes, a Class B misdemeanor; and upon conviction may be fined not more than One Thousand Dollars (\$1,000), imprisoned not more than ninety (90) days or both.

FACTS: Your complainant has reviewed the files of the Dane County Circuit Court, which files your complainant has in the past reviewed and found to be truthful and reliable. Your complainant reports the files in Dane County case #2003CF2738 regarding State of Wisconsin vs. Jason M. Bellak, show that on or about December 2, 2003, Bellak was charged in Dane County Circuit Court with at least one felony offense. Bellak appeared on December 8, 2003, for an initial appearance in front of Dane County Circuit Court Commissioner David Flesch. Jason Bellak was released from custody under Chapter 969 of the Wisconsin Statutes on a signature bond signed by Bellak. Among the conditions ordered by Commissioner Flesch were the conditions that the defendant not threaten or direct any acts of physical violence towards Elizabeth Bellak and that he commit no crimes while released on bond. Your complainant reports that on or about January 13, 2004, Bellak waived his right to have a preliminary hearing in front of Dane County Court Commissioner Todd E. Meurer. An information was filed, charging at least one felony offense. Bellak entered a not guilty plea and his bail was continued. Your complainant reports that on or about June 8, 2004, Bellak entered a plea of guilty to at least one felony offense in front of Judge Gerald C. Nichol of the Dane County Circuit Court and was referred to the Dane County District Attorney's First Offender's Program. Judge Nichol continued the defendant's bail and on or about November 26, 2004, the defendant's case remained pending and his bail conditions remained in effect.

City of Madison Police Department Officer Rebecca Overland reports that on November 26, 2004, at approximately 3:04 p.m., she and Officer Ken Mulry of the City of Madison Police Department, went to 5438 Lake Mendota Drive, City of Madison, Dane County, Wisconsin, in response to a domestic disturbance. Officer Overland reports that multiple

people were present, including a person identified as Elizabeth Bellak and another person identified as Jason Bellak. Officer Overland spoke to a child present at the residence, identified by the initials A.L., DOB: 02/09/97. A.L. stated the family returned from watching a movie and Elizabeth Bellak, A.L.'s mother, wanted to go Christmas shopping. A.L. stated, "Dad gave her the keys and slammed the door on her". A.L. stated the two of them began yelling at each other and were using swear words. Officer Overland asked A.L. if A.L. was afraid. A.L. stated, "We were both very afraid". A.L. explained that her two year old sister, identified by initials as I.B., was also present. A.L. stated, "They stepped on I.B.". A.L. stated she and I.B. were trapped between the door and where her parents were fighting. A.L. they looked like they were both out of control. A.L. stated, "I was more worried about my mom". A.L. stated that her father, Jason Bellak, "took her scarf and tried to choke her". A.L. explained that Elizabeth Bellak was wearing a scarf around her neck and that Jason Bellak grabbed both ends of it and pulled. A.L. stated that Jason Bellak told Elizabeth Bellak to "get out of my house" and then physically tried to "kick her out of the house". Officer Overland asked A.L. if A.L.'s parents argued frequently. A.L. stated that the previous evening Jason and Elizabeth were involved in an argument, during which Jason, "threw OJ in her face". A.L. stated that Elizabeth Bellak did not do anything but took a shower and went to bed.

Officer Overland reports that she spoke to Elizabeth Bellak regarding what occurred in the residence that day. Elizabeth stated that Jason was standing in the front door, holding the screen door open with one hand and the entrance door was open. Elizabeth stated, "He threw the keys" and that the keys hit her in the face. Elizabeth stated that Jason slammed the door on her and she was struck in the face by the front entrance door. Elizabeth stated she opened the door and confronted Jason and asked him what his problem was. Elizabeth stated Jason yelled at her, "You shut the fuck up". Elizabeth stated that she kicked Jason. Elizabeth stated that after she kicked Jason, he kicked her and at some point he took each end of her scarf and she continued to try to kick him to get him away from her. Elizabeth stated that Jason pushed her down on the ground. Elizabeth stated that when she fell, she hit her head on the corner of the entrance door. Elizabeth also stated that the coat rack fell but stated that this was an accident. Elizabeth admitted to fighting back with Jason and also stated she kicked at him to get him away from her.

Officer Overland spoke to the Bellak's landlord, who also had been present. This person was identified as Michael Tierney. Tierney stated he was doing work upstairs in the house. Tierney stated that as he was coming down the stairs, he observed a child present, identified by the initials C.C., DOB: 04/28/94, taking I.B. with him, away from the area of the yelling and screaming. Tierney stated that when he came down the stairs, he saw Elizabeth on the floor by the front door, kicking and screaming at Jason. Tierney stated that he observed Jason grab her hands and observed that Jason appeared to be defending himself. Tierney stated that Elizabeth then got up and was flailing at Jason and Jason was fending her off. Tierney stated he, at this point, could not recall any more specifics and stated that Jason left the room to contact the police. Tierney stated he did not recall exactly what the Bellak's were saying to each other, nor did he see Jason use Elizabeth's scarf to strangle her.

Officer Overland reports she spoke to C.C. C.C. stated that when they got home and came out of the car, "Mom and dad were arguing". C.C. stated that when he came up to the house, he saw his dad "fell on the ground" inside the doorway entrance to the house. C.C. stated, "Mom was hitting dad and kicking". C.C. stated he took I.B. out of the room. C.C. stated I.B. was crying, as were himself and A.L. C.C. stated, "I just cover my ears when they fight. I don't like to hear it". C.C. stated that Jason, "Almost got a bloody lip and black eye" from Elizabeth. Officer Overland asked C.C. if he was present the previous evening when Jason threw orange juice at Elizabeth. C.C. stated, "Yes, because she was making excuses". C.C. added, "It was her fault. Mom made dad go crazy".

Officer Overland reports she spoke to Jason Bellak. Jason stated he and Elizabeth had been involved in an argument. Jason stated that when he walked in the front door, he was holding the screen door open for his children and the front door open for entry. Jason stated, "She was behind me, calling me as asshole", referring to Elizabeth. Jason stated he decided that Elizabeth could leave because her behavior was escalating and he threw keys at her. Jason stated he threw them for her to catch but she did not catch them. Jason stated he then turned toward the inside of the house to come inside and let go of the screen door. Jason stated he did not slam the door shut. Jason stated he did not close the front door yet when the coat rack fell and hit the back of his head. Jason stated the coat rack was pushed by Elizabeth and hit him, causing him to fall to the ground on his knees. Jason stated Elizabeth also physically pushed him, as well as pushing the coat rack onto him. Jason stated that when he got up, "I pushed her back, she was screaming, and I told her to just leave". Jason stated, "She hit me twice". Jason stated that he was struck with a closed fist once in the area of his left temple and also was struck in the mouth with a closed fist, which he claimed caused his lip to split and bleed. Officer Overland observed Jason's lip and it appeared to be dry and cracked but not swollen, nor did Officer Overland observe any blood on the lower lip. Officer Overland reports that Jason stated that after he was punched in the mouth he probably was "trying to keep her away from me". Jason denied ever grabbing Elizabeth's scarf, but stated he did put both of his hands up towards her neck. Jason demonstrated this for Officer Overland. Jason admitted that he had thrown orange juice on Elizabeth the previous evening because she was smoking in the house.

Your complainant reports the above-described events occurred within Dane County, Wisconsin.

****THIS COMPLAINT IS BASED ON** the information and belief of your complainant, who is a Detective for the City of Madison Police Department, and who learned of the above offense from the reports of City of Madison Police Officer(s) Rebecca Overland, which report(s) your complainant believes to be truthful and reliable inasmuch as they were prepared during the course of the officer(s) official duties.

Further, your complainant believes the information furnished by C.C., A.L., and Michael Tierney to be truthful and reliable inasmuch as they are citizen informant(s) and witnessed the events described.

Your complainant believes the statements of the Defendants to be truthful and reliable insofar as they are admissions against penal interest.

SUBSCRIBED AND SWORN TO BEFORE ME
AND APPROVED FOR FILING THIS _____ DAY OF DECEMBER, 2004.

DEPUTY/ASST. D.A.

COMPLAINANT

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH 9

DANE COUNTY

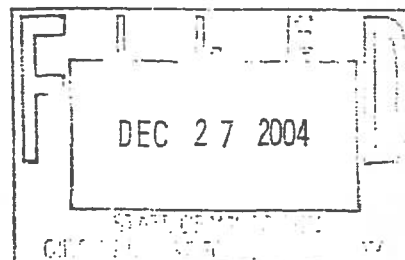
STATE OF WISCONSIN,

Plaintiff

vs.

✓ JASON M. BELLAK,
ELIZABETH D. BELLAK,Case No. 04 CF
Case No. 04 CM

Defendants



INFORMATION

I, the undersigned Assistant/Deputy District Attorney for Dane County, Wisconsin, hereby inform the Court that the above named defendant, on or about November 26, 2004, at the City of Madison, in said County did intentionally, having been released from custody under Chapter 969 of the Wisconsin Statutes, on a charge of to wit: among others, Child Abuse-Intentionally Cause Harm, contrary to Section 948.03 (2)(a) of the Wisconsin Statutes, a felony, did fail to comply with the terms of that bond, to-wit: among others, not to threaten or direct any acts of physical violence towards Elizabeth Bellak and to commit no crimes while released on bond; contrary to Section 946.49(1)(b) of the Wisconsin Statutes, a Class H felony; and upon conviction may be fined not more than \$10,000 or imprisoned not more than six (6) years, or both.

COUNT 2

AND AS A SECOND AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANTS, JASON BELLAK AND ELIZABETH BELLAK, IN DANE COUNTY, WISCONSIN DID, at the CITY OF MADISON, on or about November 26, 2004, engage in violent, abusive, or otherwise disorderly conduct under circumstances in which such conduct tended to cause or provoke a disturbance; contrary to Section 947.01 of the Wisconsin Statutes, a Class B misdemeanor; and upon conviction may be fined not more than One Thousand Dollars (\$1,000), imprisoned not more than ninety (90) days or both.

12/27/04
DATE


Assistant/Deputy District Attorney

STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

State of Wisconsin vs. Jason M Bellak

Minutes - Criminal/Traffic
Forfeiture

Case No: 2004CF002696

Clerk: M Trapp Date: 04-29-2005

Reporter:

Activity: MH Time: 11:15 am

Court Official:

Richard G. Niess, Judge

Appearances

- ☐ State of Wisconsin - Plaintiff
☐ Jason M Bellak - Defendant
☐ No Appearance ☐ Waived

- ☒ J. Kaiser for
☒ Matthew D Moeser - District Attorney
☒ Rick Petri - Defendant's Attorney
☐ Requested ☐ Waived

Ch No.	Description	Statute	Severity	Plea	Amended From	Adjudication
	Bail Jumping-Felony	946.49(1)(b)	Felony H			
	Disorderly Conduct	947.01	Misd. B			

☐ CHAPTER 950 COMPLIANCEAMENDED
CHARGE(S)

COURT ORDERED (NON-APPEARANCE)

- ☐ Bench Warrant ☐ Bail Forfeiture
 \$ _____ Cash ☐ Body Only

ORDER OF DISMISSAL ☒ Upon Motion of the: STATE / COUNTY

Court Ordered Dismissal (Case) Ct(s) (Repeater) (Enhancer) (Refusal) Ct(s) (Dismissed & Read in)

Judge/Clerk: M Trapp Date: 4-29-05

PRELIMINARY HEARING INFO

- ☐ Request for continuance / Granted
☐ Defendant waived 10 / 20 day time period
☐ Defendant advised of right to and waived preliminary
☐ Court accepted waiver of preliminary
☐ Court retained jurisdiction
☐ Preliminary hearing held
☐ Court ordered case boundover

COMPLAINT / INFORMATION

- ☐ Filed and copy given defendant
☐ Reading waived / read by Court
☐ Motions due: 20 DAYS

PLEA

- ☐ No Contest
☐ Guilty ☐ Not Guilty
☐ Not guilty by reason of mental disease or defect
☐ Defendant stands mute, Court enters plea of not guilty

PLEA ENTERED BY:

- ☐ Defendant ☐ Counsel
☐ Defendant advised of rights
☐ Defendant advised of right to an attorney
☐ Court found factual basis for entry of plea and that plea was entered knowingly and voluntarily
☐ Court accepted plea, found and adjudged defendant guilty
☐ Court accepted plea, withheld adjudication, referred to 1st Offenders Program
☐ Plea questionnaire / waiver of rights signed

BAIL INFORMATION

- ☐ Bail Continued
☐ Referral to ATIP for evaluation regarding bail monitoring

If accepted by ATIP, to be released on Bail Monitoring, admission date set by ATIP, and bail to be reduced to: _____

- ☐ Return to Court with ATIP Evaluation
☐ Bail amended to: _____

Next Scheduled Hearing: _____ Date: _____ Time: _____ Ct. Official: _____

ATTACHMEN 1

CC093044.FRM/MDM/sle
STATE OF WISCONSIN

CIRCUIT COURT

DANE COUNTY

COPY

CRIMINAL COMPLAINT

STATE OF WISCONSIN, PLAINTIFF

VS.

Sys. ID 168713

JASON M. BELLAK

DOB: [REDACTED]

Sex/Race: M/W
Height/Weight: 5'10/180
Hair/Eyes: BRO/BRO

A A-e
[REDACTED] KENDELL RD #1
MADISON, WI 53714-05

OFFENSE(S): Bail Jumping - Felony, Battery, Disorderly Conduct
STATUTE(S): 946.49(1)(b), 940.19(1), 947.01

DEFENDANT(S)

AGENCY & CASE NO: MAPD/05-53251
DA CASE NUMBER: 05-DA-007483

Court Case No: 05 CF 1259

COMPLAINING WITNESS
LaFrancois/Gebler/Zwart/Turner

COUNT 1

THE ABOVE-NAMED COMPLAINING WITNESS BEING DULY SWORN SAYS THAT THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, on or about May 15, 2005, at the CITY OF MADISON, intentionally, having been released from custody under Chapter 969 of the Wisconsin Statutes, on a charge of to wit, among others, Intentional Physical Abuse of a Child, contrary to Section 948.03 (2)(a) of the Wisconsin Statutes, a felony, did fail to comply with the terms of that bond, to-wit: among others, to commit no crimes while released on bond; contrary to Section 946.49(1)(b) of the Wisconsin Statutes, a Class H felony; and upon conviction may be fined not more than \$10,000 or imprisoned not more than six (6) years, or both.

COUNT 2

AND AS A SECOND AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the CITY OF

MADISON, on or about May 15, 2005, cause bodily harm to Matthew J. Arens, by an act done with intent to cause bodily harm to that person, without that person's consent and with knowledge that the person so harmed did not give consent; contrary to Section 940.19(1) of the Wisconsin Statutes, a Class A misdemeanor; and upon conviction may be fined not more than Ten Thousand Dollars (\$10,000), imprisoned not more than nine (9) months or both.

COUNT 3

AND AS A THIRD AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the CITY OF MADISON, on or about May 15, 2005, engage in violent or otherwise disorderly conduct under circumstances in which such conduct tended to cause or provoke a disturbance; contrary to Section 947.01 of the Wisconsin Statutes, a Class B misdemeanor; and upon conviction may be fined not more than One Thousand Dollars (\$1,000), imprisoned not more than ninety (90) days or both.

FACTS: Your complainant has reviewed the files of the Dane County Circuit Court, which files he has in the past reviewed and found to be truthful and reliable. Your complainant reports that files in Dane County case #03CF2738, regarding State of Wisconsin vs. Jason M. Bellak, show that on or about December 2, 2003, Bellak was charged in the Dane County Circuit Court with at least one felony offense. Bellak appeared for an initial appearance on December 8, 2003, in front of Dane County Circuit Court Commissioner David Flesch, who released Bellak from custody under Chapter 969 of the Wisconsin Statutes on a signature bond signed by Bellak. One of the conditions of bond ordered by Commissioner Flesch was the requirement that the defendant commit no crimes if released on bond. Your complainant reports that on or about January 13, 2004, Bellak waived his right to a preliminary hearing in front of Dane County Circuit Court Commissioner Todd E. Meurer and was bound over for further proceedings. An information was filed, charging Bellak with at least one felony offense. Bellak was arraigned in front of Commissioner Meurer and Commissioner Meurer continued the defendant's bail. Your complainant reports that on or about June 8, 2004, Bellak entered a plea to at least one felony charge in front of Judge Gerald C. Nichol of the Dane County Circuit Court. Adjudication was withheld and Bellak was instead referred to the Dane County District Attorney's Office First Offender's Program. Bellak remained on bond while in that program. Your complainant reports to the best of his knowledge, on May 15, 2005, the above-described bail condition remained in effect and the above-described case remained pending.

City of Madison Police Officer Carrie Hemming reports that on May 15, 2005, at approximately 1:25 a.m., she was dispatched to 212 State Street, in the City of Madison, Dane County, Wisconsin, also known as Paul's Club, for a report of a disturbance. Upon arrival, Officer Hemming reports she made contact with a woman who identified herself as Jacquelyn Arens. Arens stated that she had been walking past a booth that a person, later identified as Jason Bellak, was seated in. Bellak reached out and lifted up Arens' mini-skirt, exposing her buttocks. Arens stated she said something to Bellak to the effect

of, "what are you doing?". She then went back to the friend she was with and told her husband, Matthew Arens, what had happened. Jacquelyn Arens stated she was upset and disturbed by Bellak's behavior. Jacquelyn stated that her husband, Matthew Arens, went over to Bellak's booth and confronted him. Jacquelyn stated she saw Bellak stand up and punch Matthew in the face. Jacquelyn stated she did not see Matthew do anything physically confrontational or violent toward Bellak prior to being struck. Jacquelyn stated that Bellak then stood up and began to leave the bar.

Officer Hemming reports she spoke to Matthew Arens. Matthew stated that his wife Jacquelyn came up to him and told him that Bellak had lifted up her skirt as she walked past. Matthew stated he was upset and went over to Bellak and said, "Don't ever fucking do that to my wife again. That's unacceptable". Matthew stated that as soon as he finished saying this, Bellak stood up and punched him in the face. Matthew then stepped backwards because of this punch to his face. Matthew stated the punch did cause him to feel pain and caused two cuts on his lip. Officer Hemming observed the cuts and noted they both appeared to be less than one centimeter long. Matthew complained of having pain in his nose. Matthew stated he was a doctor and believed that his nose might be broken but he did not want any medical treatment that evening. Matthew indicated he would seek medical treatment later. Matthew stated that his front tooth also felt as if it was loose. Matthew stated after Bellak struck him, Bellak went towards the front door and left the bar. Your complainant reports that Matthew Arens did not give Bellak consent to cause him pain or injure him in any way.

Your complainant reports the above-described events occurred within Dane County, Wisconsin.

****THIS COMPLAINT IS BASED ON** the information and belief of your complainant, who is a Detective for the City of Madison Police Department, and who learned of the above offense from the reports of City of Madison Police Officer(s) Carrie Hemming, which report(s) your complainant believes to be truthful and reliable inasmuch as they were prepared during the course of the officer(s) official duties.

Further, your complainant believes the information furnished by Jacquelyn Arens and Matthew Arens to be truthful and reliable inasmuch as they are citizen informant(s) and witnessed the events described.

SUBSCRIBED AND SWORN TO BEFORE ME
AND APPROVED FOR FILING THIS _____ DAY OF JUNE, 2005.

DEPUTY/ASST. D.A.

COMPLAINANT

ATTACHMENT 2

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH _

DANE COUNTY

COPY

STATE OF WISCONSIN,

Plaintiff

vs.

Case No. 05 CF 1259

JASON M BELLAK,

Defendant

INFORMATION

I, THE UNDERSIGNED ASSISTANT/DEPUTY DISTRICT ATTORNEY FOR DANE COUNTY, WISCONSIN, INFORM THE COURT THAT THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, on or about May 15, 2005, intentionally, having been released from custody under Chapter 969 of the Wisconsin Statutes, on a charge of to wit, among others, Intentional Physical Abuse of a Child, contrary to Section 948.03 (2)(a) of the Wisconsin Statutes, a felony, did fail to comply with the terms of that bond, to-wit: among others, to commit no crimes while released on bond; contrary to Section 946.49(1)(b) of the Wisconsin Statutes, a Class H felony; and upon conviction may be fined not more than \$10,000 or imprisoned not more than six (6) years, or both.

COUNT 2

AND AS A SECOND AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the CITY OF MADISON, on or about May 15, 2005, cause bodily harm to Matthew J. Arens, by an act done with intent to cause bodily harm to that person, without that person's consent and with knowledge that the person so harmed did not give consent; contrary to Section 940.19(1) of the Wisconsin Statutes, a Class A misdemeanor; and upon conviction may be fined not more than Ten Thousand Dollars (\$10,000), imprisoned not more than nine (9) months or both.

COUNT 3

AND AS A THIRD AND SEPARATE OFFENSE, THE ABOVE-NAMED DEFENDANT(S) IN DANE COUNTY, WISCONSIN DID, at the CITY OF MADISON, on or about May 15, 2005, engage in violent or otherwise disorderly conduct under circumstances in which such conduct tended to cause or provoke a disturbance; contrary to Section 947.01 of the Wisconsin Statutes, a Class B

misdemeanor; and upon conviction may be fined not more than One Thousand Dollars (\$1,000), imprisoned not more than ninety (90) days or both.

DATE

Assistant/Deputy District Attorney

ATTACHMENT 3

STATE OF WISCONSIN

CIRCUIT COURT BRANCH 4

DANE COUNTY

For Official Use Only

State of Wisconsin vs. Jason M Bellak

Judgment of ConvictionSentence Withheld, Probation
Ordered

Date of Birth: [REDACTED]

Case No.: 2005CF001259

The defendant was found guilty of the following crime(s):

Ct.	Description	Violation	Plea	Severity	Date(s) Committed	Trial To	Date(s) Convicted
2	Battery	940.19(1)	No Contest	Misd. A	05-15-2005 on or about		09-08-2005

IT IS ADJUDGED that the defendant is guilty as convicted and sentenced as follows:

Ct.	Sent. Date	Sentence	Length	Concurrent with/Consecutive to/Comments	Agency
2	09-08-2005	Probation, sent withheld	2 YR	Concurrent with 03CF2738. Transfer of probation authorized to any other state.	Department of Corrections

Conditions of Sentence or Probation**Obligations:** (Total amounts only)

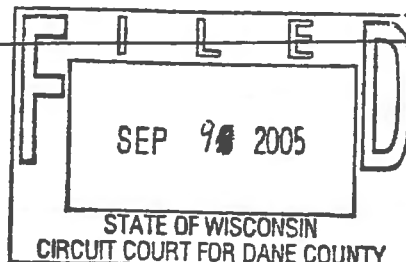
Fine	Court Costs	Attorney Fees	Restitution	Other	Mandatory Victim/Wit. Surcharge	5% Rest. Surcharge	DNA Anal. Surcharge
	20.00		TBD	7.00	50.00		

Conditions:

Ct.	Condition	Agency/Program	Comments
2	Restitution		DA has 45 days to prepare/submit order.
2	Costs		All above money obligations are to be paid by the defendant to the Clerk of Courts office within 60 days.
2	Alcohol treatment		AODA and treatment as recommended by agent.
2	Drug treatment		AODA and treatment as recommended by agent.
2	Prohibitions		Defendant shall not have any contact, direct or indirect, with Elizabeth B. except as permitted by Family Court case or Juvenile Court case or probation agent's discretion. No physical discipline of any child.
2	Other		Defendant to submit to drug urinalysis at agent's discretion. Defendant advised of requirement to provide DNA sample.

IT IS ADJUDGED that 0 days sentence credit are due pursuant to § 973.155, Wisconsin Statutes

IT IS ORDERED that the Sheriff execute this sentence.



STATE OF WISCONSIN

CIRCUIT COURT BRANCH 4

DANE COUNTY

For Official Use Only

State of Wisconsin vs. Jason M Bellak

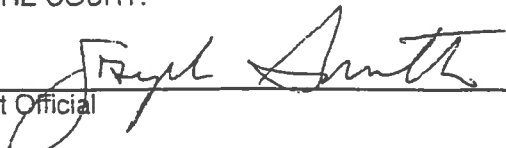
Judgment of ConvictionSentence Withheld, Probation
Ordered

Date of Birth: [REDACTED]

Case No.: 2005CF001259

Steven D. Ebert, Judge
Matthew D Moeser, District Attorney
Marcus Jens Berghahn, Defense Attorney

BY THE COURT:



Court Official

September 9, 2005

Date

☐ 1. MV3029 - Court Order of Revocation/ Suspension

☒ 2. MV3435 - Conviction Status Report

MV3029 900

Mail To: Revocation and Suspension Section 1500
Wisconsin Department of Transportation
P. O. Box 7917
Madison, WI 53707-7917

3. Court Name, Address, City, State, Zip Code Shorewood Hills Municipal Court 810 Shorewood Blvd. Madison, WI 53705			4. Court (Area Code) Telephone # [REDACTED]		5. Agent #	
			6. County Dane		7. Court # 11369	
			8. Court Case # - 04-01097		9. Branch #	
10. Driver Name (First, MI, Last), Address, City, State, Zip Code Jason M. Bellak [REDACTED] Burbank Pl. Madison, WI 53705			11. Birth Date [REDACTED]		12. Individual/Non	
			13. Federal Employer Identification Number			
14. Driver License Number [REDACTED]		15. Jurisdiction WI	16. Race W	17. Sex M	18. Height 5'10"	19. Weight 175
					20. Hair Bro	21. Eyes Bro
22. Withdrawal Order Basis		23. Court Withdrawal Directive		24. Court Violation Directive		
☐ D ☐ JEC ☐ FD ☐ JID ☐ FPS ☐ OTH ☐ IC ☐ RMC ☐ ICU ☐ T ☐ JA ☐ UCD		☐ 1 Failure to pay has been paid Date paid: _____ ☐ 2 Revocation/suspension reported in error ☐ 3 Vacate court order of revocation/suspension ☐ 13 Court ordered revocation/suspension ☐ 14 Court ordered rev/sus amended ☐ 17 Report of driver license restriction ☐ 18 Stay revocation/suspension		☐ 4 Vacate conviction ☐ 5 Reopened conviction set for further proceedings ☐ 6 Reopened conviction dismissed ☐ 7 Reopened conviction amended ☐ 8 Appealed conviction set for further proceedings ☐ 9 Appealed conviction dismissed ☐ 10 Appealed conviction affirmed ☐ 11 Conviction reported in error ☐ 12 Conviction reported in error and corrected ☐ 15 Report of conviction ☐ 16 Report of mandatory conviction		
25. Amount Due ☐ FPF: [REDACTED] ☐ FPJ: [REDACTED] ☐ FPN: [REDACTED]						

MV3435 Only - Previously Reported Data

26. Withdrawal Basis _____	27. Court Case # _____	28. Uniform Traffic Citation # _____
29. Violation Date _____	30. Statute # _____	31. Municipal Citation # _____
32. Conviction Date _____	33. Statute Severity _____	34. Local Ordinance # _____
35. Trans Rule _____	36. Trans Rule Severity _____	37. Operating as Class A B C D M O
38. Description of Charge		

Conviction Data

39. Violation Date 4-24-04	40. Uniform Traffic Citation # E174002-3	41. Municipal Citation #	42. Criminal Complaint Issued ☐ Yes ☒ No
43. Conviction Date 6-14-04	44. Statute # 346.63(1) (a)	45. Statute Severity	46. DOT #
47. Trans Rule	48. Trans Rule Severity	49. Local Ordinance #	50. Hazmat #
52. Description of Charge OWI Operating As		53. If Speeding MPH Over	51. Zones ☐ School ☐ Construction ☐ Utility ☐ Railroad
54. Class A B C D M O	55. Endorsement F H N P S T	56. Counts of	

Withdrawal Data

☒ 57. Revoked ☐ 58. Suspended	59. Effective Date _____	60. Time Period ☐ Days ☒ Mths ☐ Years	61. Effective Date Method ☐ 1 Consecutive ☐ 2 Concurrent ☐ 3 Date of Notification by DOT ☐ 4 Date of Application ☐ 5 Consecutive & After Application ☐ 6 DOT Sets Date
☐ 62. Passenger under 16 in vehicle ☐ 64. Penalty Enhanced	63. Prohibited Alcohol Content _____	☐ 67. IID Restriction Effective Date _____ End Date _____	
65. Accident Severity (when applicable): ☐ Fatality to another-F ☐ Personal Injury to another-PI ☐ Property Damage to another-PD	66. Refusal Date _____ ☐ Person failed to request hearing ☐ Hearing held; Refusal unreasonable ☐ Court ordered assessment ☐ Refusal vacated		

68. Special Instructions

X

(69. Judge or Court Clerk)

(70 Date)



Wisconsin Department of Safety and Professional Services

Credential/Licensing Search

Individual Search Results - Detail

Credential/License Summary for 48534

Name: BELLAK, JASON M

Profession: MEDICINE AND SURGERY (20)

Credential/License Number: 48534-20

Location: OKLAHOMA CITY OK

Credential/License Type: regular

Status: License is current (Active)

Eligible To Practice: credential license is current

Credential/License current through: 10/31/2021

Granted date: 8/23/2005

Multi-state: N

Orders: 2

Specialties: ALLERGY - IMMUNOLOGY, INTERNAL MEDICINE

Other Names: Jason M Bellak

Jason M Bellak MD

Wis. Stat. § 227.51(2) When a licensee has made timely and sufficient application for the renewal of a license or a new license with reference to any activity of a continuing nature, the existing license does not expire until the application has been finally acted upon by the agency, and, if the application is denied or the terms of the new license are limited, until the last day for seeking review of the agency decision or a later date fixed by order of the reviewing court.

**STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD**

IN THE MATTER OF THE LICENSE OF

**ORDER GRANTING
FULL LICENSURE
LS0507201MED**

**JASON BELLAK, M.D.,
PETITIONER.**

TO: Jason Bellak, M.D.,
 [REDACTED] Bogey Trail
 Nekoosa, WI 54457-7940

On July 20, 2005, the Medical Examining Board (Board) issued a Final Decision and Order suspending the temporary educational permit of Jason Bellak, M.D., (#850-577) to practice medicine and surgery, for a five (5) year period and granting a stay for a three month period, conditioned upon compliance with certain conditions and limitations. On August 23, 2005, the Board issued Dr. Bellak a limited license (#20-48534) by national endorsement subject to the same conditions and limitations imposed on the petitioner's temporary permit.

On or about May 10, 2010, Dr. Bellak petitioned the Board for full licensure. On July 21, 2010, the Medical Examining Board considered the petitioner's request for full licensure. Based upon the information of record, the Board now finds and orders the following:

ORDER

NOW, THEREFORE, IT IS ORDERED that the limitations imposed on the license of Jason Bellak, M.D., (#20-48534) be removed and full licensure be and hereby is, GRANTED.

The effective date of this Order is July 21, 2010.

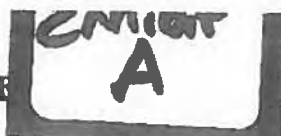
Dated this 18 of Aug, 2010.

Medical Examining Board

Sujatha Kailas MD MBA

Sujatha Kailas, M.D., MBA
Chairperson

STATE OF WISCONSIN
BEFORE THE MEDICAL EXAMINING BOARD
IN THE MATTER OF
DISCIPLINARY PROCEEDINGS AGAINST



FINAL DECISION AND ORDER

JASON M. BELLAK, M.D.
RESPONDENT.

LS0507201MED

05 MED 2

The parties to this action for the purposes of § 227.53, Wis. Stats., are:

Jason M. Bellak, MD
Kendall Ave #1
Madison, WI 53705

Wisconsin Medical Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

The prosecutor and Respondent in this matter agreed to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has now reviewed this Stipulation, and approves it.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Respondent Jason Michael Bellak (dob 4/7/72) is and was at all times relevant to the facts set forth herein a physician and surgeon credentialed in the State of Wisconsin pursuant to temporary educational permit #850-577, first granted on 7/1/03. Respondent practices allergy and immunology medicine, and is certified by the American Board of Internal Medicine. He is also licensed in Arizona.

2. Respondent did, on 3/7/05, report for work with unprescribed Schedule I controlled substances in his body.

CONCLUSIONS OF LAW

A. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to §448.02(3), Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.

B. The conduct described in paragraph 2, above, violated §961.38(5), Wis. Stats., § Med 10.02(2)(i), (r), and (z), Wis. Adm. Code. Such conduct constitutes unprofessional conduct within the meaning of the Code and statutes.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED that effective on the date of this Order, the temporary educational permit (and any subsequent credential granted by the Board) to practice medicine and surgery of Jason M. Bellak, MD, is SUSPENDED for a period of not less than five (5) years. The suspension is STAYED for a period of three months, conditioned upon compliance with the conditions and limitations outlined below.

a. Respondent may apply for consecutive three (3) month extensions of the stay of suspension, which shall be granted upon acceptable demonstration of compliance with the conditions and limitations imposed on the Respondent for

rehabilitation and practice during the prior three (3) month period. "Three months" means until the third regular Board meeting after the meeting at which any stay of suspension is granted.

b. The Board may without hearing deny an application for extension of the stay, or commence other appropriate action, upon receipt of information that Respondent has violated any of the terms or conditions of this Order. If the Board denies the petition by the Respondent for an extension, the Board shall afford an opportunity for hearing in accordance with the procedures set forth in ch. RL 1, Wis. Adm. Code upon timely receipt of a request for hearing.

c. Upon a showing by Respondent of successful compliance for a period of five years of active practice with the terms of this order and upon a showing that Respondent has made satisfactory restitution for any losses caused by the conduct described above and compliance with all other terms of this Order, the Board may grant a petition by Respondent for return of a full permit. (See ¶25, below.)

d. The applications for stays of suspension, and all required reports under this Order, shall be due on the date designated by the Department Monitor, and each three months thereafter, for the period that this Order remains in effect. Failure to submit an application by the due date may result in the Board declining to consider the application for stay, and the suspension becoming effective.

IT IS FURTHER ORDERED, that the temporary educational permit (and any subsequent credential granted by the Board) to practice medicine and surgery of Respondent is LIMITED as set forth in §448.02(3)(e), Wis. Stats., and as follows:

1. Respondent shall not engage in the practice of medicine and surgery in any capacity unless in full compliance with the rehabilitation and treatment programs specified and approved under this Order. Respondent shall forthwith surrender all indicia of his permit to the Department by mail or in person, and the Department shall then issue a limited permit to Respondent. Respondent shall also surrender all indicia of his permit to any agent of the Department who requests them.

REHABILITATION, MONITORING AND TREATMENT

Treatment Required

2. Respondent shall enroll and continue successful participation in all components of a drug and alcohol treatment program at a treatment facility acceptable to the Board as Respondent's Supervising Health Care Provider shall determine to be appropriate for Respondent's rehabilitation. Respondent shall commence involvement in the drug and alcohol rehabilitation program within 5 days of the date of the Final Decision and Order of the Board. NewStart Alcohol and Drug Treatment Program and its affiliated programs are acceptable treatment facilities.

Therapy. The rehabilitation program shall include and Respondent shall participate in individual and/or group therapy sessions for the first year of the stayed suspension upon a schedule as recommended by the supervising physician or therapist, but not less than once weekly. Such therapy shall be conducted by the supervising physician or therapist, or another qualified physician or therapist as designated by the supervising physician or therapist and acceptable to the Board. After the first year of stayed suspension, this requirement for therapy sessions may be modified only upon written petition, and a written recommendation by the supervising physician or therapist expressly supporting the modifications sought. A denial of such petition for modification shall not be deemed a denial of the credential under §§227.01(3) or 227.42, Wis. Stats., or ch. RL 1, Wis. Adm. Code, and shall not be subject to any right to further hearing or appeal.

AA/NA Meetings. Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, upon a frequency as recommended by the supervising physician or therapist, but no less than one meeting per week. Attendance of Respondent at such meetings shall be verified and reported monthly to the supervising physician or therapist, and included by Respondent in the quarterly requests for stay to the department.

Supervising Health Care Provider

3. Respondent shall obtain a Supervising Health Care Provider acceptable to the Board for the full term of this limited credential. Ian Powell, MD, is acceptable to the Board as a Supervising Health Care Provider. Respondent shall

forthwith furnish the Supervising Health Care Provider with a copy of this Order, showing the signature and date. The Supervising Health Care Provider shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor. The Supervising Health Care Provider may designate another qualified health care provider acceptable to the Board to exercise the duties and responsibilities of the Supervising Health Care Provider in his or her absence. In the event that a supervising Health Care Provider is unable or unwilling to serve as Supervising Health Care Provider, the Board shall in its sole discretion select a successor Supervising Health Care Provider.

Sobriety

4. Respondent shall abstain from all personal use of controlled substances as defined in §961.01(4), Stats. except when necessitated by a legitimate medical condition and then only with the prior approval of the Supervising Health Care Provider.
5. Respondent shall abstain from all personal use of alcohol.
6. Respondent shall in addition refrain from the consumption of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, or which may create false positive screening results, or which may interfere with Respondent's treatment and rehabilitation. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by Respondent to the Supervising Health Care Provider within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. Within 24 hours of a request by the Supervising Health Care Provider or the Board or its designee, Respondent shall provide releases which comply with state and federal laws authorizing release of all health care records by the person who prescribed, dispensed, administered or ordered this medication for Respondent. These releases shall also authorize the Supervising Health Care Provider, the Board or its designee to discuss Respondent's health care with the person who prescribed, dispensed, administered or ordered this medication. The terms of this paragraph shall not be deemed to modify or negate Respondent's obligations as set forth in this Order.

Department Monitor

7. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including receiving and coordinating all reports and petitions, and requesting additional monitoring and surveillance. The Department Monitor may be reached as follows:

Department Monitor
Department of Regulation & Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935
FAX (608) 266-2264
TEL. (608) 267-3817
department.monitor@drl.state.wi.us

Releases

8. Respondent shall provide and keep on file with the Supervising Health Care Provider, all treatment facilities and personnel laboratories and collections sites current releases which comply with state and federal laws authorizing release of all urine, blood and hair specimen screen results and medical and treatment records and reports to, and permitting the Supervising Health Care Provider and all treating physicians and therapists to disclose and discuss the progress of Respondent's treatment and rehabilitation with the Board or any member thereof, or with any employee of the Department of Regulation and Licensing acting under the authority of the Board. Copies of these releases shall be filed simultaneously with the Department Monitor.

Drug and Alcohol Screens

9. Within thirty (30) days from the date of the signing of this Order, Respondent shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the department pursuant to Wis. Adm. Code § RL 7.11, ("Approved Program").
10. The Department Monitor, Board or Board designee shall provide Respondent with a list of Approved Programs, however, Respondent is solely responsible for timely enrollment in any such Approved Program.
11. Unless otherwise ordered by the Board, the Approved Program shall require the testing of urine specimens at a frequency of not less than 104 times per year.
12. The Department Monitor, Board or Board designee shall determine the tests to be performed upon the urine specimens.
13. Respondent shall comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program, including but not limited to;
 - (a) contact with the Approved Program as directed on a daily basis, including weekends and holidays, and;
 - (b) production of a urine specimen at a collection site designated by the Approved Program within five(5) hours of notification of a test.
14. The Board in its discretion without a hearing and without further notice to Respondent may modify this Order to require the submission of hair or breath specimens or that any urine or hair specimen be furnished in a directly witnessed manner.
15. All expenses of enrollment and participation in the Approved Program shall be borne by Respondent. Respondent shall keep any account for such payments current in all respects.
16. For purposes of further Board action under this Order it is rebuttably presumed that all confirmed positive test results are valid. Respondent has the burden of proof to establish by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody which causes an invalid confirmed positive test result.

Required Reporting by Supervising Health Care Provider and laboratories

17. The Supervising Health Care Provider shall report immediately to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement by FAX or telephonic communication: any relapse, any violation of the terms and conditions of this Order, and any failure of Respondent to provide a urine, blood or hair specimen within five (5) hours from the time it was requested; or of any inability of Respondent to make the daily call. The laboratory shall immediately report all urine specimens suspected to have been tampered with and all urine, blood or hair specimens which are positive or suspected positive for controlled substances or alcohol to the Department Monitor, and to the Supervising Health Care Provider.
18. The laboratory shall within 48 hours of completion of each drug or alcohol analysis provide the report from all specimens requested of Respondent under this Order to the Department Monitor (regardless of whether the laboratory analysis of the specimen was positive or negative for controlled substances, their metabolites or alcohol). Each report shall state the date and time the specimen was requested; the date and time the specimen was collected; the results of the tests performed to detect tampering; and the results of the laboratory analysis for the presence of controlled substances and alcohol.
19. The Supervising Health Care Provider shall submit formal written reports to the Department Monitor in the Department of Regulation and Licensing, Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935 on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program and summarize the results of the urine, blood or hair specimen analyses. The Supervising Health Care Provider shall report immediately to the Department Monitor [Division of Enforcement, P.O. Box 8935, Madison, Wisconsin 53708-8935, FAX (608)266-2264, telephone no. (608)267-3817, e-mail department.monitor@drl.state.wi.us] any violation or suspected violation of the Board's Final Decision and Order.

Required reporting by Respondent

20. Respondent is responsible for compliance with all of the terms and conditions of this Final Decision and Order. It is the responsibility of Respondent to promptly notify the Department Monitor, of any relapse or suspected violations of any of the terms and conditions of this Order, including any failures of the Supervising Health Care Provider, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order.

Facility approval

21. If the Board determines that the Supervising Health Care Provider, treatment facility, Approved Program, or collection sites have failed to satisfy the terms and conditions of this Final Decision and Order, the Board may, at its sole discretion, direct that Respondent continue treatment and rehabilitation under the direction of another Supervising Health Care Provider, treatment facility, Approved Program, or collection site which will conform to the terms and conditions of this Final Decision and Order.

PETITIONS FOR MODIFICATION OF TERMS

22. Respondent shall appear before the Board at least annually to review the progress of treatment and rehabilitation. Respondent may petition the Board for modification of the terms of this limited credential and the Board shall consider Respondent's petition at the time it meets with Respondent to review the progress of rehabilitation. Any such petition shall be accompanied by a written recommendation from Respondent's Supervising Health Care Provider expressly supporting the specific modifications sought. Denial of the petition in whole or in part shall not be considered a denial of a credential within the meaning of §227.01(3)(a), Stats. and Respondent shall not have a right to any further hearings or proceedings on any denial in whole or in part of the petition for modification of the limited credential.

After five years of continuous active professional practice under this Order and without relapse, upon satisfactory restitution of any losses caused by Respondent's conduct which led to this Order, and upon recommendation of the Supervising Health Care Provider and Professional Mentor, Respondent may petition the Board for a termination of all limitations on the credential, and restoration of an unlimited credential. Such restoration shall be in the sole discretion of the Board, and denial of the petition in whole or in part shall not be considered a denial of a credential within the meaning of §227.01(3)(a), Stats. and Respondent shall not have a right to any further hearings or proceedings on any denial in whole or in part of the petition for termination of the limitations and restoration of an unlimited credential.

EXPENSES OF TREATMENT AND MONITORING

23. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order.

PRACTICE LIMITATIONS

Change in Address or Work Status

24. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.
25. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, to any hospital at which he has privileges or at which he applies for privileges, and to any prospective employer when Respondent applies for employment as a health care provider.

IT IS FURTHER ORDERED, that Respondent shall pay the costs of investigating and prosecuting this matter in the amount of \$2,100, within 180 days of this Order.

IT IS FURTHER ORDERED, that pursuant to §227.51(3) and §448.02(4), Wis. Stats., violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's credential. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit any payment of the Costs as set forth above, Respondent's credential SHALL BE SUSPENDED, without further notice or hearing, until

Respondent has complied with the terms of this Order. Upon request of the Department Monitor or a prosecuting attorney, the Board's Monitoring Liaison or Board Chair may terminate a stay of suspension until the next meeting of the Board, after giving Respondent notice of an alleged violation and the opportunity to be heard.

Dated this July 20, 2005.

WISCONSIN MEDICAL EXAMINING BOARD

by: Alfred Franger, MD
a member of the Board

MD PROFILE PAGE



Arizona Medical Board

Printer Friendly Version

General Information

Jason M. Bellak MD
Oklahoma Institute Of Allergy A
1810 E Memorial Rd
Edmond OK 73013
Phone: (405) 607-4333

License Number: 29914
License Status: Active
Licensed Date: 12/12/2001
License Renewed: 02/27/2020
Due to Renew By: 04/07/2022
If not Renewed, License Expires: 08/07/2022

Education and Training

Medical School:	UNIV OF NV SCH OF MED Reno, Nevada
Graduation Date:	05/13/2000
Internship:	07/01/2000 - 06/30/2001 (Internal Medicine) MAYO CLINIC SCOTTSDALE SCOTTSDALE, AZ



Arizona Medical Board

9545 E. Doubletree Ranch Road • Scottsdale, AZ 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azmd.gov • E-Mail: questions@azmd.gov

PERSONAL & CONFIDENTIAL
(Sent via e-mail)

August 31, 2010

Jason M. Bellak, M.D.
Address of Record

**RE: Consent Agreement for Stayed Revocation of License
Case No. MD-05-0351A**

Dear Dr. Bellak:

This letter confirms your compliance with the terms of the Consent Agreement referenced above. Therefore, the Probation is terminated by operation of law.

Thank you for your cooperation regarding this matter. Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Kathleen Muller".

Kathleen Muller
Physician Monitoring Department
kathleen.muller@azmd.gov
(480) 551-2716 office
(480) 551-2702 fax

Nov. 4. 2008 8:23AM



No. 8192 P. 2

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **JASON M. BELLAK, M.D.**

Case No. MD-05-0351A

4 Holder of License No. 29914
5 For the Practice of Medicine
6 In the State of Arizona,

**CONSENT AGREEMENT FOR
STAYED REVOCATION OF LICENSE**

7 **CONSENT AGREEMENT**

8 By mutual agreement and understanding, between the Arizona Medical Board
9 ("Board") and Jason M. Bellak, M.D. ("Respondent"), the parties agreed to the following
10 disposition of this matter.

11 1. Respondent has read and understands this Consent Agreement and the
12 stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
13 Respondent acknowledges that he has the right to consult with legal counsel regarding
14 this matter and has done so or chooses not to do so.

15 2. By entering into this Consent Agreement, Respondent voluntarily
16 relinquishes any rights to a hearing or judicial review in state or federal court on the
17 matters alleged, or to challenge this Consent Agreement in its entirety as issued by the
18 Board, and waives any other cause of action related thereto or arising from said Consent
19 Agreement.

20 3. This Consent Agreement is not effective until approved by the Board and
21 signed by its Executive Director.

22 4. The Board may adopt this Consent Agreement or any part thereof. This
23 Consent Agreement, or any part thereof, may be considered in any future disciplinary
24 action against Respondent.

25

Nov. 4. 2008 8:23AM

No. 8192 P. 3

1 5. This Consent Agreement does not constitute a dismissal or resolution of other
2 matters currently pending before the Board, if any, and does not constitute any waiver,
3 express or implied, of the Board's statutory authority or jurisdiction regarding any other
4 pending or future investigation, action or proceeding. The acceptance of this Consent
5 Agreement does not preclude any other agency, subdivision or officer of this State from
6 instituting other civil or criminal proceedings with respect to the conduct that is the subject
7 of this Consent Agreement.

8 6. All admissions made by Respondent are solely for final disposition of this
9 matter and any subsequent related administrative proceedings or civil litigation involving
10 the Board and Respondent. Therefore, said admissions by Respondent are not intended
11 or made for any other use, such as in the context of another state or federal government
12 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
13 any other state or federal court.

14 7. Upon signing this agreement, and returning this document (or a copy thereof) to
15 the Board's Executive Director, Respondent may not revoke the acceptance of the
16 Consent Agreement. Respondent may not make any modifications to the document. Any
17 modifications to this original document are ineffective and void unless mutually approved
18 by the parties.

19 8. If the Board does not adopt this Consent Agreement, Respondent will not
20 assert as a defense that the Board's consideration of this Consent Agreement constitutes
21 bias, prejudice, prejudgment or other similar defense.

22 9. This Consent Agreement, once approved and signed, is a public record that will
23 be publicly disseminated as a formal action of the Board and will be reported to the
24 National Practitioner Data Bank and to the Arizona Medical Board's website.

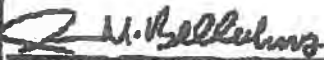
25

Nov. 4. 2008 8:24AM

No. 8192 P. 4

1 10. If any part of the Consent Agreement is later declared void or otherwise
2 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in
3 force and effect.

4 11. Any violation of this Consent Agreement constitutes unprofessional conduct
5 and may result in disciplinary action. A.R.S. § 32-1401(27)(r) ("violating a formal order,
6 probation, consent agreement or stipulation issued or entered into by the board or its
7 executive director under this chapter") and 32-1451.

8
9 
10 JASON M. BELLAK, M.D.
11 MD

Dated: November 4, 2008

FINDINGS OF FACT

1. The Board is the duly constituted authority for the regulation and control of the practice of allopathic medicine in the State of Arizona.
2. Respondent is the holder of license number 29814 for the practice of allopathic medicine in the State of Arizona.
3. On September 26, 2003, and October 12, 2003, Respondent was involved in two domestic violence incidents in Madison, Wisconsin. As a result, on September 8, 2005, Respondent pled guilty and was convicted of one count of Felony Child Abuse and one count of Misdemeanor Battery involving Respondent's stepson and ex-wife, respectively. Respondent was placed on four years criminal probation with the Wisconsin Department of Corrections for the Child Abuse charge and two years probation for the Battery charge. Respondent has complied thus far with his criminal probation in the Child Abuse matter and has successfully completed his probation for the Battery charge.
4. On April 24, 2004, Respondent was arrested in Shorewood Hills, Wisconsin for traffic violations including Operating While Intoxicated. Respondent's blood alcohol content while driving was 0.13. Respondent did not contest the Operating While Intoxicated charges and was thus found guilty, fined, and his driver's license suspended. Respondent complied with the terms of this non-criminal ordinance violation and his Wisconsin driver's license was reinstated.
5. On March 7, 2005, in Madison, Wisconsin, while working as a medical laboratory researcher, under a Wisconsin temporary educational permit to practice medicine, Respondent was asked to provide urine and hair samples to a Wisconsin Medical Examining Board ("Wisconsin Board") investigator. Respondent complied. The

Nov. 4. 2008 8:24AM

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1 subsequent analysis of Respondent's samples revealed THC (a metabolite of
2 marijuana) in his urine and evidence of cocaine in his hair sample.

3 6. On May 15, 2005, in Madison, Wisconsin, Respondent was arrested after he struck
4 a patron at a bar while intoxicated with alcohol. Respondent pled guilty and was
5 convicted of Misdemeanor Battery on September 8, 2005. He has since
6 successfully completed two years criminal probation in Wisconsin for the offense.

7 7. On July 20, 2005, Respondent and the Wisconsin Board entered into a stipulation
8 finding Respondent had committed unprofessional conduct by reporting for work
9 with Schedule 1 controlled substance(s) in his body on March 7, 2005 (see
10 paragraph 5). The stipulation suspended Respondent's license, but stayed the
11 suspension and required him to complete drug and alcohol treatment, rehabilitation
12 and monitoring for five years, including an initial, intensive outpatient program.

13 8. On August 23, 2005, the Wisconsin Board granted Respondent a "limited license"
14 to practice medicine. As described, *supra*, the license is suspended for five years,
15 but the suspension is stayed pending Respondent's continued participation in drug
16 and alcohol abuse monitoring and treatment.

17 9. Respondent has been employed in Wisconsin as an internal medicine physician at
18 a rural practice since September, 2006.

19 10. Respondent admits to the acts described above.

20 **CONCLUSIONS OF LAW**

21 1. The Board possesses jurisdiction over the subject matter hereof and over
22 Respondent.

23 2. The conduct and circumstances described above constitute unprofessional conduct
24 pursuant to A.R.S. § 32-1401(27)(f) ("Habitual intemperance in the use of alcohol
25 or habitual substance abuse.")

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No. 8192 P. 7

- 1 3. The conduct and circumstances described above constitute unprofessional
2 conduct pursuant to A.R.S. § 32-1401(27)(d) ("committing a felony, whether or
3 not involving moral turpitude, or a misdemeanor involving moral turpitude. In
4 either case, conviction by any court of competent jurisdiction or a plea of no
5 contest is conclusive evidence of the commission.")
- 6 4. The conduct and circumstances described above constitute unprofessional
7 conduct pursuant to A.R.S. § 32-1401(27)(e) ("action that is taken against a
8 doctor of medicine by another licensing or regulatory jurisdiction due to that
9 doctor's mental or physical inability to engage safely in the practice of
10 medicine, the doctor's medical incompetence or for unprofessional conduct
11 as defined by that jurisdiction and that corresponds directly or indirectly to an
12 act of unprofessional conduct prescribed by this paragraph. The action taken
13 may include refusing, denying, revoking or suspending a license by that
14 jurisdiction or a surrendering of a license to that jurisdiction, otherwise
15 limiting, restricting or monitoring a licensee by that jurisdiction or placing a
16 licensee on probation by that jurisdiction.")
- 17 5. The conduct and circumstances described above constitute unprofessional
18 conduct pursuant to A.R.S. § 32-1401(27)(g) ("using controlled substances
19 except if prescribed by another physician for use during a prescribed course
20 of treatment.")

ORDER

- 21 1. IT IS HEREBY ORDERED revoking License Number 29814, previously issued to
22 Jason M. Bellak, M.D. for the practice of allopathic medicine in the State of Arizona;
23 however, this revocation is stayed with the following conditions:
- 24 A. Respondent is placed on 5 years probation, effective July 20, 2005, to run
25 concurrently with the Wisconsin Board Order.

- 1 B. Respondent shall comply with all terms of his Wisconsin Board Order and
2 Wisconsin criminal probation.
- 3 C. Respondent shall obey all state, federal and local laws, and all rules
4 governing the practice of medicine in Arizona.
- 5 D. Respondent shall notify the Board immediately if he violates, or is being
6 investigated for violating any terms of his Wisconsin Board or criminal probation.
- 7 E. Should the Board discover that Respondent may have violated any of these
8 terms of probation, *supra*, the Board may initiate proceedings by either holding a
9 formal interview before the Board or by referring the matter for a formal hearing
10 at the Office of Administrative Hearings.
- 11 F. If, at the conclusion of either a formal interview or a formal hearing, the
12 Board determines Respondent has violated his probation, his license will be
13 revoked.
- 14 2. In the event Respondent should leave Wisconsin to reside or practice outside the
15 State or for any reason should Respondent stop practicing medicine in Wisconsin,
16 Respondent shall notify the Executive Director in writing within ten days of departure, or
17 the dates of non-practice. Non-practice is defined as any period of time exceeding thirty
18 days during which Respondent is not engaging in the practice of medicine.
- 19 3. If Respondent plans to return to Arizona to practice medicine, he shall provide the
20 Executive Director ten days advance notice, in writing.
- 21 4. If an investigation involving an alleged violation of Respondent's probation is
22 initiated but not resolved prior to the termination of his probation, Respondent's probation
23 shall extend until the matter is resolved.
- 24 5. This Order is the final disposition of case number MD-05-0351A.
- 25

Nov. 4. 2008 8:24AM

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1 DATED and effective this 4th day of Dec, 2008.



ARIZONA MEDICAL BOARD

By:

Lisa S. Wynn
Lisa S. Wynn
Executive Director

7 ORIGINAL ~~Investigational Review~~ filed
this 4th day of Dec, 2008 with:

8 Arizona Medical Board
9 9545 E. Doubletree Ranch Road
10 Scottsdale, AZ 85258

11 EXECUTED COPY of the foregoing mailed
this 4th day of Dec, 2008 to:

12 Jason M. Bellak, M.D.
13 Address of Record

14 Emma Lehner Marmatuy
15 Office of the Arizona Attorney General
16 CIVILES
17 1275 W. Washington
18 Phoenix, AZ 85007
19 Attorneys for the State of Arizona

20 *Chris Bump*
21 Investigational Review
22
23
24
25

OBNDD Search Results

[Copy](#)[CSV](#)[Excel](#)

Reg Number	Status	Name	Business Name	Type
52111	ACTIVE	BELLAK, JASON	OKLAHOMA INSTITUTE OF ALLERGY AND ASTHMA Practitioner	M.D. OKL CITY



Reg Number	Status	Name	Business Name	Type
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Showing 1 to 1 of 1 entries

Contact Us (<https://www.ok.gov/about/contactus.html>)

Re: OBN Registration Probation Case No. SCH-2016-009

Jason Bellak <[REDACTED]>

Tue 5/16/2017 12:16 PM

To: Cochran, Russ <rcochran@obn.state.ok.us>

Cc: McKedy, Tracie <tmckedy@obn.state.ok.us>

Mr. Cochran,

Thank you!

Sincerely,

Jason

From: Cochran, Russ <rcochran@obn.state.ok.us>

Sent: Tuesday, May 16, 2017 11:59 AM

To: Jason Bellak

Cc: McKedy, Tracie

Subject: OBN Registration Probation Case No. SCH-2016-009

Dr. Bellak,

This email is to confirm that I have reviewed the case file in this matter and the PMP reviews that you submitted. Based on the Stipulation and Order dated May 13, 2016, the one year probation of your OBN registration is complete.

You have no further probation obligations in this matter and may consider your OBN registration valid without restriction. In addition, I have asked the question and there is no provision for another submission to the NPDB to show the probation complete.

The original submission identified the probation as one year in length.

Finally, your current registration expires 10.31.18.

If you have any further questions, please call me.

**IN AND BEFORE THE OKLAHOMA STATE BUREAU OF
NARCOTICS AND DANGEROUS DRUGS CONTROL
STATE OF OKLAHOMA**

FILED
Oklahoma State Bureau of Narcotics
and Dangerous Drugs Control

STATE OF OKLAHOMA, ex rel.
THE OKLAHOMA STATE BUREAU OF
NARCOTICS AND DANGEROUS DRUGS
CONTROL, JOHN SCULLY, Director

MAY 13 2016

Office of the General Counsel
By: *S. Aspley*

Plaintiff,

SCH No. 2016-09

vs.

JASON BELLAK, M.D.

Respondent.

STIPULATION AND AGREED ORDER

COMES NOW Sandra G. LaVenue, Interim General Counsel for the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control ("OBND") and Jason Bellak, M.D. ("Respondent") who stipulate and agree to the following Findings of Fact and Conclusions of Law.

AGREED FINDINGS OF FACT

1. Respondent submitted an application for an OBND registration on January 4, 2016, after being granted an Oklahoma Medical License issued on November 5, 2015.
2. On September 8, 2005, Respondent was convicted of felony child abuse in the State of Wisconsin, which is a violation of 63 O.S. § 2-304(A)(2).
3. On July 20, 2005, Respondent and the Wisconsin Medical Examining Board entered into a Final Decision and Order which suspended Respondent's license, but stayed the suspension and required respondent to complete drug and alcohol treatment and monitoring for five (5) years, which is a violation of 63 O.S. § 2-304(A)(6) in that Respondent has had a

restriction, suspension, revocation, limitation, condition, or probation placed on his professional license. Exhibit A

4. On November 4, 2008, Respondent entered into a Consent Agreement with the Arizona Medical Board revoking Dr. Bellak's medical license, but staying the revocation with the condition that Respondent comply with all conditions and terms placed upon him by the Wisconsin Medical Board and his Wisconsin criminal probation which is a violation of 63 O.S. § 2-304(A)(6) in that Respondent has had a restriction, suspension, revocation, limitation, condition, or probation placed on his professional license. Exhibit B

5. Pursuant to 63 O.S. §§ 2-302(A) and 2-304(A)(2) a registration pursuant to 63 O.S. § 2-303 *shall* be limited, conditioned, denied, suspended or revoked by the Director upon a finding that the registrant has been found guilty of, entered a plea of guilty, or entered a plea of nolo contendere to any felony under the laws of any state or the United States.

6. Pursuant to 63 O.S. §§ 2-302(A) and 2-304(A)(6) a registration pursuant to 63 O.S. § 2-303 *shall* be limited, conditioned, denied, suspended or revoked by the Director upon a finding that the registrant has had a restriction, suspension, revocation, limitation, condition, or probation placed on his professional license or certificate or practice as a result of a proceeding pursuant to the general statutes.

7. Respondent has voluntarily submitted to the jurisdiction of the OBNDD without a hearing, and entered into this Agreed Order.

8. In exchange for the aforementioned stipulation, both parties agree that Respondent's OBNDD registration should be granted on the condition that Respondent's registration be placed on probation for one (1) year from the date of entry of this Stipulation and Agreed Order.

9. Additionally, while on probation, Respondent shall run his PMP prescribing report on a monthly basis and report to OBNDD any controlled dangerous substance prescriptions which were not prescribed by Respondent pursuant to a legitimate medical need within the course of a professional practice.

10. Respondent shall obey all provisions of the federal law related to controlled dangerous substances, the Uniform Controlled Dangerous Substances Act as well as all related administrative rules.

11. Failure to comply with the provisions of the federal law related to controlled dangerous substances, the Uniform Controlled Dangerous Substances Act or the applicable administrative rules while serving a term of probation with OBNDD may result in an immediate suspension pursuant to the provisions set forth in OAC 475:15-1-2.

12. Respondent agrees that upon successful completion of the conditions of his probation and compliance with the Statutes set forth in the Uniform Controlled Dangerous Substances Act and the OBNDD Administrative Rules, Respondent's registration shall be unrestricted.

AGREED CONCLUSIONS OF LAW

13. The Oklahoma State Bureau of Narcotics and Dangerous Drugs has jurisdiction over this matter and Respondent.

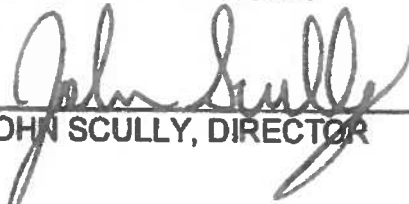
14. The Director of OBNDD has the authority to render this Agreed Order.

ORDER

Based on the above Agreed Findings of Fact and Conclusions of Law, I hereby Order that Respondent's registration be granted pursuant to the conditions as set forth above.

Dated this 13 day of MAY, 2016.

JOHN SCULLY
DIRECTOR OBNDD
STATE OF OKLAHOMA

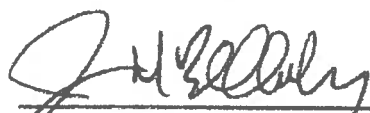


JOHN SCULLY, DIRECTOR

Approved:



Sandra G. LaVene OBA# 13372
Interim General Counsel
OBNDD
419 N.E. 38th Terr.
Oklahoma City, OK 73105
(405) 521-2885



Jason Bellak, M.D.

Oklahoma

Prescription Monitoring Program PMP Prescriber Report



Date: 7/17/2021
Name: Jason Bellak
Role: Physician (MD, DO)

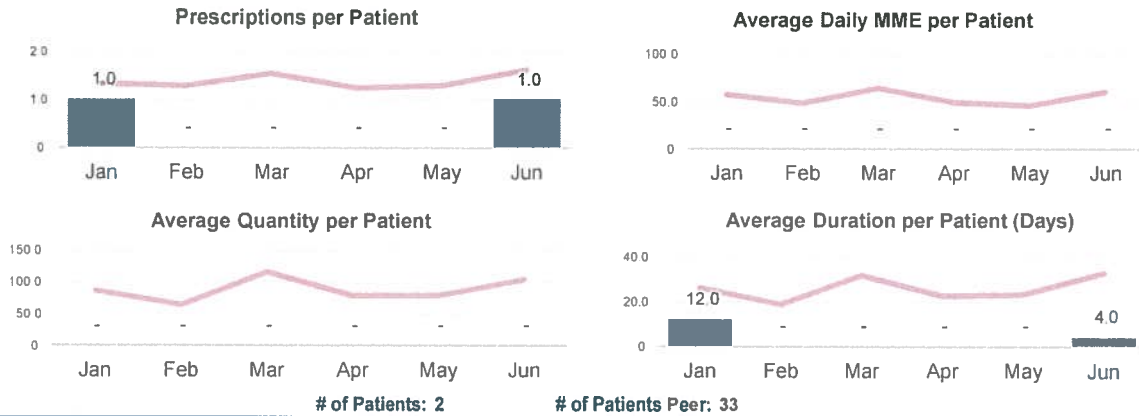
Date Covered by this Report: 01/01/2021 - 06/30/2021
DEA #: BB7675436
Specialty: Allergy & Immunology

Total Prescribers Within
Your Specialty:
9

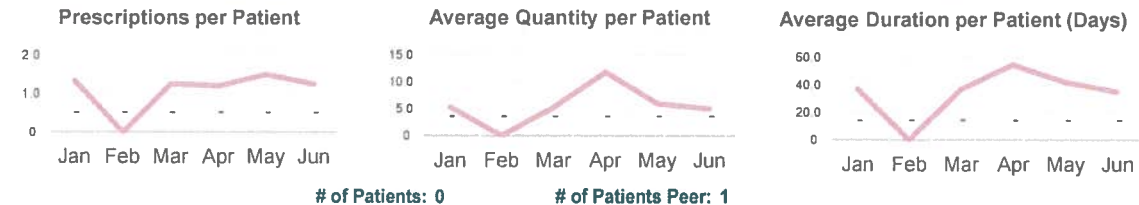
TOP MEDICATIONS PRESCRIBED

eszopiclone	zolpidem tartrate	pregabalin
You Peer Specialty Comparison		

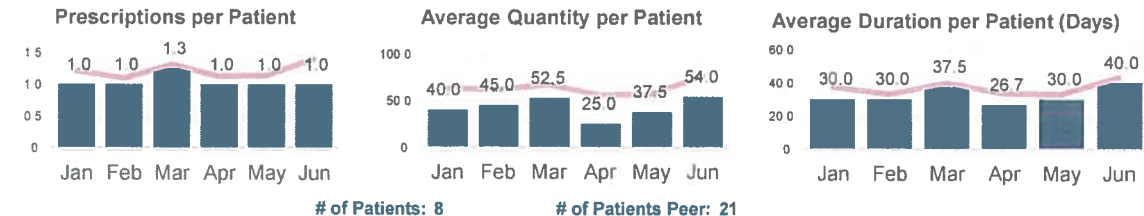
OPIOIDS



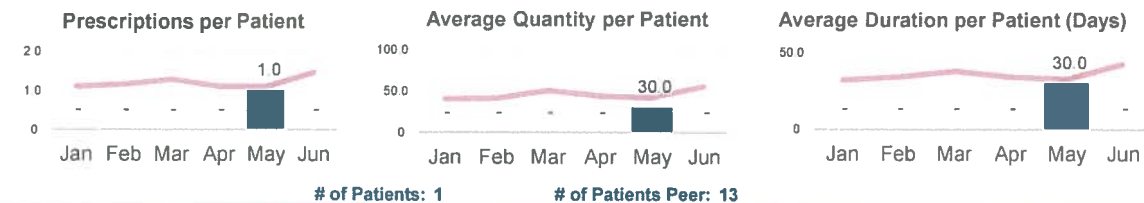
BUPRENORPHINE



SEDATIVES



STIMULANTS



AT-RISK PATIENTS

Dangerous Combination		Multiple Providers	MME Threshold
Benzo + Opioid		Patients with 5 or more Prescribers	Patients Receiving Avg Daily MME >= 90
0	0	0	0
You	You + Other Prescribers		
Benzo + Opioid + Carisoprodol		Patients with 5 or more Pharmacies	Patients Receiving Avg Daily MME >= 120
0	0	0	0
You	You + Other Prescribers		

PMP USAGE

Patient Searches by You	Patient Searches by Your Delegate(s)	Your Total Patient Searches
8	0	8

Oklahoma

Prescription Monitoring Program PMP Prescriber Report



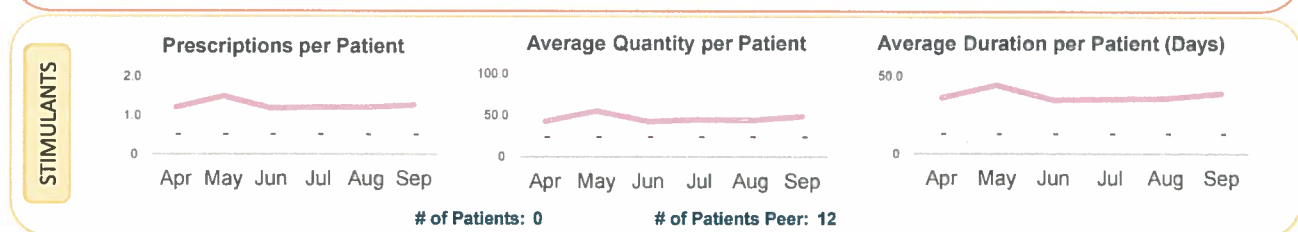
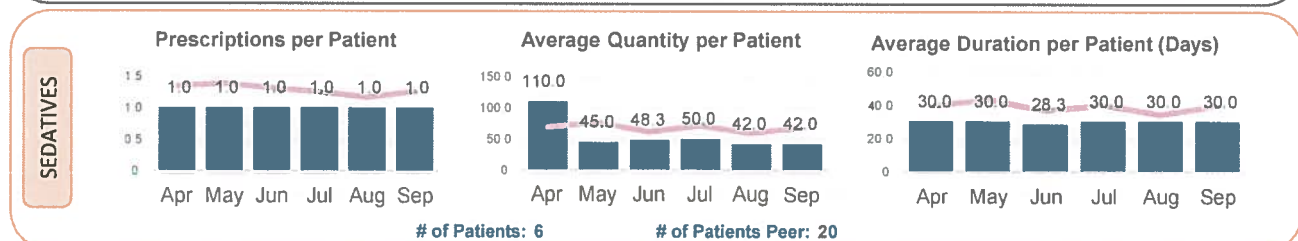
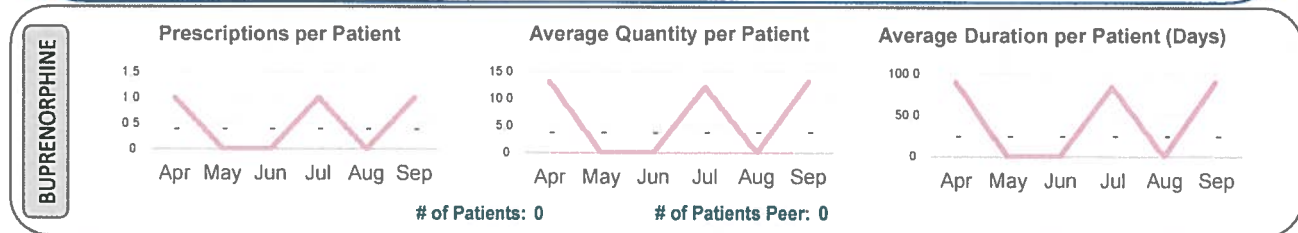
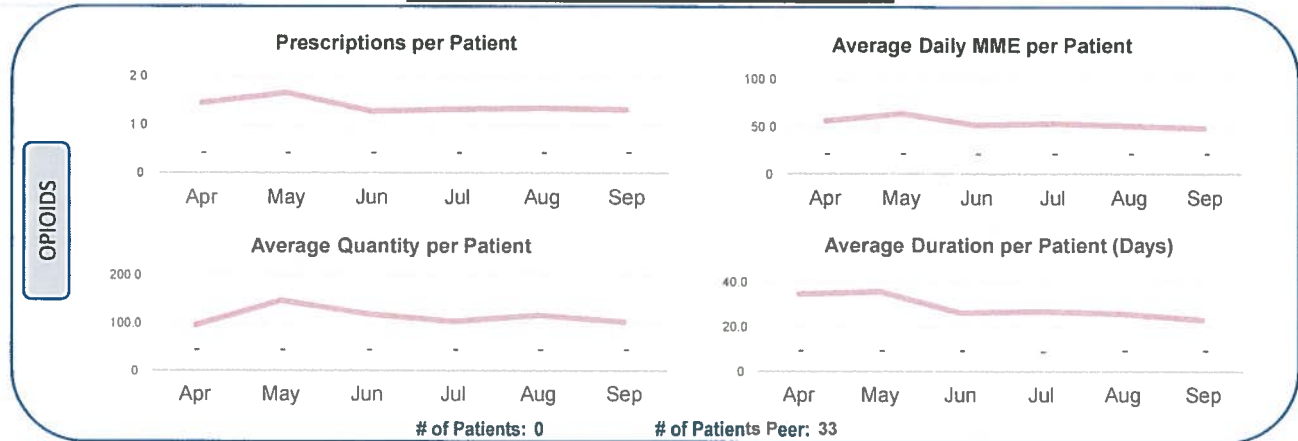
Date: 10/17/2020
Name: Jason Bellak
Role: Physician (MD, DO)

Date Covered by this Report: 04/01/2020 - 09/30/2020
DEA #: BB7675436
Specialty: Allergy & Immunology

Total Prescribers Within
Your Specialty:
8

TOP MEDICATIONS PRESCRIBED

zolpidem tartrate	pregabalin	clonazepam
You Peer Specialty Comparison		



AT-RISK PATIENTS

Dangerous Combination	Multiple Providers	MME Threshold
Benzo + Opioid 0 You You + Other Prescribers	Patients with 5 or more Prescribers 0	Patients Receiving Avg Daily MME >= 90 0
Benzo + Opioid + Carisoprodol 0 You You + Other Prescribers	Patients with 5 or more Pharmacies 0	Patients Receiving Avg Daily MME >= 120 0

PMP USAGE

Patient Searches by You	Patient Searches by Your Delegate(s)	Your Total Patient Searches
2	0	2

Oklahoma

Prescription Monitoring Program PMP Prescriber Report



Date: 1/16/2021
Name: Jason Bellak
Role: Physician (MD, DO)

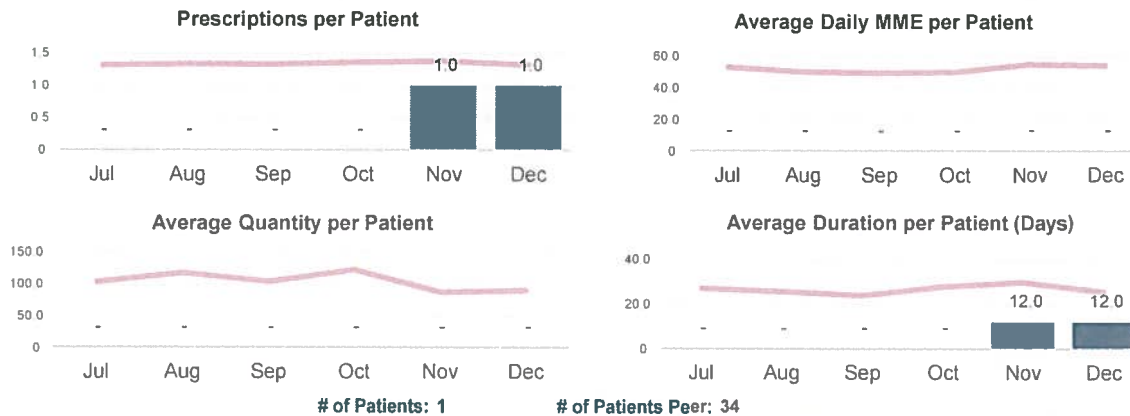
Date Covered by this Report: 07/01/2020 - 12/31/2020
DEA #: BB7675436
Specialty: Allergy & Immunology

Total Prescribers Within
Your Specialty:
8

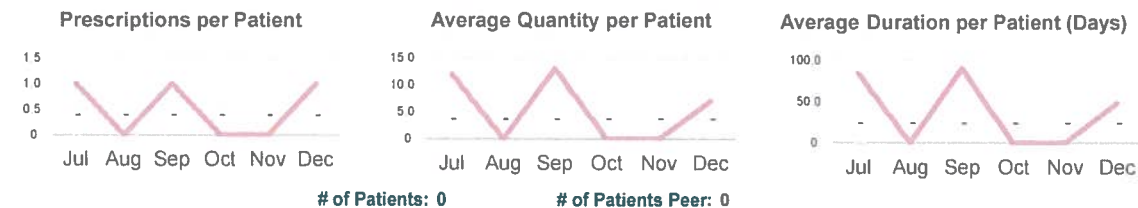
TOP MEDICATIONS PRESCRIBED

zolpidem tartrate	eszopiclone	pregabalin
You Peer Specialty Comparison		

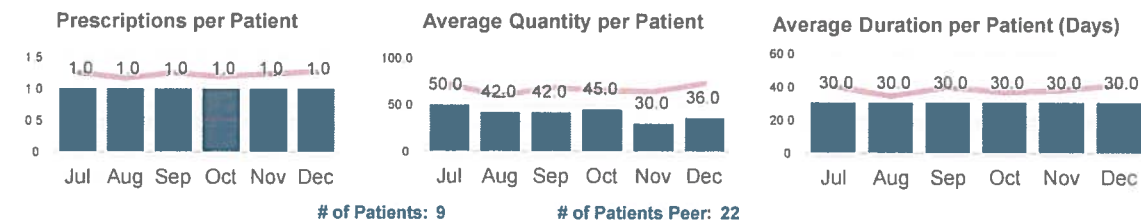
OPIOIDS



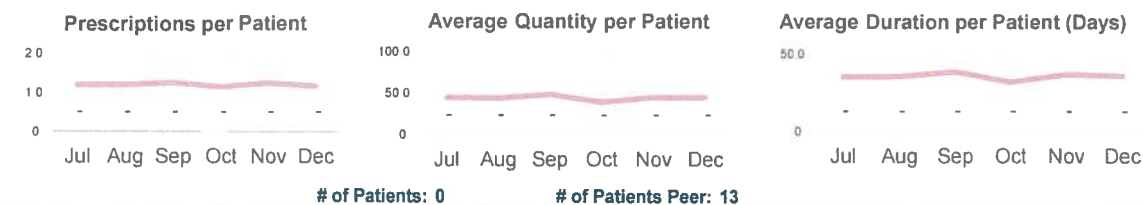
BUPRENORPHINE



SEDATIVES



STIMULANTS



AT-RISK PATIENTS

Dangerous Combination		Multiple Providers	MME Threshold
Benzo + Opioid		Patients with 5 or more Prescribers	Patients Receiving Avg Daily MME >= 90
0	1	0	0
You	You + Other Prescribers		
Benzo + Opioid + Carisoprodol		Patients with 5 or more Pharmacies	Patients Receiving Avg Daily MME >= 120
0	0	0	0
You	You + Other Prescribers		

PMP USAGE

Patient Searches by You	Patient Searches by Your Delegate(s)	Your Total Patient Searches
5	0	5

Oklahoma

Prescription Monitoring Program PMP Prescriber Report



Date: 4/17/2021
Name: Jason Bellak
Role: Physician (MD, DO)

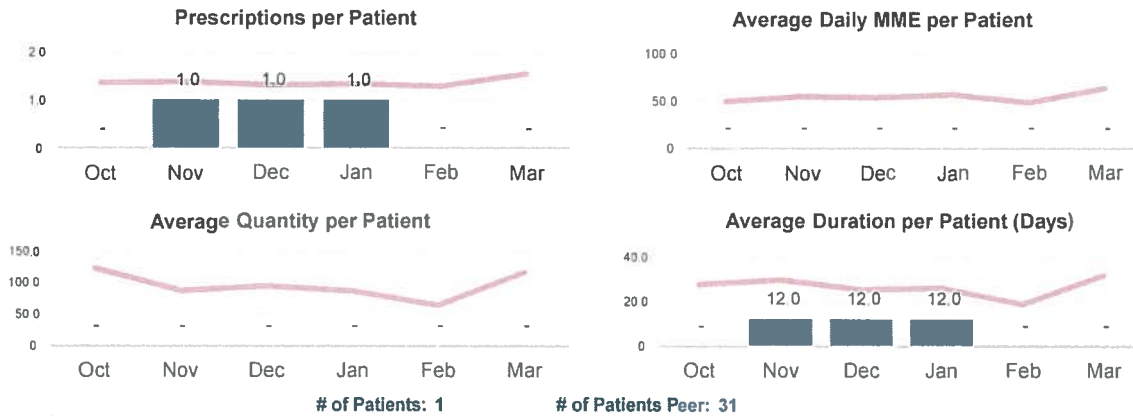
Date Covered by this Report: 10/01/2020 - 03/31/2021
DEA #: BB7675436
Specialty: Allergy & Immunology

Total Prescribers Within
Your Specialty:
9

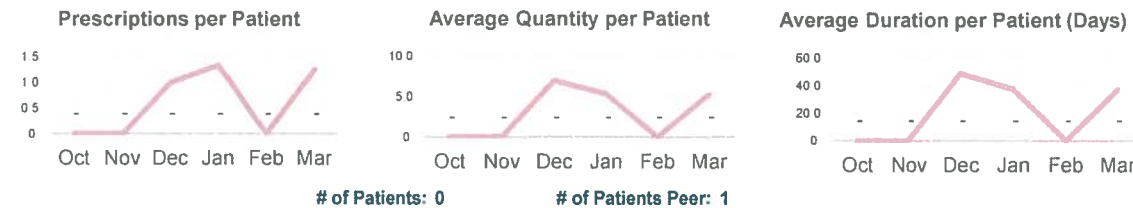
TOP MEDICATIONS PRESCRIBED

eszopiclone	zolpidem tartrate	pregabalin
You Peer Specialty Comparison		

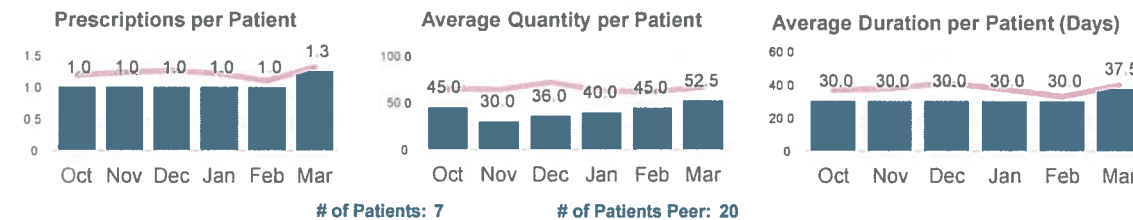
OPIOIDS



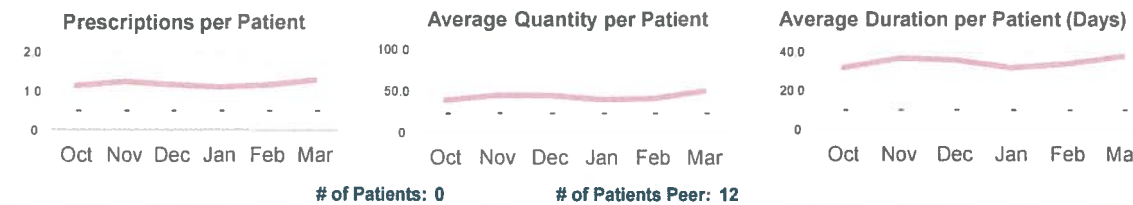
BUPRENORPHINE



SEDATIVES



STIMULANTS



AT-RISK PATIENTS

Dangerous Combination		Multiple Providers	MME Threshold
Benzo + Opioid		Patients with 5 or more Prescribers	Patients Receiving Avg Daily MME >= 90
0	1	0	0
You	You + Other Prescribers		
Benzo + Opioid + Carisoprodol		Patients with 5 or more Pharmacies	Patients Receiving Avg Daily MME >= 120
0	0	0	0
You	You + Other Prescribers		

PDMP USAGE

Patient Searches by You	Patient Searches by Your Delegate(s)	Your Total Patient Searches
12	0	12

10B

NEVADA STATE BOARD OF PHARMACY

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

CONTROLLED SUBSTANCE APPLICATION

Non-Refundable \$200 fee

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)

Section 1: Personal Information

First: VICTOR Middle: RONALD Last: BRUCE
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Home Address: [REDACTED] FOOTHILL ASH AVENUE
 City: LAS VEGAS State: NV Zip: 89117
 Telephone: [REDACTED] Email: drb@ascensionmedicalcenter.com
 Degree: MD Practitioner License #: 18273 Specialty: INTERNAL MEDICINE
 (You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): ASCENSION MEDICAL CENTER
 Practice Address: 2325 W CHARLESTON BLVD Suite #:
 City: LAS VEGAS State: NV Zip: 89102
 Telephone: 7028349200 Fax: 7026256125 Email: drb@ascensionmedicalcenter.com

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: Personal and Professional History						Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?							✓
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?						✓	
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?						✓	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?						✓	
If you marked YES to any questions above, include the following information and provide a signed statement of explanation . Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.							
Board Administrative Action:		State:		Date:		Case #:	
Cease & Desist		NV		07/21/2020		19-242-S	
Criminal Action:		State:	Date:	Case #:	County:	Court:	
NRS 630.301		NV	12/11/14	14-12252-1	CLARK	NEVADA	

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.

VICTOR BRUCE

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

6/26/2021

Date

6/26/2021

Date

Board Use Only: Date Processed: _____ Amount: 200 Check # 1038

PAYMENT AGREEMENT**VICTOR BRUCE, M.D. – CASE NO. 19-242**

WHEREAS, on or about July 21, 2020, Victor Bruce, M.D. ("Bruce") was ordered by the Nevada State Board of Pharmacy ("Board") pursuant to NRS 639.2895(1) to CEASE and DESIST prescribing or dispensing controlled substances or dangerous drugs for Nevada patients without a valid registration.

WHEREAS, Bruce was concurrently issued a CITATION pursuant to NRS 639.2895(2) for his unlicensed practice and assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

WHEREAS, on July 27, 2020, Dr. Bruce, through his attorney, timely sought an appeal and requested a hearing before the Board regarding the Citation ("Appeal Request").

WHEREAS, the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement wherein Dr. Bruce would acknowledge he would pay the Citation's fine amount, and Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount. Further, Dr. Bruce would withdraw his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal has been withdrawn/vacated from the Board's October 14, 2020, hearing agenda.

WHEREAS, the parties further agree to the following:

- * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
- * No signed "acknowledgement" is needed;
- * Payment of the fine does not constitute discipline; and
- * The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

THEREFORE, Dr. Victor Bruce, hereby agrees to pay the administrative fine imposed through monthly payments pursuant to the following schedule

<u>Due Date</u>	<u>Amount</u>
10/21/2020	1000.00
11/21/2020	800.00
12/21/2020	800.00
1/21/2021	800.00
2/21/2021	800.00
3/21/2021	800.00
Total	\$5,000.00

Bruce shall submit each payment 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. Bruce has the right to pre-pay any or all of the payments agreed to herein without interest accruing.

The Board and Victor Bruce, M.D. have considered and fully understood the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.



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

July 21, 2020

VIA CERTIFIED U.S. MAIL AND PERSONAL SERVICE

Victor Bruce, M.D.
2290 McDaniel Street, Suite 2A
North Las Vegas, NV 89030

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 19-242-S)

Dear Dr. Bruce:

The Nevada State Board of Pharmacy ("BOP") has determined that you are possessing, administering, prescribing and/or dispensing controlled substances and dangerous drugs for Nevada patients from your practice in violation of federal and state law. Specifically, your license was stayed from revocation from the Nevada State Board of Medical Examiners since December 8, 2014, and you are not registered with the BOP. You are prohibited from prescribing controlled substances from schedules II-V during the stayed revocation.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NRS 453.226, NRS 453.316, NRS 453.321(1)(a), NRS 453.331 (1)(c)(d)(f)&(i); NRS 453.381(1), NRS 453.401(1)(a), NRS 639.100(1), NRS 639.235, NRS 639.23505, NRS 639.281, NRS 639.2813, NRS 639.310, 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 and 21 CFR §§ 1306.03–1306.05.

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, administering, prescribing and/or dispensing controlled substances for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this 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,

A handwritten signature in dark ink, appearing to read "Courtney K. Lee", is written over a horizontal line.

Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

Victor Bruce, M.D.
2290 McDaniel St., Ste. 2A
North Las Vegas, NV 89030

August 7, 2020

NEVADA STATE BOARD OF PHARMACY

RE: BME CASE#:19-242-D-S

Dear J. David Wuest,

Please find below my responses to the Factual Allegations cited in your letter.

The line items are all true, except the following:

Item 3:

I am indeed not registered with the Board to prescribe any controlled substances. I did not prescribe unlawfully under another practitioner's credentials. I was attending to patients in my preceptorship role as prescribed by the Nevada Medical Board. In essence, I was operating as a medical student or physician assistant-a very common role in the medical field. The steps involved are as follows; you take a history, conduct a physical, discuss tests needed and prescriptions recommended; then your precepting physician approves and then he/she authorizes prescriptions. I followed this exact blueprint throughout my 15-month long preceptorship.

Item 8:

I was never employed by Dr. Addo-Quaye. I was doing my preceptorship in his clinic for no pay. My role in his clinic was exactly as explained in Item 3.

Item 10:

I did write a few handwritten prescriptions (usually due to patient's choice or convenience). These were ALWAYS for non-controlled substances eg. Losartan for hypertension, citalopram for depression.

Item 11:

There was absolutely no collusion of any sort. All patients were seen per the normal bona fide therapeutic relationship with patients. I did not represent myself as a practitioner entitled to write prescriptions for controlled substances. I was merely an "apprentice" conducting the usual history and physicals on patients and then conferring with Dr. Addo-Quaye who then makes the final decision as to what to prescribe-and then sent the medications to the pharmacy.

I sincerely hope these responses clear the air regarding the allegations.

Respectfully,

A handwritten signature in black ink, appearing to read 'Victor Bruce', with a long horizontal line extending to the right.

Victor Bruce, M.D.



Nevada State Board of Medical Examiners

December 11, 2014

Victor R. Bruce, M.D.
c/o John Hunt, Esq.
Morris Polich & Purdy LLP
500 S. Ranch Drive, Ste 17
Las Vegas, NV 89106

Re: Compliance Case 14-12252-1

Dear Dr. Bruce:

On December 6, 2014 the Nevada State Board of Medical Examiners, approved and accepted the Settlement Agreement regarding the complaint filed on Case No. 14-12252-1 finding the following:

- Respondent engaged in conduct that is grounds for discipline pursuant to the MPA, to wit: conviction of a felony relating to the practice of medicine or the ability to practice medicine, a violation of NRS 630.301(1), as set forth in *Judgment in a Criminal Case* and as was alleged in the Indictment.

As a result the Board entered its **ORDER** as follows:

- Respondent agrees to a stayed revocation of his license to practice medicine until December 31, 2014, when Respondent's license to practice medicine in Nevada will be Revoked;
- Board shall issue a Public Reprimand;
- Following his release from incarceration, Respondent may petition to reinstate license to practice medicine in Nevada, with the following conditions:
 - Reimburse the Board in the amount of \$932.91;
 - Submit proof that he has complied with the required CME requirements while incarcerated;
 - Submit proof that he has surrendered his DEA registration and NV State Pharmacy Board license to prescribe any Schedule, II, III, IV, V controlled substances;
 - Submit proof that he has attended and completed a 24 hour ethics course entitled "The PBI Professional Boundaries Course";
- Upon reinstatement of Respondent's license to practice medicine in Nevada, Respondent shall be placed on probation for 3 years, and shall comply with any terms and conditions of parole and probation related to US District Court Case

LAS VEGAS OFFICE
Board of Medical Examiners
Building A, Suite 2
6010 S. Rainbow Boulevard
Las Vegas, NV 89118
Phone: 702-486-3300
Fax: 702-486-3301

RENO OFFICE
Board of Medical Examiners
Suite 301
1105 Terminal Way
Reno, NV 89502
Phone: 775-688-2559
Fax: 775-688-2553

2:13-cr-0041-APG-CWH. Within 30 days of Respondent's release, he shall provide a copy of this agreement to the office of Federal Parole and Probation. Upon release from probation and completion of 3 years probation with the Board, Respondent's license to practice medicine in Nevada shall be reinstated to active status with no restrictions.

- Respondent agrees he shall submit to the Board any and all documentation regarding any of the terms and conditions of parole and probation related to the case 2:13-cr-0041-APG-CWH, upon his release from incarceration.
- This agreement fully and completely resolves any and all matters contained in the complaint 14-12252-1.
- This agreement fully and completely resolves all matters that have or may be alleged by the Board with regards to the Indictment and or *Judgment in a Criminal case*.

Your continued compliance with the terms and conditions will be monitored by the Compliance Unit.

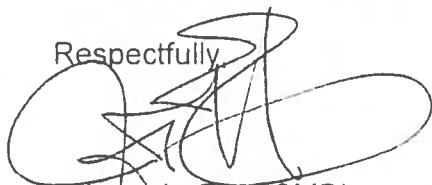
Included in the Order are various conditions that you must fulfill, upon your seeking a license to practice medicine in Nevada, some of which include:

- 1.) The costs in the amount of \$932.91.
- 2.) The 24 hours of CME on ethics, the course titled "The PBI Professional Boundaries Course".
- 3.) Submit proof of your surrendered DEA registration and Nevada State Pharmacy Board license.
- 4.) Submit proof of compliance with the required CME requirements.

Please contact me, in writing, upon your release from incarceration, **within 21 days** and provide the most expeditious method of contacting you. Thereafter, please update me immediately upon any change in your contact information. You may mail the information to the address below, fax it to 775-688-2553 or e-mail it to me at jslnsbme@medboard.nv.gov. In addition, any additional information required from you should be submitted to the same contact numbers and address.

If you have any questions please call or write. Thank you for your cooperation on this matter.

Respectfully,



Johnna LaRue, CMBI
Compliance Officer
Nevada State Board of Medical Examiners
PO Box 7238
Reno, NV 89510
(775) 688-2559, ext. 229



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



EXCLUSIONS BRANCH

P.O. Box 23871

WASHINGTON, D.C. 20026

AUG 10 2015

Victor Ronald Bruce, M.D., #48790-048

Taft CI

P.O. Box 7001

Taft, CA 93268

Dear Victor Ronald Bruce:

RE: OI File Number H-14-4-2941-9

As a result of your conviction in the United States District Court, District of Nevada, the Department of Health and Human Services is required to exclude you from eligibility to participate in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act). Section 1128(a) of the Act (42 U.S.C. 1320a-7(a)) authorizes the imposition of this exclusion, which will be in addition to any sanction an individual Federal or State agency may impose under its own authority.

The scope of an exclusion is broad and, if implemented, would have a significant effect on your ability to work in the health care field. If this exclusion is imposed, it would significantly limit your ability to work in the health care field in the United States. No payment would be made by any Federal health care program (such as Medicare, Medicaid, Veterans Administration, TRICARE, etc.) for any items or services you furnish, order, or prescribe in any capacity. For example, you would be prohibited from submitting or causing claims to be submitted to any Federal health care programs for any items or services you provide in any capacity and you would be prohibited from being employed in any capacity to provide any items or services which are billed to a Federal health care program. Such items or services could include administrative, clerical, and other activities that do not directly involve patient care or the provision of any health care related services. Generally speaking, you could not be employed by a hospital, nursing home or other provider or supplier that participates in Federal health care.

You should be aware that an exclusion would not affect your rights or the rights of your family members to collect benefits to which you or they may be entitled as a beneficiary under any Federal program such as Medicare, Medicaid, or Social Security. You may find more information regarding exclusions on the Office of Inspector General's (OIG) website, including Frequently Asked Questions and the Special Advisory Bulletin about the Effect of Exclusion.

To access this site, go to <http://oig.hhs.gov>, click on EXCLUSIONS DATABASE, and then choose the item you would like to access.

Page 2 – Victor Ronald Bruce

You may be eligible for a waiver if an exclusion is implemented under section 1128(a)(1), (a)(3), or (a)(4) of the Act or any combination of exclusion authorities thereof. However, there is no provision for granting a waiver for an exclusion implemented under section 1128(a)(2), whether that authority is used alone or in combination with any of the aforementioned exclusion authorities. The OIG may only waive an exclusion if the person or entity is the sole community practitioner or the sole source of essential specialized services in a community (42 CFR 1001.1801(b)). Such a request must be made in writing to the OIG by the person directly responsible for administering the Federal or State health care program for which the waiver is being requested. (The waiver provision of the Act (section 1128(c)) was amended by section 949 of the Medicare Prescription Drug Improvement and Modernization Act.)

As provided in section 1128(c)(3)(B) of the Act, the minimum period of program exclusion shall be at least 5 years and, if aggravating circumstances warrant, the period may be increased. You have 30 days from the date of this letter to submit any information and supporting documentation you want the OIG to consider before it makes a final determination regarding your exclusion. Please send documentation to support your response to this office at the above address. If you do not submit documentation within 30 days, the OIG will make its decision based on currently available information. Once the OIG has made its determination, the OIG will send you a letter notifying of its decision and, if an exclusion is imposed, of the effective date and length of the exclusion, as well as your appeal rights.

Sincerely,



Peter Clark
Exclusions Director
Office of Investigations

JLS

cc: David Z. Chesnoff, Esq.
Chesnoff & Schonfeld
520 S. 4th Street
Las Vegas, NV 89101

Richard A. Schonfeld, Esq.
Chesnoff & Schonfeld
520 S. 4th Street
Las Vegas, NV 89101



DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL

WASHINGTON, DC 20201



NOV 30 2015

Victor Ronald Bruce, M.D., #48790-048
 Taft CI
 P.O. Box 7001
 Taft, CA 93268

Dear Victor Ronald Bruce:

RE: OI File Number H-14-42941-9

This is to notify you that you are being excluded from participation in any capacity in the Medicare, Medicaid, and all Federal health care programs as defined in section 1128B(f) of the Social Security Act (Act) for a minimum period of 10 years. The scope of this exclusion is broad and has a significant effect on your ability to work in the health care field. This action is being taken under section 1128(a)(4) of the Act (42 U.S.C. 1320a-7(a)) and is effective 20 days from the date of this letter. This exclusion is due to your felony conviction as defined in section 1128(i) (42 U.S.C. 1320a-7(i)), in the United States District Court, District of Nevada, of a criminal offense related to the unlawful manufacture, distribution, prescription, or dispensing of a controlled substance as defined under Federal or State law. This applies to any individual or entity that is, or has ever been, a health care practitioner, provider, or supplier; holds a direct or indirect ownership or control interest (as defined in section 1124(a)(3) of the Act) in an entity that is a health care provider or supplier or is, or has ever been, an officer, director, agent or managing employee (as defined in section 1126(b) of the Act) of such an entity; or is, or has ever been, employed in any capacity in the health care industry.

This exclusion will affect your ability to claim payment from these programs for items or services that you render; it will NOT affect your right to collect benefits under any Federal health care program such as Medicare, Medicaid or Social Security. You may find more information regarding exclusions on the OIG's website, including Frequently Asked Questions and the Special Advisory Bulletin about the Effect of Exclusion. To access this site, go to <http://oig.hhs.gov>, click on EXCLUSIONS DATABASE, then choose the item you would like to access.

Section 1128(c)(3)(B) of the Act provides that the minimum period of exclusion shall be not less than 5 years. Your period of exclusion is greater than that because our records contain evidence of the following circumstances:

1. The sentence imposed by the court included incarceration. The court sentenced you to 46 months of imprisonment.

Victor Ronald Bruce, M.D., #48790-048

2. The individual or entity was convicted of other offenses besides those which formed the basis for exclusion, or has been the subject of any other adverse action by any Federal, State, or local government agency or board, if the adverse action is based on the same set of circumstances that serves as the basis for imposition of the exclusion. The Nevada State Board of Medical Examiners revoked your medical doctor license.

A detailed explanation of the authority for this exclusion, its effect, and your appeal rights is enclosed and is incorporated as part of this notice by specific reference. You should read this document carefully, act upon it as necessary, and retain it for future reference.

REINSTATEMENT IS NOT AUTOMATIC. You must apply to the OIG and be granted reinstatement. Obtaining a provider number from a Medicare contractor, a State agency, or a Federal health care program does not reinstate your eligibility to participate in those programs.

Sincerely,



Thomas J. Sowinski
Reviewing Official
Health Care Program Exclusions

Enclosure

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Office of Inspector General
U.S. Department of Health & Human Services

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Visit our tips page to learn how to best use the Exclusions Database. If you experience technical difficulties, please email the webmaster at webmaster@ohhs.gov.

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Do not use your browser's back button while navigating through the LRE search. Instead, use the built-in navigation features as indicated below.

Return to Search Results| Begin a New Search

First Name	WCTOR
Middle Name	RONALD
Last Name	BRUCE
DOB	
NPI	1134138864
UPIN	Unknown
General	PHYSICIAN (MD, DO)
Specialty	PAIN MANAGEMENT
Address	P O BOX 7001 TAFT, CA 91269-0000
Excl. Type	1128(a)(4) FELONY CONTROLLED SUBSTANCE CONVICTION
Excl. Date	12/20/2015
Waiver	

To verify if you have a match, please enter a Social Security Number (SSN) or Employer Identification Number (EIN) without dashes (123456789).

Verify

CLARK HILL

John A. Hunt
T: (702) 697-7512
Email: jhunt@clarkhill.com

Clark Hill PLC
3800 Howard Hughes Parkway
Suite 500
Las Vegas, NV 89169
T (702) 862-8300
F (702) 862-8400

clarkhill.com

August 18, 2021

Via E-mail and US regular mail

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: msedar@pharmacy.nv.gov

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: dwuest@pharmacy.nv.gov

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy
985 Damonte Ranch Parkway, Suite 206
Reno, Nevada 89521

email: cleee@pharmacy.nv.gov

Re: Victor Bruce, MD

- * **Follow-up to Mr. Sedar's August 4, 2021, letter**
- * **Supplement/amendment to Dr. Bruce's Controlled Substance Application**
- * **Notice of Appearance of Counsel**

Ms. Lee and Messrs. Sedar and Wuest:

This office represents Victor Bruce, MD ("Dr. Bruce"). I have been provided a copy of Mr. Sedar's August 4, 2021, letter addressed to Dr. Bruce regarding his Controlled Substance Application ("CSA") dated June 26, 2021, submitted to the Nevada State Board of Pharmacy (the "Pharmacy Board"). See Exhibit 1, copy of Mr. Sedar's 8-4-2021 letter. Mr. Sedar's letter, in part, advises that Dr. Bruce is required to personally appear before the Pharmacy Board relative to his CSA, with said appearance being scheduled for Tuesday, August 31, 2021, at 9:00 a.m.. Id., first and second paragraphs.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021

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Re: Victor Bruce, MD

- * Follow-up to Mr. Sedar's August 4, 2021, letter
- * Supplement/amendment to Dr. Bruce's Controlled Substance Application
- * Notice of Appearance of Counsel

1. Notice of Appearance of Counsel.

As to any requirement for a notice of appearance, please accept this letter as notice of appearance of counsel for Dr. Bruce relative to this matter with the Pharmacy Board. Notice is further provided Dr. Bruce and the undersigned will be attending the August 31, 2021, Pharmacy Board hearing via Zoom.

2. Supplement/amendment to Dr. Bruce's Controlled Substance Application.

As you are aware, questions 2, 3, and 4 of Section 5 of the CSA provide as follows:

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?
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in any state?

Id., CSA, § 5, at pg. 2 (underline emphasis in original).

Dr. Bruce's CSA dated June 26, 2021, answered "Yes" to questions 2, 3, and 4 of Section 5. As a result of these "Yes" answers, Dr. Bruce, in accordance with the CSA's instructions, also provided a signed statement of explanation and provided certain documents with his CSA.

By this letter, Dr. Bruce hereby supplements/amends his explanations and provides additional documents relative to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA. See Consent and Approval by Victor R. Bruce, MD at the last page of this letter.

CLARK HILL

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021

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Re: Victor Bruce, MD

* **Follow-up to Mr. Sedar's August 4, 2021, letter**

* **Supplement/amendment to Dr. Bruce's Controlled Substance Application**

* **Notice of Appearance of Counsel**

* **Additional documents/information regarding the judgment in a criminal case from 2014**

As noted in Dr. Bruce's initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA (see **Exhibit 2**), on October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, in the United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court entered its Judgment in a Criminal Case, adjudging Dr. Bruce guilty of violating 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six (46) months of imprisonment, among other sanctions. See **Exhibit 3**, copy of *Judgment in a Criminal Case* filed 10-23-2014.

In light of the criminal action, as noted in Dr. Bruce's initial explanation (**Exhibit 2**), the Nevada State Board of Medical Examiners (the "Medical Board") and Dr. Bruce, on December 8, 2014, entered into a *Settlement Agreement* (**Exhibit 4**) wherein it was agreed that Dr. Bruce's medical license would be revoked. The December 8, 2014, *Settlement Agreement* also provide, in part:

WHEREAS, a *Judgment in a Criminal Case* was filed on October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH, wherein it notes Respondent has plead guilty to count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone. The *Judgment in a Criminal Case* also, in part, sentences Respondent to forty-six (46) months of imprisonment, requires Respondent to surrender for service of sentence before 12 p.m. on January 16, 2015, and upon release from imprisonment, sets forth supervised release for three (3) years, subject to certain conditions. Respondent provided the Board with timely notice of the *Judgment in a Criminal Case*. It is important to note Respondent has taken full responsible for issuing controlled substances on more than one occasion to patients not of record and

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
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August 18, 2021

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Re: Victor Bruce, MD

- * **Follow-up to Mr. Sedar's August 4, 2021, letter**
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Respondent has cooperated with Federal authority in every manner during this investigation. Respondent prior to this incident has no prior criminal background. Respondent has no prior patient complaints or any prior Board actions.

Id., **Exhibit 4**, Medical Board *Settlement Agreement* filed December 8, 2014, at 2:7-19.

Following Dr. Bruce's release from incarceration, he submitted to the Medical Board an application for licensure and preceptor plan. After an appearance by Dr. Bruce and Bernard Kofi Addo-Quaye, MD (Dr. Bruce's preceptor) before the Medical Board at a public meeting on September 7, 2018, the Medical board issued Dr. Bruce an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Dr. Addo-Quaye, whereby Dr. Addo-Quaye was to supervise the medical activities of Dr. Bruce and to report to the Medical Board regarding Dr. Bruce's competence to practice medicine. The Medical Board ordered Respondent to complete a one (1) year preceptorship with Dr. Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24) months or until his probation period lapses, whichever is greater, and subject to prior approval of the Medical Board.¹

Dr. Bruce complied with all the requirements of the *Settlement Agreement* filed December 8, 2014, in Case No. 14-12252-1 (see **Exhibit 4**). In addition, attached is a copy of the May 17, 2021, letter from the United States District Court, District of Nevada, Probation Department, advising that Dr. Bruce has completed his supervision term relative to the criminal case. See **Exhibit 5**.

Accordingly, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed

¹ These matters are noted in the *First Amended Complaint* filed November 23, 2020 (**Exhibit 8**), at 2:7-16, ¶5. See further discussion below.

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021

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Re: Victor Bruce, MD

* Follow-up to Mr. Sedar's August 4, 2021, letter

* Supplement/amendment to Dr. Bruce's Controlled Substance Application

* Notice of Appearance of Counsel

from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See **Exhibit 6**.

* **Pharmacy Board's Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S) dated July 21, 2020**

As noted above, question 3 of the CSA asks, in part, "[h]ave you been the subject of a board citation...." As to the same, the Pharmacy Board is aware of its own records. Notwithstanding, and out of an abundance of caution, Dr. Bruce received a letter dated July 21, 2020, from Courtney K. Lee, General Counsel, on behalf of the Pharmacy Board regarding a *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)*. On July 27, 2020, Dr. Bruce, through the undersigned, timely sought an appeal and requested a hearing before the Pharmacy Board regarding the Citation ("Appeal Request").

Following on said Appeal Request, the Pharmacy Board filed on August 3, 2020, a *Statement to the Respondent and Notice of Hearing* (Case No. 19-242-D-S), in the matter captioned Nevada State Board of Pharmacy, Petitioner v. Victor Bruce, MD., Respondent before the Pharmacy Board ("Statement"). The Statement sets the hearing before the Pharmacy Board for September 2, 2020, at 9:00 a.m.

Via letter dated August 11, 2020, Dr. Bruce submitted to the Pharmacy Board his demand/application for a more definite and detailed statement and request for production of documents and information. In response to the demand, the Pharmacy Board, through counsel, provided certain documents on August 14, 2020, and on August 15, 2020, provided a list of witnesses. The Pharmacy Board provided supplemental documents on August 21, 2020. Dr. Bruce provided documents on August 31, 2020. Pharmacy Board counsel and counsel for Dr. Bruce mutually agreed to continue the hearing on Citation from September 2, 2020, at 9:00 a.m. to October 14, 2020 at 9:00 a.m.

The Pharmacy and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement in that Dr. Bruce would acknowledge he would pay the Citation's

CLARK HILL

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021

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Re: Victor Bruce, MD

- * **Follow-up to Mr. Sedar's August 4, 2021, letter**
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fine amount, that Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount, and Dr. Bruce would withdrawal his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal was withdrawn/vacated from the Board's October 14, 2020, hearing agenda. See Exhibit 7, Payment Agreement regarding Pharmacy Board Case No. 19-242. The same further notes, in part:

WHEREAS, the parties further agree to the following:

- * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
- * No signed "acknowledgement" is needed;
- * Payment of the fine does not constitute discipline; and
- * The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

See Exhibit 7, Payment Agreement, at pg. 1.

* **Nevada State Board of Medical Examiners, Case No. 20-12252-1, captioned *In the Matter of Charges and Complaint Against Victor Ronald Bruce, M.D., Respondent***

The Nevada State Board of Medical Examiners (the "Medical Board"), apparently after receiving information from the Pharmacy Board relative to the just discussed Pharmacy Board Citation, addressed such matters with Dr. Bruce via its Case No. 20-12252-1. The Medical Board's operative complaint was the First Amended Complaint filed November 23, 2020. See Exhibit 8, copy of Medical Board's First Amended Complaint. The First Amended Complaint contained one count. In part, it alleged:

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC)

CLARK HILL

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

J. David Wuest, R. Ph.
Executive Secretary
Nevada State Board of Pharmacy

Mark Sedar
Chief Operating Officer
Nevada State Board of Pharmacy

August 18, 2021

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Re: Victor Bruce, MD

- * Follow-up to Mr. Sedar's August 4, 2021, letter
- * Supplement/amendment to Dr. Bruce's Controlled Substance Application
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(collectively, the Medical Practice Act), His license was originally issued on September 7, 2018 (License No. 18273).

2. Bernard Kofi Addo-Quaye, M.D. (Addo-Quaye) was at all times relative to this Amended Complaint a licensed medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9413). Addo-Quaye was originally licensed by the Board on June 13, 2000.

3. On October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court entered its Judgment in a Criminal Case, adjudging Respondent guilty of violating 21 USC §§ 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six (46) months of imprisonment, among other sanctions.

4. On December 31, 2014, the Board revoked Respondent's former license to practice medicine (License No. 8652) pursuant to a Settlement Agreement and Order entered by the Board on December 8, 2014.

5. Following Respondent's release from incarceration, Respondent submitted to the Board an application for licensure and preceptor plan. After an appearance by Respondent and Addo-Quaye before the Board at a public meeting on September 7, 2018, and good case appearing, the Board issued Respondent an "Active-Restricted" license to practice medicine for the express purpose of permitting him to participate in a preceptorship with Addo-Quaye, whereby Addo-Quaye was to supervise the medical activities of Respondent and report to the Board regarding Respondent's competence to practice medicine. The Board ordered Respondent to complete a one (1) year preceptorship with Addo-Quaye, and explicitly restricted Respondent from prescribing controlled substances for a minimum of twenty-four (24)

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months or until his probation period lapses, whichever is greater, and subject to prior approval of the Board.

6. Addo-Quaye held, at all times relative to this Amended Complaint, a controlled substance registration, Certificate of Registration No. CS10103, issued by the Nevada State Board of Pharmacy (Pharmacy Board).

7. Respondent, at all times relative to this Amended Complaint, did not hold a controlled substance registration, or any other kind of license to prescribe controlled substances, issued by the Pharmacy Board.

8. Addo-Quaye, at all times relative to this Amended Complaint, was the proprietor of "Bernard Addo-Quaye, MD PC," dba "TruCare Medical Center" ("TruCare"). TruCare is located at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada 89030.

9. Respondent was engaged as a preceptee of Addo-Quaye at TruCare from September 2018 to present.

10. Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019.

COUNT I

NRS 630,306(1)(b)(3)

(Violation of Statutes and Regulations of the Nevada State Board of Pharmacy)

11. All of the allegations contained in Paragraphs 1-10 above are hereby incorporated by reference as though fully set forth herein.

12. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician, who holds a license to practice medicine in the State of Nevada.

CLARK HILL

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13. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating discipline against a licensee.

14. The Nevada State Board of Pharmacy adopted NAC 454.060, which sets forth requirements for written prescriptions for dangerous drugs. NAC 454.060 incorporates and includes the prescription requirements of NRS 454.223. In part, NRS 454.223(2)(a) provides:

2. A written prescription must contain:
 - (a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

15. Respondent violated NAC 454.060 in that, as Addo-Quaye's preceptee, and while Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019, Respondent prescribed dangerous drugs by using Addo-Quaye's blank prescription pads having Addo-Quaye's name pre-printed on the prescription forms. Respondent failed to cross-out Addo-Quaye's name on the prescription forms and write in his own name prior to Respondent signing his own name on the prescription for dangerous drugs, in violation of NAC 454.060, a regulation of the State Board of Pharmacy, because the above-referenced prescription did not contain Respondent's name (although it did contain Respondent's signature), as required by NRS 454,223(2)(a) which is incorporated by NAC 454.060, a regulation adopted by the State Board of Pharmacy.

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16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

See Exhibit 8, Medical Board's First Amended Complaint filed 11-23-2020, at 1:17 to 4:2.

Dr. Bruce and the Medical Board resolved case No. 20-12252-1 via a *Settlement Agreement* filed December 4, 2020. See Exhibit 9. In part, same provides:

4. Acknowledgement of Reasonable Basis to Proceed. As of the time of entering into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint, but for the purposes of resolving these matters and for no other purpose, Respondent waives the presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this Agreement.

5. Consent to Entry of Order. In order to resolve the Complaint pending against Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly, the following terms and conditions are hereby agreed upon:

a. Respondent admits to Count I of the Complaint, one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy.

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b. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement.

c. Respondent will pay the costs and expenses incurred in the investigation and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance, adoption and approval of this Agreement, in the amount of two thousand eighty-four dollars and eighteen cents (\$2,084.18).

d. Respondent shall undergo an independent peer review examination to assess his current clinical competency to practice medicine, with the evaluation to be completed within ninety (90) days of the Board's acceptance, adoption and approval of this Agreement. The examination shall be conducted pursuant to and in accord with NRS 630.318. The examination shall be conducted by a peer reviewer approved by the Board in advance of the examination. The peer reviewer shall, within thirty (30) days of the completion of the examination, render an opinion and report to the Board regarding whether Respondent is competent to practice medicine with an unrestricted license, noting any concerns or deficiencies and areas of necessary improvement. The peer review and report shall be performed at Respondent's sole expense.

e. Upon completion of the terms and conditions set forth in paragraph 5(b)-(d) above, Respondent shall petition the Board for an unrestricted license, and appear at a public meeting where the Board shall review the record presented and render a determination on that petition in good faith.

CLARK HILL

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Id., **Exhibit 9**, *Settlement Agreement* filed 12-4-2020, at pgs. 3-4.

As noted above, Dr. Bruce complied with all the requirements of the *Settlement Agreement* filed December 8, 2014, in Case No. 14-12252-1² (see **Exhibit 4**) as well as all the requirements of the *Settlement Agreement* filed December 4, 2020, in Case No. 20-12252-1 (see **Exhibit 9**).

Accordingly, as partially noted above, the Medical Board filed on June 16, 2021, an *Order Removing Conditions from License* which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license." See **Exhibit 6**.

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² The *Settlement Agreement* filed with the Medical Board on December 8, 2014 (**Exhibit 4**), is also referenced at Paragraph 4 of the Medical Board's First Amended Complaint filed November 23, 2020 (**Exhibit 8**). Also, Dr. Bruce referenced same in his initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA. See **Exhibit 2**, copy of Dr. Bruce's initial explanation.

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If this letter and attached documents should be directed to a different person or department at the Pharmacy Board, please advise at your earliest convenience.

Should you have any questions after you have reviewed the above, please do not hesitate to contact me at the above address, phone number, fax number, by email at jhunt@clarkhill.com, or contact Dr. Bruce directly.

Thank you.

Sincerely,

CLARK HILL, PLLC

John A. Hunt, Esq.

Consent and Approval by Victor R. Bruce, MD

By my signature below, I, Victor R. Bruce, MD, hereby provide the recipient permission to speak with, disclose information, and release documents to John A. Hunt, Esq. and/or Clark Hill, PLLC regarding the above-referenced matter and any matter pertaining to my status, including licensure or registration, with the recipient. In addition, by my signature below, I hereby approve of the form and content of the above.

By  this 18th day of August, 2021.
Victor R. Bruce, MD

CLARK HILL

Courtney K. Lee, Esq.
General Counsel
Nevada State Board of Pharmacy

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INDEX TO EXHIBITS 1-9:

Exhibit 1: Mr. Sedar's 8-4-2021, letter addressed to Dr. Bruce regarding his Controlled Substance Application ("CSA") dated 6-26-2021.

Exhibit 2: Dr. Bruce's initial explanation to his "Yes" answers to questions 2, 3, and 4 of Section 5 of the CSA.

Exhibit 3: *Judgment in a Criminal Case* filed 11-23-2014, in the matter of United States of America v. Victor Bruce, MD, in the United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH.

Exhibit 4: *Settlement Agreement* filed 12-8-2014, with the Nevada State Board of Medical Examiners, case no. 14-12252-1.

Exhibit 5: United States District Court, District of Nevada, Probation Department, letter dated 5-17-2021 advising Dr. Bruce has completed his supervision term.

Exhibit 6: *Order Removing Conditions from License* filed 6-16-2021 with the Medical Board which, in part, ordered "all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license."

Exhibit 7: *Payment Agreement* entered into with the Pharmacy Board regarding the *Cease and Desist/Citation: Unlicensed Practice (Case No. 19-242-S)*.

Exhibit 8: Medical Board's *First Amended Complaint* filed 11-23-2020, case no. 20-12252-1.

Exhibit 9: Medical Board's *Settlement Agreement* in case no. 20-122521 filed 12-4-2020.

EXHIBIT “1”

EXHIBIT “1”

263740852



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

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

• Web Page: bop.nv.gov

August 4, 2021

Victor Bruce

██████ Foothill Ash Avenue
Las Vegas, NV 89117

Dear Victor Bruce:

We are in receipt of your application for a license/registration from the Nevada State Board of Pharmacy. After reviewing the application, you are required to personally appear before the Board at a regularly-scheduled meeting for their consideration of approval.

Your appearance has been scheduled for Tuesday, 8/31/2021 9:00:00 AM PST or soon thereafter.¹ 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. During the hearing you will be asked to waive your right to the required 21 day notice.

Your appearance is required at the meeting. If you do not appear at the meeting and have not contacted the Board prior to the meeting, the Board may take action on the application in your absence. The person(s) appearing should be thoroughly knowledgeable of and capable of explaining all information contained in the application and submitted in support of the application.

If you have any questions, please feel free to contact the board staff.

Sincerely,

A handwritten signature in dark ink, appearing to read "Mark Sedar".

Mark Sedar
Chief Operating Officer

¹ Please note that the Board meeting will commence Wednesday; however, the meeting will continue, if necessary, on Thursday until the Board concludes its business. The full meeting agenda is available at www.notice.nv.gov and www.bop.nv.gov.

EXHIBIT “2”

EXHIBIT “2”

Explanation for question 24

On December 13, 2013, I was arrested at my clinic (Swanlake Medical Center) by US Marshalls and DEA agents and charged with "conspiracy to distribute oxycodone". I was charged with having written some oxycodone prescriptions for various patients that were filled and diverted for sale on the streets.

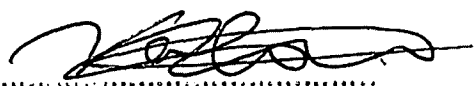
In September 2014, I was sentenced in federal court to serve 46 months in Taft Correctional Institute, California. I had to shut down my then 16-year old practice and turned myself in to serve my sentence January 16, 2015.

I had my original medical licensure in Nevada since 1998 (license number 8652). I practiced successfully in Nevada until December 2014. That license was revoked December 31, 2014.

I completed my sentence in Federal prison camp May 18, 2018. I went to a NV Medical Board hearing September 7, 2018, at which time they approved my application for re-licensure. They gave me a new license 18273 with restrictions of "no controlled substance prescriptions" for 24 months. I was also required to have a preceptor for 1 year. Dr. Bernard Adoo-quaye was approved to provide said preceptorship for the required duration.

I completed every step as required and at the NV Medical Board hearing June 4, 2021, they issued me an active, unrestricted license to practice medicine in the state of Nevada. I have attached a copy.

Thank you.

Signed:.....

Victor R. Bruce, M.D.

EXHIBIT “3”

EXHIBIT “3”

UNITED STATES DISTRICT COURT

District of Nevada

UNITED STATES OF AMERICA

v.

VICTOR BRUCE, MD

JUDGMENT IN A CRIMINAL CASE

Case Number: 2:13-cr-441-APG-CWH

USM Number: 48790-048

RICHARD SCHONFELD

Defendant's Attorney

THE DEFENDANT:☒ pleaded guilty to count(s) One of the Indictment☐ pleaded nolo contendere to count(s) _____
which was accepted by the court.☐ was found guilty on count(s) _____
after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

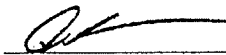
<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Offense Ended</u>	<u>Count</u>
21 USC §§ 846, 841(a)(1) and (b)(1)(C)	Conspiracy to Distribute Oxycodone	11/2013	One

The defendant is sentenced as provided in pages 2 through 6 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.☐ The defendant has been found not guilty on count(s) _____☐ Count(s) _____ ☐ is ☐ are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States attorney of material changes in economic circumstances.

October 16, 2014

Date of Imposition of Judgment



Signature of Judge

ANDREW P. GORDON, UNITED STATES DISTRICT JUDGE

Name and Title of Judge

October 23, 2014

Date

DEFENDANT: VICTOR BRUCE, MD
 CASE NUMBER: 2:13-cr-441-APG-CWH

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of: **46 MONTHS**

☒ The court makes the following recommendations to the Bureau of Prisons:
 Due to the proximity of family, the Court recommends the Defendant be permitted to serve his term of incarceration in the Federal Prison Camp, Taft, California.

☐ The defendant is remanded to the custody of the United States Marshal.

☐ The defendant shall surrender to the United States Marshal for this district:

☐ at _____ ☐ a.m. ☐ p.m. on _____
☐ as notified by the United States Marshal.

☒ The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

☒ before 12 p.m. on JANUARY 16, 2015
☐ as notified by the United States Marshal.
☐ as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____
 a _____, with a certified copy of this judgment.

 UNITED STATES MARSHAL

By _____
 DEPUTY UNITED STATES MARSHAL

Case 2:13-cr-004 --APG-CWH Document 28 Filed 10/3/14 Page 3 of 6

AO 245B (Rev. 09/11) Judgment in a Criminal Case
Sheet 3 — Supervised Release

Judgment—Page 3 of 6

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of: **3 YEARS**

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The Defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of placement on probation and at least two periodic drug tests thereafter, as determined by the court, not to exceed 104 tests annually. Revocation is mandatory for refusal to comply.

- ☐ The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. *(Check, if applicable.)*
- ☒ The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. *(Check, if applicable.)*
- ☒ The defendant shall cooperate in the collection of DNA as directed by the probation officer. *(Check, if applicable.)*
- ☐ The defendant shall comply with the requirements of the Sex Offender Registration and Notification Act (42 U.S.C. § 16901, *et seq.*) as directed by the probation officer, the Bureau of Prisons, or any state sex offender registration agency in which he or she resides, works, is a student, or was convicted of a qualifying offense. *(Check, if applicable.)*
- ☐ The defendant shall participate in an approved program for domestic violence. *(Check, if applicable.)*

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer in a manner and frequency directed by the court or probation officer;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

SPECIAL CONDITIONS OF SUPERVISION

- 1) You shall not possess, have under your control, or have access to any firearm, explosive device, or other dangerous weapons, as defined by federal, state, or local law.
- 2) To ensure compliance with all conditions of release, you shall submit to the search of your person, and any property, residence, business or automobile under your control by the probation officer, or any other authorized person under the immediate and personal supervision of the probation officer without a search warrant at a reasonable time and in a reasonable manner. Provided, however, you shall be required to submit to any search only if the probation officer has reasonable suspicion to believe you have violated a condition or conditions of release. You shall also inform any other residents that the premises may be subject to a search pursuant to this condition.
- 3) You shall be restricted from engaging in employment, consulting, or any association with any medical practice or employment as a physician for a period of **three (3) years** without the prior approval of the probation officer.
- 4) You shall be prohibited from incurring new credit charges, opening additional lines of credit, or negotiating or consummating any financial contracts without the approval of the probation officer.
- 5) You shall provide the probation officer access to any requested financial information, including personal income tax returns, authorization for release of credit information, and any other business financial information in which you have a control or interest.

Note: A written copy of the conditions of release was provided to the Defendant by the Probation Officer in open Court at the time of sentencing.

ACKNOWLEDGMENT

Upon finding of a violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed)

Defendant

Date

U.S. Probation/Designated Witness

Date

DEFENDANT: VICTOR BRUCE, MD
CASE NUMBER: 2:13-cr-441-APG-CWH

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments on Sheet 6.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 100.00	\$ WAIVED	\$ N/A

- ☐ The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case (AO 245C)* will be entered after such determination.
- ☐ The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name of Payee</u>	<u>Total Loss*</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
----------------------	--------------------	----------------------------	-------------------------------

TOTALS	\$ _____	\$ _____
--------	----------	----------

- ☐ Restitution amount ordered pursuant to plea agreement \$ _____
- ☐ The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).
- ☐ The court determined that the defendant does not have the ability to pay interest and it is ordered that:
- ☐ the interest requirement is waived for the ☐ fine ☐ restitution.
- ☐ the interest requirement for the ☐ fine ☐ restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

DEFENDANT: VICTOR BRUCE, MD
 CASE NUMBER: 2:13-cr-441-APG-CWH

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties is due as follows:

- A ☒ Lump sum payment of \$ 100.00 due immediately, balance due
☐ not later than _____, or
☐ in accordance ☐ C, ☐ D, ☐ E, or ☐ F below; or
- B ☐ Payment to begin immediately (may be combined with ☐ C, ☐ D, or ☐ F below); or
- C ☐ Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or
- D ☐ Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E ☐ Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties:

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

☐ Joint and Several

Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

- ☐ The defendant shall pay the cost of prosecution.
- ☐ The defendant shall pay the following court cost(s):
- ☐ The defendant shall forfeit the defendant's interest in the following property to the United States:

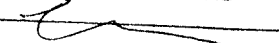
Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

EXHIBIT “4”

EXHIBIT “4”

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In re Matters and Complaint Against VICTOR R. BRUCE, M.D., Respondent.	)))))))	Case No. 14-12252-1 FILED DEC - 8 2014 NEVADA STATE BOARD OF MEDICAL EXAMINERS By: 
--	--	---

SETTLEMENT AGREEMENT

THIS AGREEMENT is hereby entered into by and between the Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed of Theodore B. Berndt, M.D., Chairman, Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member, in the above-captioned matter, by and through Erin L. Albright, Esq., Board General Counsel and counsel for the IC, and Victor R. Bruce, M.D. (Respondent), by and through John A. Hunt, Esq., counsel for Respondent, as follows:

WHEREAS, a Sealed Indictment was filed on December 11, 2013 ("Indictment"), in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Respondent provided the Board with timely notice of the Indictment;

WHEREAS, on February 13, 2014, the Board's IC at the time filed a Complaint in case no. 14-12252-1 against Respondent (relative to matters unrelated to the Indictment) charging Respondent with engaging in conduct that is grounds for discipline pursuant to the Nevada

1 Medical Practice Act (MPA), i.e., Nevada Revised Statutes (NRS) Chapter 630 and Nevada
2 Administrative Code (NAC) Chapter 630;

3
4 **WHEREAS**, following extensions of time, on or about April 24, 2014, Respondent filed
5 an Answer to the Complaint in case no. 14-12252-1 denying the allegations contained therein;

6
7 **WHEREAS**, a *Judgment in a Criminal Case* was filed on October 23, 2014, in the matter
8 of United States of America v. Victor Bruce, MD, United States District Court, District of
9 Nevada, Case No. 2:13-cr-0041-APG-CWH, wherein it notes Respondent has plead guilty to
10 count (1) of the Indictment and adjudicated guilty of 21 USC §§ 846, 841(a)(1) and (b)(1)(C),
11 conspiracy to distribute oxycodone. The *Judgment in a Criminal Case* also, in part, sentences
12 Respondent to forty-six (46) months of imprisonment, requires Respondent to surrender for
13 service of sentence before 12 p.m. on January 16, 2015, and upon release from imprisonment, sets
14 forth supervised release for three (3) years, subject to certain conditions. Respondent provided the
15 Board with timely notice of the *Judgment in a Criminal Case*. It is important to note Respondent
16 has taken full responsible for issuing controlled substances on more than one occasion to patients
17 not of record and Respondent has cooperated with Federal authority in every manner during this
18 investigation. Respondent prior to this incident has no prior criminal background. Respondent
19 has no prior patient complaints or any prior Board actions.

20
21 **WHEREAS**, Respondent has received a copy of the Complaint in case no. 14-12252-1,
22 reviewed it, understands it, and has had ample opportunity to consult with his above-identified
23 counsel concerning the nature and significance of the Complaint in case no. 14-12252-1, and
24 Respondent is fully aware concerning his rights and defenses to the Complaint, as well as the
25 possible sanctions that may be imposed if the Board finds and concludes that he has violated one
26 or more provisions of the MPA;

1 **WHEREAS**, Respondent has received a copy of the Indictment and a copy of the
2 *Judgment in a Criminal Case*, reviewed it, understands it, and has had ample opportunity to
3 consult with his above-identified counsel concerning the nature and significance of the same with
4 regards to possible sanctions that may be imposed if the Board finds and concludes that he has
5 violated one or more provisions of the MPA as a result of the Indictment and/or *Judgment in a*
6 *Criminal Case*;

7
8 **WHEREAS**, Respondent understands and agrees that this Agreement is entered into by
9 and between himself and the Board's IC, and not with the Board, but that the IC will present this
10 Agreement to the Board for consideration in open session at a meeting duly noticed and
11 scheduled, and that the IC shall advocate approval of this Agreement by the Board, but that the
12 Board has the right to decide in its own discretion whether or not to approve this Agreement; and,

13
14 **WHEREAS**, Respondent understands and agrees that if the Board approves the terms,
15 covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated
16 below shall be binding and enforceable upon him.

17
18 **NOW THEREFORE**, in order to resolve this matter and all charges alleged by the
19 Board's IC in the Complaint in case no. 14-12252-1 and any and all matters relating to and any
20 and all matters that may be charged by the Board or the Board's IC by virtue of or in connection
21 with the above-referenced Indictment and/or the above-referenced *Judgment in a Criminal Case*,
22 Respondent and the IC hereby agree to the following terms, covenants and conditions:

23
24 **1. Jurisdiction.** Respondent is, and at all times mentioned in the
25 Complaint in case no. 14-12252-1 and at all times relevant with respect to the filing of the
26 Indictment and the filing of the *Judgment in a Criminal Case*, Respondent was a physician
27 licensed to practice medicine in the state of Nevada subject to the jurisdiction of the Board to hear
28 and adjudicate charges of violations of the MPA and to impose sanctions as provided by the MPA.

1
2 **2. Representation by Counsel/Knowing, Willing and Intelligent Agreement.**

3 Respondent is represented by above-identified legal counsel in this matter and has had
4 ample opportunity to review this Agreement, the Complaint in case no. 14-12252-1, the
5 Indictment, the *Judgment in a Criminal Case*, and the related factual basis with regards to the
6 same with said legal counsel, John A. Hunt, Esq. Respondent covenants and agrees that he
7 knowingly, willingly, and intelligently enters into this Agreement.
8

9 **3. Waiver of Rights.** In connection with this Agreement, and the terms, covenants,
10 and conditions contained herein, and the understanding that Respondent knowingly, willingly, and
11 intelligently waives all rights arising under or pursuant to the United States Constitution, the
12 Constitution of the state of Nevada, NRS Chapter 630, NRS Chapter 233B, and any other
13 statutory rights that may be available to him or that may apply to him in connection with the
14 proceedings on the Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal*
15 *Case*, the defense of said Complaint in case no. 14-12252-1, and the adjudication of the charges in
16 said Complaint in case no. 14-12252-1.

17 In connection with this Agreement, and the terms, covenants, and conditions contained
18 herein, and the understanding that Respondent knowingly, willingly, and intelligently waives all
19 rights arising under or pursuant to the United States Constitution, the Constitution of the state of
20 Nevada, NRS Chapter 630, NRS Chapter 233B, and any other statutory rights that may be
21 available to him or that may apply to him in connection with the proceedings herein and/or any
22 and all matters relating to and any and all matters that may be charged by the Board or the Board's
23 IC by virtue of or in connection with the above-referenced Indictment and/or the above-referenced
24 *Judgment in a Criminal Case*, the defense of the same in this administrative context.
25

26 **4. Consent to Entry of Order.** Respondent concedes only that the Board has
27 sufficient evidence to proceed with its formal Complaint in case no. 14-12252-1 against him, and
28 that by virtue of the Indictment and/or the *Judgment in a Criminal Case*, the Board also has

1 sufficient evidence to bring additional allegations against Respondent, but does not concede or
 2 admit to such allegations, which he expressly denies, and which, but for his desire to reach this
 3 compromise, he would contest at a formal hearing of these matters (i.e., the Complaint in case no.
 4 14-12252-1 as well as any and all matters that could be alleged by the Board with regards to the
 5 Indictment and/or the *Judgment in a Criminal Case*). Accordingly, in order to resolve these
 6 matters without incurring further costs and expense of providing a defense to a formal Complaint,
 7 Respondent hereby agrees¹ that the Board may issue an order finding that Respondent engaged in
 8 conduct that is grounds for discipline pursuant to the MPA, and agrees:

9 a. The Board may find that Respondent engaged in conduct that is grounds for
 10 discipline pursuant to the MPA, to wit: conviction of a felony relating to the practice of medicine
 11 or the ability to practice medicine, a violation of NRS 630.301(1), as set forth in *Judgment in a*
 12 *Criminal Case* and as was alleged in the Indictment;

13 b. Respondent agrees upon adoption of this Agreement, to accept a stayed
 14 revocation of his license to practice medicine in the State of Nevada until such time as
 15 Respondent allows his license to practice medicine in the State of Nevada to be revoked, effective
 16 December 31, 2014. If, during the term of Respondent's stayed revocation, the IC receives
 17 substantial evidence that Respondent has materially breached any of the terms and conditions of
 18 this Agreement, including but not limited to Respondent violating the prohibition of prescribing
 19 any Schedule II, III, IV or V controlled substances, or should Respondent violate any of the terms
 20 of his current release until he surrenders to the Federal Bureau of Prisons on January 16, 2015.
 21 Respondent agrees the IC, without any further hearing or action by the Board, shall issue an Order
 22 Revoking Respondent's license to practice medicine in the State of Nevada. Respondent waives
 23 any right to seek judicial review (state or federal) to reinstate his revoked license pending his
 24 release from incarceration.

25
 26
 27 ¹ All admissions made by Respondent are solely for final disposition of this matter and any subsequent related
 28 administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by
 Respondent are not intended or made for any other use, such as in the context of another state or federal government
 regulatory agency proceeding, state or federal civil or criminal court proceeding, or any other state or federal court
 proceeding, or any credentialing or privileges matter.

1 c. Pursuant to NRS 630.352(4)(b) Respondent agrees the Board shall
2 administer a formal written public reprimand which will include language which is synonymous
3 with the terms of this Agreement.

4 d. Following his release from incarceration pursuant to the *Judgment in the*
5 *Criminal Case*, Respondent's may petition the Board to reinstate Respondents' license to
6 practice medicine in the State of Nevada pursuant to the following terms and conditions:

7 i. Pursuant to NRS 622.400, Respondent shall reimburse to the Board
8 the sum of \$ 932.91, the amount of the costs incurred by the Board to
9 investigate and prosecute this matter, along with the costs to conclude the
10 matter, if any. Respondent must pay the reimbursement costs prior to
11 Respondent petitioning the Board for reinstatement of Respondents' license
12 to practice medicine in the State of Nevada;

13
14 ii. Respondent must submit proof that Respondent has complied with
15 required continuing education requirements while incarcerated;

16
17 iii. Respondent must submit proof that Respondent has surrendered his
18 DEA registration and Nevada State Pharmacy license to prescribe any
19 Schedule II, III, IV or V controlled substances.

20
21 iv. Respondent must submit proof that Respondent has attended and
22 completed a twenty-four (24) hour ethics course entitled "The PBI
23 Professional Boundaries Course". However, Respondent agrees attendance
24 and completion of the twenty-four (24) hour ethics course entitled "The PBI
25 Professional Boundaries Course" may not be used by Respondent to fulfill
26 the normal continuing education requirements regarding ethics.

1 e. Pursuant to NRS 630.353(4)(a) in addition to any additional terms the
2 Board deems appropriate in the event the Board reinstates Respondents' license to practice
3 medicine in the State of Nevada, Respondent shall be placed on probation for a period of three (3)
4 years. Respondent shall also comply with any terms and conditions of parole and probation
5 related to the case of United States of America v. Victor Bruce, MD, United States District
6 Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH. Within thirty (30) days of
7 Respondent release, Respondent shall provide a copy of this Agreement to the office of Federal
8 Parole and Probation. Respondent shall also execute any documents necessary authorizing the
9 office of Federal Parole and Probation to release any and all reports generated regarding
10 Respondent's compliance with the terms and conditions of Respondent's federal probation. Once
11 respondent is given written notice of his completion of his probation, Respondent shall submit the
12 written notice to the Investigative Committee. Upon receipt of the written notice of completion
13 of probation and Respondents' completion of the three (3) years of probation the IC shall, without
14 any further action of the Board, authorize an Order reinstating Respondent's license to the status
15 of good standing without restriction. If, during the term of Respondent's probation, the IC
16 receives substantial evidence that Respondent has materially breached the terms and conditions of
17 his probation, Respondent agrees the IC, without any further hearing or action by the Board, shall
18 issue an order suspending Respondent's license to practice medicine in the State of Nevada.
19 Thereafter, Respondent may request a hearing before the Board to reinstate his license which must
20 be heard within forty-five (45) days of the Order of Suspension. However, during the pendency of
21 the hearing before the Board, Respondent waives any right to seek judicial review (state or
22 federal) to reinstate his privilege to practice medicine in the State of Nevada pending a final Board
23 hearing.

24
25 f. Pursuant to NRS 630.353(4)(a), Respondent agrees he shall submit to the
26 Board any and all documentation regarding any of the terms and conditions of parole and
27 probation related to the case of United States of America v. Victor Bruce, MD, United States
28

1 District Court, District of Nevada, Case No. 2:13-cr-0041-APG-CWH upon Respondents' release
2 from incarceration.

3
4 g. This Agreement fully and completely resolves all matters contained in the
5 Complaint in case no. 14-12252-1;

6 h. This Agreement fully and completely resolves all matters that have or may
7 be alleged by the Board or the Board's IC against Respondent with regards to the Indictment
8 and/or the *Judgment in a Criminal Case*; and

9 i. The terms of this Agreement shall be reported as required by law.
10

11 5. **Release From Liability.** In execution of this Agreement, the Respondent, for
12 himself, his executors, successors and assigns, hereby releases and forever discharges the state of
13 Nevada, the Board, the Nevada Attorney General, and each of their members, agents and
14 employees in their representative capacities, and in their individual capacities, from any and all
15 manner of actions, causes of action, suits, debts, judgments, executions, claims and demands
16 whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have
17 or claim to have, against any or all of the persons or entities named in this paragraph arising out of
18 or by reason of this investigation, this Agreement or its administration.
19

20 6. **Procedure for Adoption of Agreement.** The IC and counsel for the IC shall
21 recommend approval and adoption of the terms, covenants and conditions contained herein by the
22 Board in resolution of the matters referenced herein and above. In the course of seeking Board
23 approval, adoption and/or acceptance of this Agreement, counsel for the IC may communicate
24 directly with the Board staff and members of the panel of the Board who would adjudicate this
25 case if it were to go to hearing.

26 Respondent acknowledges that such contacts and communication may be made or
27 conducted ex parte, without notice or opportunity to be heard on his part or on the part of his
28 counsel until the public Board meeting where this Agreement is discussed, and that such contacts

1 and communications may include, but not be limited to, matters concerning this Agreement, the
2 Complaint in case no. 14-12252-1, the Indictment, the *Judgment in a Criminal Case*, and any and
3 all information of every nature whatsoever related to the same or the proceedings herein against
4 Respondent. The IC and its counsel agree that Respondent and/or his counsel may appear at the
5 Board meeting where this Agreement is discussed, and if requested, respond to any questions that
6 may be addressed to the IC or its counsel.

7
8 **7. Effect of Acceptance of Agreement by Board.** In the event the Board approves,
9 accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the
10 IC will cause to be entered herein the Board's Order accepting, adopting and approving this
11 Settlement Agreement, ordering full compliance with the terms herein and ordering that this case
12 involving the Complaint in case no. 14-12252-1, as well as any matter involving the Indictment,
13 and the *Judgment in a Criminal Case*, be closed.

14
15 **8. Effect of Rejection of Agreement by Board.** In the event the Board does not
16 approve, accept and adopt the terms covenants and conditions set out in this Agreement, this
17 Agreement shall be null, void, and of no further force and effect except as to the following
18 covenant and agreement regarding disqualification of adjudicating Board panel members.
19 Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing
20 contained herein and nothing that occurs pursuant to efforts of the IC or its counsel to seek
21 acceptance and adoption of this Agreement by the Board shall disqualify any member of the
22 adjudicating panel of the Board from considering the charges against Respondent and
23 participating in the disciplinary proceeding in any role, including adjudication of the case.
24 Respondent further agrees that he shall not seek to disqualify any such member absent evidence of
25 bad faith.

9. **Binding Effect.** Providing this Agreement is approved by the Board, Respondent covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent and the Board's IC, which contract may be enforced in a court or tribunal having jurisdiction.

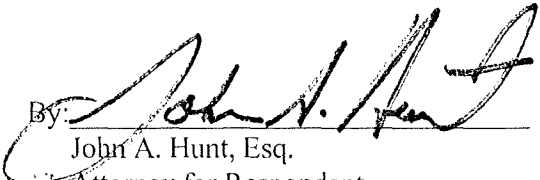
10. **Attorneys' Fees and Costs.** Respondent covenants and agrees that in the event an action is commenced in the district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover costs and reasonable attorneys' fees.

11. **Failure to Comply with Terms.** In the event the Board enters its order approving this Agreement, should Respondent fail to comply with any term or condition recited herein, the IC shall be authorized to immediately suspend Respondent's license to practice medicine in the state of Nevada pending an order to show cause hearing, which will be duly noticed. Further, failure to comply with the terms recited herein may result in additional disciplinary action being initiated against Respondent for a violation of an order of the Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to reimburse the Board for monies agreed to be paid as a condition of settlement may subject Respondent to civil collection efforts.

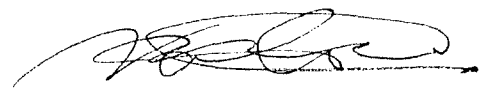
Dated this 1st day of December, 2014.

Dated this 20th day of November, 2014.

By: 
Erin L. Albright, Esq.
Attorney for the Investigative Committee

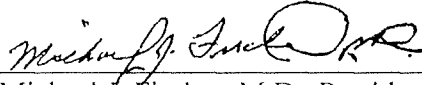
By: 
John A. Hunt, Esq.
Attorney for Respondent

UNDERSTOOD AND AGREED:


Victor R. Bruce, M.D., Respondent

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1 **IT IS HEREBY ORDERED** that the foregoing Settlement Agreement is approved and accepted by the
2 Nevada State Board of Medical Examiners on the 5th day of December 2014, with the final total
3 amount of costs due of \$932.91.

4 

5 Michael J. Fischer, M.D., President

6 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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EXHIBIT “5”

EXHIBIT “5”

United States District Court

DISTRICT OF NEVADA
PROBATION OFFICE

Chad R. Boardman
CHIEF PROBATION OFFICER

☒ Reply to Las Vegas
Foley Federal Building
300 Las Vegas Blvd. South
Suite 1200
Las Vegas, NV 89101
Tel: 702-527-7300
Fax: 702-527-7345



☐ Reply to Reno

Bruce R. Thompson U.S. Courthouse
400 S. Virginia St.
Suite 103
Reno, NV 89501
Tel: 775-686-5980
Fax: 775-686-5990

May 17, 2021

Victor Bruce
[REDACTED] Foothill Ash Avenue
Las Vegas, Nevada 89117

RE: EXPIRATION OF SUPERVISION TERM
Case No. 2:13CR00441

Dear Mr. Bruce:

This letter serves to formally confirm the expiration of your supervision term as ordered in criminal case 2:13CR00441, effective May 17, 2021.

Despite your expiration from supervision, you remain liable for any court-imposed restitution and/or fine amounts that remain outstanding and will be expected to continue with your monthly payments. If you have a felony conviction, you must adhere to all Federal and State laws prohibiting possession of firearms and/or explosive devices. Additionally, should you continue to reside in Nevada, you remain subject to local criminal registration requirements.

Sincerely,

Gabriella Mitchell

Digitally signed by
Gabriella Mitchell
Date: 2021.05.17
07:57:11 -07'00'

Gabriella Mitchell
United States Probation Officer Assistant

-Integrity is Our Guide-

EXHIBIT “6”

EXHIBIT “6”

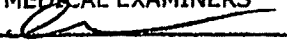
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**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of the License of:
VICTOR RONALD BRUCE, M.D.,
Respondent.

License No. 18273

FILED**JUN 16 2021**NEVADA STATE BOARD OF
MEDICAL EXAMINERSBy: **ORDER REMOVING CONDITIONS FROM LICENSE**

Victor Ronald Bruce, M.D. (Dr. Bruce), License No. 18273, personally appeared in Las Vegas, Nevada, before the Nevada State Board of Medical Examiners (Board) at its regularly scheduled meeting on June 4, 2021, requesting removal of all conditions and restrictions on his medical license.

After considering the request, good cause appearing, the Board enters the following order:

IT IS HEREBY ORDERED that all conditions and restrictions be removed from Dr. Bruce's license to practice medicine in the State of Nevada and, thereby, Dr. Bruce has an unrestricted license.

DATED this 16th day of June, 2021.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:

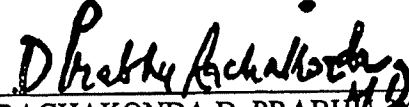

RACHAKONDA D. PRABHU, M.D.
President of the Board

EXHIBIT “7”

EXHIBIT “7”

PAYMENT AGREEMENT

VICTOR BRUCE, M.D. – CASE NO. 19-242

WHEREAS, on or about July 21, 2020, Victor Bruce, M.D. ("Bruce") was ordered by the Nevada State Board of Pharmacy ("Board") pursuant to NRS 639.2895(1) to CEASE and DESIST prescribing or dispensing controlled substances or dangerous drugs for Nevada patients without a valid registration.

WHEREAS, Bruce was concurrently issued a CITATION pursuant to NRS 639.2895(2) for his unlicensed practice and assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

WHEREAS, on July 27, 2020, Dr. Bruce, through his attorney, timely sought an appeal and requested a hearing before the Board regarding the Citation ("Appeal Request").

WHEREAS, the Board and Dr. Bruce arrived at a mutually agreeable resolution regarding the Citation/Statement wherein Dr. Bruce would acknowledge he would pay the Citation's fine amount, and Dr. Bruce would make no admission of a specific violation in relation to the payment of a fine amount. Further, Dr. Bruce would withdraw his appeal to be heard in front of the Board. Accordingly, Dr. Bruce's appeal has been withdrawn/vacated from the Board's October 14, 2020, hearing agenda.

WHEREAS, the parties further agree to the following:

- * Dr. Bruce's general acknowledgement and payment of the fine is not an admission of liability;
- * No signed "acknowledgement" is needed;
- * Payment of the fine does not constitute discipline; and
- * The general acknowledgment and payment of the fine is akin to a settlement where there is no admission of liability.

THEREFORE, Dr. Victor Bruce, hereby agrees to pay the administrative fine imposed through monthly payments pursuant to the following schedule:

<u>Due Date</u>	<u>Amount</u>
10/21/2020	1000.00
11/21/2020	800.00
12/21/2020	800.00
1/21/2021	800.00
2/21/2021	800.00
3/21/2021	800.00
Total	\$5,000.00

Bruce shall submit each payment 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. Bruce has the right to pre-pay any or all of the payments agreed to herein without interest accruing.

The Board and Victor Bruce, M.D. have considered and fully understood the terms in the foregoing agreement and freely and voluntarily agrees to the terms set forth herein.

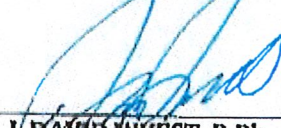
AGREED:

Signed this ___ day of September, 2020



VICTOR BRUCE, M.D.

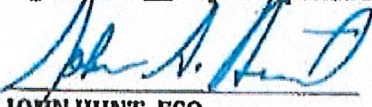
Signed this ¹³ day of September, 2020



J. DAVID WUEST, R.Ph.
Executive Secretary
Nevada State Board of Pharmacy

APPROVED AS TO FORM AND CONTENT:

Signed this ___ day of September, 2020



JOHN HUNT, ESQ.
Attorney for Victor Bruce, M.D.

EXHIBIT “8”

EXHIBIT “8”

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-12252-1

Against:

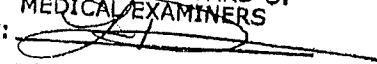
VICTOR RONALD BRUCE, M.D.,

Respondent.

FILED

NOV 23 2020

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

FIRST AMENDED COMPLAINT

The Investigative Committee (IC)¹ of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Victor Ronald Bruce, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and the Nevada Administrative Code (NAC) Chapter 630 (collectively Medical Practice Act), hereby issues its First Amended Complaint (Amended Complaint), stating the IC's charges and allegations as follows:

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on September 7, 2018 (License No. 18273).

2. Bernard Kofi Addo-Quaye, M.D. (Addo-Quaye) was at all times relative to this Amended Complaint a licensed medical doctor holding an active license to practice medicine in the State of Nevada (License No. 9413). Addo-Quaye was originally licensed by the Board on June 13, 2000.

3. On October 23, 2014, in the matter of United States of America v. Victor Bruce, MD, United States District Court, District of Nevada, Case No. 2: 13-cr-0041-APG-CWH, the Court

¹ The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Amended Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chairman, Ms. April Mastroluca, and Weldon Havins, M.D., J.D.

1 entered its Judgment in a Criminal Case, adjudging Respondent guilty of violating 21 USC §§
2 846, 841(a)(1) and (b)(1)(C), conspiracy to distribute oxycodone, and sentencing him to forty-six
3 (46) months of imprisonment, among other sanctions.

4 4. On December 31, 2014, the Board revoked Respondent's former license to practice
5 medicine (License No. 8652) pursuant to a Settlement Agreement and Order entered by the Board
6 on December 8, 2014.

7 5. Following Respondent's release from incarceration, Respondent submitted to the
8 Board an application for licensure and preceptor plan. After an appearance by Respondent and
9 Addo-Quaye before the Board at a public meeting on September 7, 2018, and good case
10 appearing, the Board issued Respondent an "Active-Restricted" license to practice medicine for
11 the express purpose of permitting him to participate in a preceptorship with Addo-Quaye, whereby
12 Addo-Quaye was to supervise the medical activities of Respondent and report to the Board
13 regarding Respondent's competence to practice medicine. The Board ordered Respondent to
14 complete a one (1) year preceptorship with Addo-Quaye, and explicitly restricted Respondent
15 from prescribing controlled substances for a minimum of twenty-four (24) months or until his
16 probation period lapses, whichever is greater, and subject to prior approval of the Board.

17 6. Addo-Quaye held, at all times relative to this Amended Complaint, a controlled
18 substance registration, Certificate of Registration No. CS10103, issued by the Nevada State Board
19 of Pharmacy (Pharmacy Board).

20 7. Respondent, at all times relative to this Amended Complaint, did not hold a
21 controlled substance registration, or any other kind of license to prescribe controlled substances,
22 issued by the Pharmacy Board.

23 8. Addo-Quaye, at all times relative to this Amended Complaint, was the proprietor of
24 "Bernard Addo-Quaye, MD PC," dba "TruCare Medical Center" ("TruCare"). TruCare is located
25 at 2290 McDaniel Street, Suite 2A, North Las Vegas, Nevada 89030.

26 9. Respondent was engaged as a preceptee of Addo-Quaye at TruCare from
27 September 2018 to present.

28 ///

10. Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019.

COUNT I

NRS 630.306(1)(b)(3)

(Violation of Statutes and Regulations of the Nevada State Board of Pharmacy)

11. All of the allegations contained in Paragraphs 1-10 above are hereby incorporated by reference as though fully set forth herein.

12. Respondent is a practitioner as defined by NRS 639.0125(1), as a physician, who holds a license to practice medicine in the State of Nevada.

13. NRS 630.306(1)(b)(3) provides that engaging in conduct that violates a provision of chapter 639 of NRS, or a regulation adopted by the State Board of Pharmacy pursuant thereto, that is applicable to a licensee who is a practitioner, as defined in NRS 639.0125, is grounds for initiating discipline against a licensee.

14. The Nevada State Board of Pharmacy adopted NAC 454.060, which sets forth requirements for written prescriptions for dangerous drugs. NAC 454.060 incorporates and includes the prescription requirements of NRS 454.223. In part, NRS 454.223(2)(a) provides:

2. A written prescription must contain:
 - (a) The name of the practitioner, the signature of the practitioner if the prescription was not transmitted orally and the address of the practitioner if not immediately available to the pharmacist;

15. Respondent violated NAC 454.060 in that, as Addo-Quaye's preceptee, and while Addo-Quaye was out of the country from September 1, 2019, to September 20, 2019, Respondent prescribed dangerous drugs by using Addo-Quaye's blank prescription pads having Addo-Quaye's name pre-printed on the prescription forms. Respondent failed to cross-out Addo-Quaye's name on the prescription forms and write in his own name prior to Respondent signing his own name on the prescription for dangerous drugs, in violation of NAC 454.060, a regulation of the State Board of Pharmacy, because the above-referenced prescription did not contain Respondent's name (although it did contain Respondent's signature), as required by NRS 454.223(2)(a) which is incorporated by NAC 454.060, a regulation adopted by the State Board of Pharmacy.

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(775) 688-2559

16. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the IC prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Amended Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Amended Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

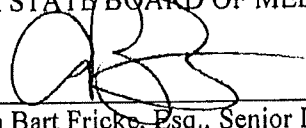
3. That the Board determine what sanctions to impose if it finds and concludes that there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, to include sanctions to be imposed; and

5. That the Board take such other and further action as may be just and proper in these premises.

DATED this 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: 

Aaron Bart Fricke, Esq., Senior Deputy General Counsel
Attorney for the Investigative Committee

OFFICE OF THE GENERAL COUNSEL
 Nevada State Board of Medical Examiners
 9600 Gateway Drive
 Reno, Nevada 89521
 (775) 688-2559

1 VERIFICATION

2 STATE OF NEVADA)
 3) ss.
 4 COUNTY OF WASHOE)

5 Mr. M. Neil Duxbury, having been duly sworn, hereby deposes and states under penalty of
 6 perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of
 7 Medical Examiners that authorized the Complaint against the Respondent herein; that he has read
 8 the foregoing Complaint; and that based upon information discovered in the course of the
 9 investigation into a complaint against Respondent, he believes that the allegations and charges in
 10 the foregoing Complaint against Respondent are true, accurate and correct.

11 DATED this 23 day of November, 2020.

12 INVESTIGATIVE COMMITTEE OF THE
 13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

14 By: M. Neil Duxbury
 15 M. Neil Duxbury, Chairman
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CERTIFICATE OF SERVICE

I hereby certify that I am employed by the Nevada State Board of Medical Examiners and that on the 23rd day of November, 2020, I served a file-stamped copy of the **FIRST AMENDED COMPLAINT**, via electronic mail to the following:

John A. Hunt Esq. at jhunt@clarkhill.com
c/o Victor Ronald Bruce, M.D.
3800 Howard Hughes Pkwy., Ste. 500
Las Vegas, NV 89169

DATED this 23rd day of November, 2020.

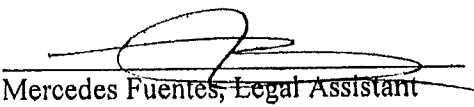

Mercedes Fuentes, Legal Assistant
Nevada State Board of Medical Examiners

EXHIBIT “9”

EXHIBIT “9”

261322291

261557258

**BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA**

* * * * *

In the Matter of Charges and Complaint

Case No. 20-12252-1

Against

FILED

VICTOR RONALD BRUCE, M.D.,

DEC - 4 2020

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERSBy: **SETTLEMENT AGREEMENT**

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), by and through Aaron Bart Fricke, Esq., Senior Deputy General Counsel for the Board and attorney for the IC, and Victor Ronald Bruce, M.D. (Respondent), a licensed physician in Nevada, assisted by his attorney, John Hunt, Esq., of the law firm of Clark Hill PLC, hereby enter into this Settlement Agreement (Agreement) based on the following:¹

A. BACKGROUND

1. Respondent is a medical doctor currently licensed in active-restricted status by the Board pursuant to Chapter 630 of the Nevada Revised Statutes (NRS) and Chapter 630 of the Nevada Administrative Code (NAC) (collectively, the Medical Practice Act). His license was originally issued on September 7, 2018 (License No. 18273).

2. On November 23, 2020, in Case No. 20-12252-1, the IC filed a formal First Amended Complaint (Complaint) charging Respondent with violating the Medical Practice Act.² Specifically, the Complaint alleges one (1) violation: one (1) violation of NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of Pharmacy.

///

¹ All agreements and admissions made by Respondent are solely for final disposition of these matters and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, Respondent's agreements and admissions are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, state or federal civil or criminal proceeding, any state or federal court proceeding, or any credentialing or privileges matter.

² Due to the filing of the Amended Complaint, the initial formal Complaint filed on August 13, 2020, is withdrawn and deemed to be of no force and effect.

V.R.

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1 3. By reason of the foregoing, Respondent is subject to discipline by the Board as
2 provided in NRS 630.352.

3 4. Respondent was properly served with a copy of the Complaint, has reviewed and
4 understands the Complaint, and has had the opportunity to consult with competent counsel
5 concerning the nature and significance of the Complaint.

6 5. Respondent is hereby advised of his rights regarding these administrative matters, and
7 of his opportunity to defend against the allegations in the Complaint. Specifically, Respondent has
8 certain rights in these administrative matters as set out by the United States Constitution, the Nevada
9 Constitution, the Medical Practice Act, the Nevada Open Meeting Law (OML), which is contained in
10 NRS Chapter 241, and the Nevada Administrative Procedure Act (APA), which is contained in
11 NRS Chapter 233B. These rights include the right to a formal hearing on the allegations in the
12 Complaint, the right to representation by counsel, at his own expense, in the preparation and
13 presentation of his defense, the right to confront and cross-examine the witnesses and evidence against
14 him, the right to written findings of fact, conclusions of law and order reflecting the final decision of
15 the Board, and the right to judicial review of the Board's order, if the decision is adverse to him.

16 6. Respondent understands that, under the Board's charge to protect the public by
17 regulating the practice of medicine, the Board may take disciplinary action against Respondent's
18 license, including license probation, license suspension, license revocation and imposition of
19 administrative fines, as well as any other reasonable requirement or limitation, if the Board
20 concludes that Respondent violated one or more provisions of the Medical Practice Act.

21 7. Respondent understands and agrees that this Agreement, by and between
22 Respondent and the IC, is not with the Board, and that the IC will present this Agreement to the
23 Board for consideration in open session at a duly noticed and scheduled meeting. Respondent
24 understands that the IC shall advocate for the Board's approval of this Agreement, but that the
25 Board has the right to decide in its own discretion whether or not to approve this Agreement.
26 Respondent further understands and agrees that if the Board approves this Agreement, then the
27 terms and conditions enumerated below shall be binding and enforceable upon him and the Board.

28 ///

VB

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1 **B. TERMS & CONDITIONS**

2 **NOW, THEREFORE**, in order to resolve the matters addressed herein, i.e., the matters
 3 with regard to the Complaint, Respondent and the IC hereby agree to the following terms and
 4 conditions:

5 1. **Jurisdiction.** Respondent is, and at all times relevant to the Complaint has been, a
 6 physician licensed to practice medicine in Nevada subject to the jurisdiction of the Board as set
 7 forth in the Medical Practice Act.

8 2. **Representation by Counsel/Knowing, Willing and Intelligent Agreement.**
 9 Respondent acknowledges he is represented by counsel, and wishes to resolve the matters
 10 addressed herein with said counsel. Respondent agrees that if representation by counsel in this
 11 matter materially changes prior to entering into this Agreement and for the duration of this
 12 Agreement, that counsel for the IC will be timely notified of the material change. Respondent
 13 agrees that he knowingly, willingly and intelligently enters into this Agreement after deciding to
 14 have a full consultation with and upon the advice of legal counsel.

15 3. **Waiver of Rights.** In connection with this Agreement, and the associated terms
 16 and conditions, Respondent knowingly, willingly and intelligently waives all rights in connection
 17 with these administrative matters. Respondent hereby knowingly, willingly and intelligently
 18 waives all rights arising under the United States Constitution, the Nevada Constitution, the
 19 Medical Practice Act, the OML, the APA, and any other legal rights that may be available to him
 20 or that may apply to him in connection with the administrative proceedings resulting from the
 21 Complaint filed in this matter, including defense of the Complaint, adjudication of the allegations
 22 set forth in the Complaint, and imposition of any disciplinary actions or sanctions ordered by the
 23 Board. Respondent agrees to settle and resolve the allegations of the Complaint as set out by this
 24 Agreement, without a hearing or any further proceedings and without the right to judicial review.

25 4. **Acknowledgement of Reasonable Basis to Proceed.** As of the time of entering
 26 into this Settlement Agreement, the allegations of the Complaint remain unproven. Respondent
 27 acknowledges that the IC believes it has a reasonable basis to allege that Respondent engaged in
 28 conduct that is grounds for discipline pursuant to the Medical Practice Act. The IC acknowledges

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1 that Respondent is not admitting that the IC's claims/counts as alleged in the Complaint have
2 merit and Respondent is agreeing to resolve this matter to avoid the costs of hearing and potential
3 subsequent litigation. Respondent asserts that if these matters were to proceed to hearing, he has
4 evidence, witnesses, expert witness(es) and defenses to the count/claim alleged in the Complaint,
5 but for the purposes of resolving these matters and for no other purpose, Respondent waives the
6 presentation of evidence, witnesses, expert witnesses, and defenses in order to effectuate this
7 Agreement.

8 5. Consent to Entry of Order. In order to resolve the Complaint pending against
9 Respondent, Respondent hereby agrees that the Board may issue an order finding that Respondent
10 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act. Accordingly,
11 the following terms and conditions are hereby agreed upon:

12 a. Respondent admits to Count I of the Complaint, one (1) violation of
13 NRS 630.306(1)(b)(3), Violation of Statutes and Regulations of the Nevada State Board of
14 Pharmacy.

15 b. Respondent shall pay a fine of five hundred dollars (\$500.00) within sixty
16 (60) days of the Board's acceptance, adoption and approval of this Agreement.

17 c. Respondent will pay the costs and expenses incurred in the investigation
18 and prosecution of the above-referenced matter within sixty (60) days of the Board's acceptance,
19 adoption and approval of this Agreement, in the amount of two thousand eighty-four dollars and
20 eighteen cents (\$2,084.18).

21 d. Respondent shall undergo either an independent peer review examination or
22 a Physician Assessment and Clinical Education (PACE) examination to assess his current clinical
23 competency to practice medicine, with the examination to be completed within ninety (90) days of
24 the Board's acceptance, adoption and approval of this Agreement. The examination shall be
25 conducted pursuant to and in accord with NRS 630.318. The examination shall be conducted by a
26 provider approved by the Board in advance of the examination. The examiner shall, within sixty
27 (60) days of the completion of the examination, render an opinion and report to the Board
28 regarding whether Respondent is competent to practice medicine with an unrestricted license,

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1 noting any concerns or deficiencies and areas of necessary improvement. The examination and
2 report shall be performed at Respondent's sole expense.

3 e. Upon completion of the terms and conditions set forth in paragraph 5(b)-(d)
4 above, Respondent shall petition the Board for an unrestricted license, and appear at a public
5 meeting where the Board shall review the record presented and render a determination on that
6 petition in good faith.

7 f. Respondent shall remain prohibited from writing prescriptions for
8 controlled substances until further order of the Board.

9 g. This Agreement shall be reported to the appropriate entities and parties as
10 required by law, including, but not limited to, the National Practitioner Data Bank.

11 h. Respondent shall receive a Public Letter of Reprimand.

12 i. All claims and allegations arising from Board Investigative Case No.
13 19-18983 shall be dismissed with prejudice.

14 6. Release From Liability. In execution of this Agreement, Respondent understands
15 and agrees that the State of Nevada, the Board, and each of its members, staff, counsel,
16 investigators, experts, peer reviewers, committees, panels, hearing officers, consultants and agents
17 are immune from civil liability for any decision or action taken in good faith in response to
18 information acquired by the Board. NRS 630.364(2)(a). Respondent agrees to release the State of
19 Nevada, the Board, and each of its members, staff, counsel, investigators, experts, peer reviewers,
20 committees, panels, hearing officers, consultants and agents from any and all manner of actions,
21 causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and
22 unknown, in law or equity, that Respondent ever had, now has, may have or claim to have, against
23 any or all of the persons, government agencies or entities named in this paragraph arising out of,
24 or by reason of, this investigation, this Agreement or the administration of the case referenced
25 herein.

26 7. Procedure for Adoption of Agreement The IC and counsel for the IC shall
27 recommend approval and adoption of the terms and conditions of this Agreement by the Board in
28 resolution of the Complaint at an upcoming Board meeting at the Board's earliest convenience,

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1 and Respondent hereby waives notice of the same, whether under the United States Constitution,
2 the Nevada Constitution, the Medical Practice Act, the OML, the APA, or otherwise. In the
3 course of seeking Board acceptance, approval and adoption of this Agreement, counsel for the IC
4 may communicate directly with the Board staff and the adjudicating members of the Board.

5 Respondent acknowledges that such contacts and communications may be made or
6 conducted ex parte, without notice or opportunity to be heard on his part until the public Board
7 meeting where this Agreement is discussed, and that such contacts and communications may
8 include, but may not be limited to, matters concerning this Agreement, the Complaint and any and
9 all information of every nature whatsoever related to these matters. The IC and its counsel agree
10 that Respondent and/or Counsel for the Respondent may appear at the Board meeting where this
11 Agreement is discussed and, if requested, respond to any questions that may be addressed to the
12 IC or the IC's counsel.

13 8. Effect of Acceptance of Agreement by Board. In the event the Board accepts,
14 approves and adopts this Agreement, the Board shall issue a final order, making this Agreement
15 an order of the Board, and, pending full compliance with the terms herein, the case shall be closed
16 and any and all remaining claims arising out of the Complaint shall be dismissed with prejudice.

17 9. Effect of Rejection of Agreement by Board. In the event the Board does not
18 accept, approve and adopt this Agreement, this Agreement shall be null, void and of no force and
19 effect except as to the following agreement regarding adjudications: (1) Respondent agrees that,
20 notwithstanding rejection of this Agreement by the Board, nothing contained in this Agreement
21 and nothing that occurs pursuant to efforts of the IC to seek the Board's acceptance of this
22 Agreement shall disqualify any member of the adjudicating panel of the Board from considering
23 the Complaint and from participating in disciplinary proceedings against Respondent, including
24 adjudication of this case; and (2) Respondent further agrees that he shall not seek to disqualify any
25 such member absent evidence of bad faith.

26 10. Binding Effect. If approved by the Board, Respondent understands that this
27 Agreement is a binding and enforceable contract upon Respondent and the Board.

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1 11. Forum Selection Clause. The parties agree that in the event either party is
 2 required to seek enforcement of this Agreement in district court, the parties consent to such
 3 jurisdiction and agree that jurisdiction shall be in the Second Judicial District Court, State of
 4 Nevada, Washoe County.

5 12. Attorneys' Fees and Costs. The parties agree that in the event an action is
 6 commenced in district court to enforce any provision of this Agreement, the prevailing party shall
 7 be entitled to recover reasonable attorneys' fees and costs.

8 13. Failure to Comply With Terms. Should Respondent fail to comply with any term
 9 or condition of this Agreement once the Agreement has been accepted, approved and adopted by
 10 the Board, the IC shall be authorized to immediately suspend Respondent's license to practice
 11 medicine in Nevada pending an Order To Show Cause Hearing on revocation, which will be duly
 12 noticed. Failure to comply with the terms of this Agreement, including failure to pay any fines,
 13 costs, expenses or fees owed to the Board, is a failure to comply with an order of the Board, which
 14 may result in additional disciplinary action being taken against Respondent. NRS 630.3065(2)(a).

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9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

Further, Respondent's failure to remit payment to the Board for monies agreed to be paid as a condition of this Agreement may subject Respondent to any civil and administrative collection efforts available.

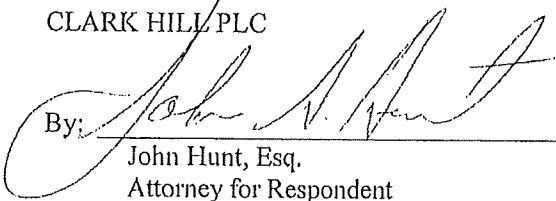
Dated this 23 day of November, 2020.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

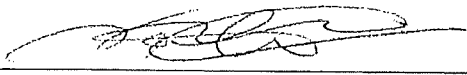
By: 
Aaron Bart Fricke, Esq., Senior Deputy General Counsel
Attorney for the Investigative Committee

Dated this 19 day of Nov, 2020.

CLARK HILL PLC

By: 
John Hunt, Esq.
Attorney for Respondent

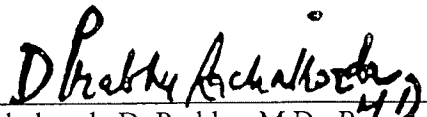
Dated this 19th day of November, 2020.


Victor Ronald Bruce, M.D., Respondent

ORDER

IT IS HEREBY ORDERED, that the foregoing Settlement Agreement (Case No. 20-12252-1) was approved and accepted by the Nevada State Board of Medical Examiners on the 4th day of December, 2020, with the final total amount of costs due of two thousand eighty-four dollars and eighteen cents (\$2,084.18)

DATED this 4th day of December, 2020.


Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 895521
(775) 688-2559

10C

NEVADA STATE BOARD OF PHARMACY

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

CONTROLLED SUBSTANCE APPLICATION**Non-Refundable \$200 fee**

Rev (05/19/2021)

(This application cannot be used by PA's or APRN's)**Section 1: Personal Information**

First: Mark Middle: James Last: Vellek
 Date of Birth: [REDACTED] SSN or ITIN: [REDACTED] Sex: ☒ M ☐ F ☐ X
 Home Address: [REDACTED] Pont Marie Dr
 City: Henderson State: NV Zip: 89044
 Telephone: [REDACTED] Email: [REDACTED]
 Degree: MD Practitioner License #: 20944 Specialty: Hematology/Oncology
 (You MUST have a current and active license with your respective BOARD to apply for and maintain a controlled substance registration.)

Section 2: Practice Information (A practice address is required for processing of your application.)

Practice Name (if any): Carson Tahoe Regional Medical Center
 Practice Address: 1600 Medical Pkwy Suite #:
 City: Carson City State: NV Zip: 89703
 Telephone: (775) 445-8000 Fax: Email:

Section 3: Military Service (NRS 622.120)

	Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (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: Personal and Professional History						Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?							☒
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?							☒
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?						☒	
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?							☒
If you marked YES to any questions above, include the following information and provide a signed statement of explanation. Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.							
Board Administrative Action:		State:		Date:		Case #:	
MO BNDP		MO		11/22/2013			
Criminal Action:		State:	Date:	Case #:	County:	Court:	

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Mark James Vellek, MD

Print Name (First, Last)

7/1/2021

Date



Original Signature (electronic, copies or stamps not accepted)

7/1/2021

Date

Board Use Only: Date Processed: _____ Amount: \$200 (cc)

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Parkway, Suite 206
Reno, NV 89521
(775) 850-1440

July 1, 2021

In 2013, the FDA visited an out of town clinic in Kirksville, MO where my previous group practices. We keep and deliver IV medications, including scheduled drugs at that facility. I was made aware that our nurses were not keeping required records for some of those drugs, namely, versed. We also handle morphine for administration in the clinic. The findings details lapses in adequate record keeping, and it is important to note that there was no evidence of diversion or misuse of any of the controlled substances, but the nurses were not properly educated to make note of the other scheduled drugs, besides the schedule II narcotics - for which there were no deficiencies.

After a complete investigation, my FDA and BNDD certificates were placed on probation for two years. The State Board of Healing Arts for Missouri also discussed possible action against my license, but in the end, no public action was EVER taken against my license. I did receive a "Letter of Concern" which I have also included. At no time was my license in any way censured or reprimanded.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Vellek". The signature is fluid and cursive, with the first name "Mark" and last name "Vellek" clearly distinguishable.

Mark Vellek, MD

SETTLEMENT AGREEMENT

I

Come now Mark Vellek, M.D. and the Missouri Department of Health and Senior Services', Bureau of Narcotics and Dangerous Drugs (hereinafter the Bureau) and enter into this Agreement for the purpose of resolving the question of whether Dr. Vellek's Missouri Controlled Substances Registration should be disciplined.

The parties understand that this Agreement is in lieu of a trial-type hearing of the Bureau's charges against Dr. Vellek at the Administrative Hearing Commission where he would have the right to appear and be represented by legal counsel; the right to have all charges proven upon the record by competent and substantial evidence; the right to cross-examine any witnesses appearing at the hearing; the right to a decision upon the record by a fair and impartial administrative hearing commissioner concerning the charges pending and, subsequently, the right to a disciplinary hearing before the Bureau, at which time evidence in mitigation of discipline may be presented; and the right to a claim for attorney's fees and expenses if Dr. Vellek were a prevailing party. Being aware of these rights, the parties knowingly and voluntarily waive each and every one of these rights and agree to abide by the terms of this document, in lieu of proceedings before the Administrative Hearing Commission.

Dr. Vellek acknowledges that he is aware that he may, at the time this Agreement becomes effective, or within 15 days thereafter, submit this Agreement to the Administrative Hearing Commission for determination that the facts agreed to by the parties constitute grounds for discipline of Dr. Vellek's Missouri Controlled Substance Registration.

Dr. Vellek acknowledges that he has been informed of his right to consult legal counsel in this matter.

II

Dr. Vellek and the Bureau stipulate to the following facts:

1. The Bureau of Narcotics and Dangerous Drugs is a bureau within the Missouri Department of Health and Senior Services, an agency of the State of Missouri.
2. Dr. Vellek is registered by the Bureau to stock, prescribe, dispense and administer controlled substances under Missouri Controlled Substances Registration number 1364577091 at a practice location of 603 West Pierce Street, Kirksville, MO 63501.
3. On October 7, 2008, an investigator for the Bureau visited the Kirksville practice where Dr. Vellek is the physician responsible for the controlled substances to conduct an inspection of controlled substance record keeping

and security. Dr. Vellek was cited for several violations, primarily relating to failure to maintain complete and current controlled substance records.

4. Dr. Vellek received a Letter of Censure from the Bureau on November 5, 2008, for the above violations.
5. On or about March 29, 2013, Bureau Administrator Michael Boeger received information regarding activity involving the Kirksville office, a subsidiary of Vellek's Columbia-based practice.
6. On May 2, 2013, Bureau Investigator Andrew Hayden went to 603 West Pierce, Kirksville to conduct an inspection of controlled substance record keeping and security. At the time of Investigator Hayden's inspection Dr. Vellek had already learned of certain violations and had implemented corrective measures. Dr. Vellek was responsible to:
 - Purchase and stock all controlled substances for the George Rea Cancer Treatment Center.
 - Receive Schedule II drugs on DEA transfer forms from the pharmacy in Columbia.
 - Receive other scheduled drugs from distributors.
7. Dr. Vellek was stocking the following controlled substances: morphine, Demerol™, hydromorphone, midazolam, diazepam, lorazepam and depo-testosterone.
8. Immediately following the inspection, Investigator Hayden interviewed Christine Thomas regarding the results of the inspection. Nurse Thomas provided the following information:
 - She had received a phone call from the Columbia pharmacy immediately following the Bureau's inspection at their location;
 - The pharmacy informed her of the violations they received and advised her to complete an annual inventory, create a file for invoices, and create an administration log;
 - Except for the Schedule II controlled substances administration log, none of these required records were being maintained previous to the instructions from the pharmacy. This practice location had just begun keeping the records in the form required by the Bureau a few weeks prior to Investigator Hayden's visit; however, the records were stored and available; and
 - She was now placed in charge of the record keeping for Dr. Vellek and was given a Power of Attorney.
9. While visiting the Kirksville office, Investigator Hayden obtained a copy of Dr. Vellek's last annual inventory and completed an initial inspection sheet to document how the records were being kept on the day of the inspection. He found them compliant; however, the comments section of the inspection sheet

noted that the practice did not maintain complete records for the previous year.

10. Dr. Vellek began maintaining receipt records as required by law after being informed by a pharmacy. Dr. Vellek did not have immediate access to receipt records for controlled substances for the prior two years and therefore did not maintain controlled substance receipt records as required.
11. Section 195.050.6, RSMo. 2000, states:

Every person registered to manufacture, distribute or dispense controlled substances under sections 195.005 to 195.425 shall keep records and inventories of all such drugs in conformance with the record keeping and inventory requirements of federal law, and in accordance with any additional regulations of the department of health and senior services.
12. Regulation 19 CSR 30-1.042(3), states:

Annual Inventory Date. After the initial inventory is taken, the registrant shall take a new inventory of all stocks of controlled substances on hand at least once a year. The annual inventory may be taken on any date that is within one year of the previous annual inventory date.
13. Regulation 19 CSR 30-1.048(1) states:
 - (1) Each individual practitioner, institutional practitioner and pharmacy shall maintain records with the following information for each controlled substance received, maintained, dispensed or disposed:
 - (A) The name of the substance;
 - (B) Each finished form (for example, ten milligram (10 mg) tablet or ten milligram (10mg) concentration per fluid ounce or milliliter) and the number of units or volume of finished form in each commercial container (for example, 100 tablet bottle or three milliliter (3 ml) vial);
 - (C) The number of commercial containers of each finished form received from other persons, including the date of and number of containers in each receipt and the name, address and registration number of the person from whom the containers were received;
 - (D) The number of units or volume of the finished form dispensed including the name and address of the person to whom it was dispensed, the date of dispensing, the number of units or volume dispensed and the written or typewritten name or initials of the individual who dispensed or administered the substance;
 - (E) The number of units or volume of the finished forms, commercial containers, or both, disposed of in any other manner by the registrant, including the date and manner of disposal and the quantity of the substance in finished form disposed.

14. Dr. Vellek began maintaining a controlled substance inventory as required for all controlled substances after being informed by a pharmacy that was required. Dr. Vellek did not maintain annual inventories as required.
15. Dr. Vellek did not maintain a separate administration and dispensing log to document the use of Schedule III-V controlled substances as required; however, he did so for Schedule II controlled substances. For Schedule III-V controlled substances, Dr. Vellek did not maintain a separate log to document the date, patient name, address, drug name, strength, form, and quantity, and names or initials to identify staff conducting activities. Dr. Vellek began maintaining records as required by law after being advised to do so by a pharmacist.
16. Regulation 19 CSR 30-1.044(1) states:

Every registrant required to keep records shall maintain on a current basis a complete and accurate record of each such substance manufactured, imported, received, sold, delivered, exported or otherwise disposed of by him/her.
17. Dr. Vellek did not maintain complete and current controlled substance records as required by law.
18. Not maintaining current controlled substance records such as receipt records, inventories, and dispensing logs made it impossible to conduct an audit of controlled substances to verify their accountability.
19. Regulation 19 CSR 30-1.031(1) states in material part:

All registrants shall provide effective controls to guard against the diversion or theft of controlled substances.
19. Section 195.040, RSMo. 2000, states in material part:
7. A registration to manufacture, distribute, or dispense a controlled substance may be suspended or revoked by the department of health and senior services upon a finding that the registrant:

* * *
(4) Has violated any federal controlled substances statute or regulation, or any provision of sections 195.005 to 195.425 or regulation promulgated pursuant to sections 195.005 to 195.425.

III

Dr. Vellek and the Bureau stipulate to the following conclusions of law:

1. The Bureau of Narcotics and Dangerous Drugs is a bureau within the Missouri Department of Health and Senior Services created and established pursuant to section 192.005, RSMo. 2000 for the purpose of administering, executing and enforcing the provisions of Chapter 195, RSMo., the "Comprehensive Drug Control Act of 1989."
2. Dr. Vellek did not maintain controlled substance receipt records as required in violation of Section 195.050.6, RSMo. 2000 and 19 CSR 30-1.048(1).
3. Dr. Vellek did not maintain annual inventories as required in violation of Section 195.050.6, RSMo. 2000 and 19 CSR 30-1.042(3).
4. For Schedule III-V controlled substances, Dr. Vellek did not maintain a separate administration and dispensing log to document their use as required in violation of Section 195.050.6, RSMo. 2000 and 19 CSR 30-1.048.
5. Dr. Vellek did not maintain complete and current controlled substances records as required by law in violation of Section 195.050.6, RSMo. 2000 and 19 CSR 30-1.044(1).
6. Incomplete records prevented an audit from being conducted to verify the accountability for all controlled substances, in violation of Regulation 19 CSR 30-1.031(1).
7. Cause exists to discipline Dr. Vellek's Missouri Controlled Substances Registration pursuant to Section 195.040.7, RSMo. 2000.

IV

In light of the foregoing stipulation of facts the Bureau shall continue to grant Dr. Vellek a registration, under probation, under the following terms:

1. Dr. Vellek understands that should he relocate his current primary registered practice location, the controlled substance registration will terminate immediately, and he may not conduct activities with controlled substances until he has been issued a new certificate of registration for the new practice location.
2. Dr. Vellek shall apply for Missouri Controlled Substance Registrations and professional licenses in a timely fashion and shall be current in his registrations at all times, including the reporting of any change in his practice address.

3. Violation of any term of this Settlement Agreement by Dr. Vellek is sufficient basis for the Bureau to pursue a new and additional action against his controlled substances registration or deny a pending application for a controlled substances registration, after Dr. Vellek has been afforded due process and a conference with the Bureau.
4. Copies of this Settlement Agreement shall be forwarded by the Bureau to the Missouri State Board of Registration for the Healing Arts and to the Federal Drug Enforcement Administration (DEA) in accordance with Section 195.190, RSMo. 2000.
5. The conditions of this Settlement Agreement shall be in effect for two years from the date of execution of this Settlement Agreement. At the end of one year Dr. Vellek may write the Bureau and ask to have this Agreement terminated early.
6. Dr. Vellek may continue to prescribe controlled substances and also administer controlled substances from the stock of another authorized registrant.
7. Dr. Vellek shall not order, purchase, accept, or stock controlled substances, including samples for dispensing. Should unsolicited samples of controlled substances be received via mail or common carrier, the Bureau shall be notified immediately after receipt of said samples by Dr. Vellek for proper disposal.
8. All controlled substances in Dr. Vellek's possession shall be transferred to the possession of another authorized registrant within 30 days of the date of the execution of this Settlement Agreement.
9. Dr. Vellek shall not violate any provision of Chapter 195 of the Revised Statutes of Missouri nor any regulation promulgated thereunder or the federal Controlled Substances Act 21 U.S.C. 801—966 and its federal regulations 21 CFR 1300—1399.
10. All costs and expenses incurred by Dr. Vellek in complying with this Settlement Agreement shall be the sole responsibility of Dr. Vellek, and shall in no way be the obligation of the Missouri Department of Health and Senior Services.

Mark Vellek

Mark Vellek, M.D.

Michael R. Boeger, Administrator
on behalf of the Missouri Department of
Health and Senior Services' Bureau of
Narcotics and Dangerous Drugs

11/22/13

Date

Date

Witness

Bureau of Narcotics & Dangerous Drugs
Witness

Date

Date



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: www.pr.mo.gov/healingarts.asp

Connie Clarkston
Executive Director

September 9, 2014

Mark J. Vellek, MD
[REDACTED] East Broadway, Suite [REDACTED]
Columbia, Missouri 65201

Re: 2013-006668

Dear Dr. Vellek:

The Missouri State Board of Registration for the Healing Arts ("Board") at its June 2014, Conference Call reviewed the documentation submitted by the Missouri Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs (BNDD).

~~Following that review, the Board has directed me to withdraw the previously proposed settlement agreement and to inform you via this private Letter of Concern that your failure to maintain adequate records, including the failure to keep an annual inventory and to keep invoices for controlled substances received which led to probation of your BNDD registration for a period of two (2) years is of concern to the Board.~~

This letter is not a public record pursuant to Section 334.001, RSMo, and, as such, will not be disclosed except as allowed by statute. This letter does not constitute a disciplinary action.

Sincerely,

Connie Clarkston
Connie Clarkston
Executive Director

CC/sm

cc: Lori Levine

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
TECHNICIAN DISPENSING IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable, cashier's check or money order only, no checks)

First: Dianne Middle: A. Last: RACONAS
 Home Address: Campanella Ct. Apt #:
 City: Las Vegas State: NV Zip Code: 89123
 Telephone: SS# or ITIN:
 Date of Birth: Place of Birth: Philippines Sex: M ☐ or F ☒
 E-mail Address:

I am requesting registration at the following dispensing practitioner's office:

Dispensing Practitioner: Jill Oliver, MD
 Practice Name: Glimpse Medical
 Address: 5990 S. Rainbow Blvd. Ste. 100
 City: Las Vegas State: NV Zip Code: 89118
 Signature of Dispensing Practitioner: [Signature]
 (Without the signature of the dispensing practitioner, 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?..... Yes ☒ No ☐
 3. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... Yes ☒ No ☐
 4. Been the subject of an administrative action whether completed or pending in any state?..... Yes ☒ No ☐
 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... Yes ☒ No ☐

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide documentation:

Board Administrative Action:	State	Date:	Case #:
<u>NV BOP</u>	<u>CURRENT</u>	<u>CASA</u>	
Criminal Action:	State	Date:	Case #:
	<u> </u>	<u> </u>	<u> </u>
		County	Court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of the application.

Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒
 IF you marked YES to the question, above are you in compliance with the court order?.. Yes ☐ No ☒

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Original Signature, no copies or stamps accepted

Date

9.23.2020

Board Use Only

Received: Amount: Entity #

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521
TECHNICIAN DISPENSING IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable, cashier's check or money order only, no checks)

First: Dianne Middle: A Last: Racosas
 Home Address: Campanella St. Apt #:
 City: Las Vegas State: NV Zip Code: 89123
 Telephone: Social Security Number:
 Date of Birth: Place of Birth: Philippines Sex: M ☐ or F ☒
 E-mail Address:

I am requesting registration at the following dispensing practitioner's office:

Dispensing Practitioner: Jill Oliver MD
 Practice Name: Glimpse Medical
 Address: 5990 S. Rainbow Blvd. #100
 City: Las Vegas State: NV Zip Code: 89118
 Signature of Dispensing Practitioner: [Signature]

(Without the signature of the dispensing practitioner, 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 <u>any</u> state?..... | ☐ | ☒ |
| 4. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... | ☐ | ☒ |
| 5. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | ☐ | ☒ |

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Board Administrative Action:	State	Date:	Case #:
		/ /	
Criminal Action:	State	Date:	Case #:
		/ /	
		County	Court

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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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

[Signature] 01.30.2020
 Original Signature, no copies or stamps accepted Date

Board Use Only		
Received:	Amount: <u>40.00</u>	Entity # <u> </u>



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

July 1, 2021

VIA CERTIFIED U.S. MAIL

Dianne Racosas
10170 S. Eastern Avenue
Henderson, NV 89052

Dianne Racosas
4910 Larkspur Street
Las Vegas, NV 89120

Re: CEASE and DESIST/CITATION: Unlicensed Practice (Case No. 20-007)

Dear Ms. Racosas:

The Nevada State Board of Pharmacy ("BOP") has determined that you are dispensing controlled substances and/or dangerous drugs for Nevada patients from your practice in violation of federal and state law. Specifically, you do not have a current dispensing technician registration. You are prohibited from dispensing controlled substances and/or dangerous drugs.

You have violated, attempted to violate, assisted or abetted in the violation of or conspired to violate, without limitation, NAC 639.7425(1)(a) and (b).

You are hereby ordered pursuant to NRS 639.2895(1) to immediately CEASE and DESIST possessing, and/or dispensing controlled substances and/or dangerous drugs for Nevada patients from your practice. This letter shall serve as a CITATION pursuant to NRS 639.2895(2) for your unlicensed practice. The Board has assessed you an administrative fine of two thousand five hundred dollars (\$2,500.00) pursuant to NRS 639.2895(3).

You must pay this administrative fine within 30 days of receipt of this citation, or otherwise contact Board staff to request an alternative payment plan. Payment must be by *cashier's check, certified check or money order* made payable to "State of Nevada, Office of the Treasurer," to be received at the Board's Reno office, located at 985 Damonte Ranch Parkway – Suite 206, Reno, NV 89521.

You have the right to appeal this citation by submitting a written request for a hearing to the Board at the Board's Reno office no later than 30 days after receipt of this 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,

A handwritten signature in black ink, appearing to read "Courtney K. Lee".

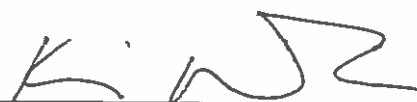
Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0238 6387 06

CERTIFICATE OF SERVICE

I certify that I am an employee of the Nevada State Board of Pharmacy, and that on this 2nd day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Dianne Racosas
4910 Larkspur Street
Las Vegas, NV 89120



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

July 1, 2021

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10170 S. Eastern Avenue
Henderson, NV 89052

Dianne Racosas
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Sincerely,

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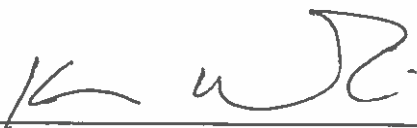
Courtney K. Lee
General Counsel
Nevada State Board of Pharmacy

9171 9690 0935 0238 6386 90

CERTIFICATE OF SERVICE

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Dianne Racosas
10170 S Eastern Avenue
Henderson, NV 89052



KRISTOPHER MANGOSING

12

12A

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: Allivet

Physical Address: 3250 W Ali Baba Ln, Suite A

City: Las Vegas State: NV Zip Code: 877-500-9944 Telephone: 877-500-9944

Fax: 877-500-9955 Toll Free Number: 877-500-9944

E-mail: Iriera@allivet.com

Website: www.allivet.com

Managing Pharmacist: Jerry David Depa License Number: 12508

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Peter Batushansky

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

Peter Batushansky

Print Name of Authorized Person

07/06/2021

Date

Board Use Only

Date Processed: _____

Amount: 500

Check #1193713270

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: FloridaParent Company if any: Agropec Trading, LLCMailing Address: 14540 NW 60th AveCity: Miami Lakes State: Florida Zip: 33014Telephone: 305-999-5738 Fax: 877-500-9955Contact Person: Luis A Riera

For any corporation non publicly traded, disclose the following:

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

a) Peter Batushansky ██████ NW 60th AVE Miami Lakes FL. 33014
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

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

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>08:00</u> am	<u>05:00</u> pm	Saturday	<u>08:00</u> am	<u>02:00</u> pm
Sunday	<u>Closed</u> am	_____ pm	24 Hours	<u>N/A</u>	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: ~~00000000~~ N/A

Include with the application for a non publicly traded corporation continued

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

List of officers and directors

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.



Agropec Trading, LLC dba Allivet 59-3214707

Directors: Peter Batushansky

Officers: Peter Batushansky – President

Peter Batushansky

SSN# [REDACTED]

DOB: [REDACTED]

Phone: [REDACTED]

Email: peter@allivet.com

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Peter Batushansky

Responsible Person of Allivet

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.

Peter Batushansky

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

Peter Batushansky

Print Name of Authorized Person

07/06/2021

Date

Managing Pharmacist

 Pharmacist Name: Jerry David Depa

 License #: 12508

 Pharmacy Name: Allivet

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

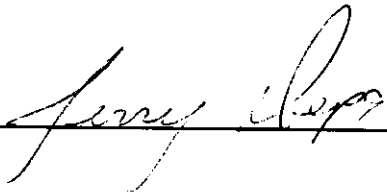
I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>N/A</u> Date: _____ Case #: _____		
And/or Criminal Action: State: <u>N/A</u> 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 07-01-2021



May this letter serve as an introduction to our Pharmacy application to your Board.

As we are extending operations, we are applying to your Board to obtain licensure for our Las Vegas, NV location.

Currently we hold licensure in your state for our Miami Lakes, Florida facility. License No PH02568

We are solely a farm and companion animal, non-compounding, non-dispensing of DEA controlled substances, providing quality verified and certified medications at the lowest prices through our online platform. We hold a ". pharmacy" verification from the National Boards of Pharmacy Association (NABP) as well as being part of "Verified Pharmacy Program".

We are maintaining the ownership and organizational structure as the one already on your files for us. Should there be any changes these will be notified to the board accordingly. Additionally, disciplinary packet attached represent the history of action received at the Miami Lakes FL facility, not Nevada.

Please accept the application that follows along with the supporting documentation as required on the application. Do not hesitate in letting us know should there be additional information needed to complete the application process.

Sincerely

Luis A Riera
Licensing Analyst
Phone: 305-999-5738
Email: Iriera@allivet.com



14540 NW 60th Ave, Miami Lakes FL 33014
Phone: (877) 500-9944
Fax: (877) 500-9950
www.Allivet.com

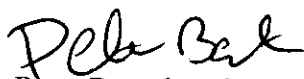
To Whom It May Concern:

Please be advised that Allivet Pharmacy is solely and exclusively a pet and animal pharmacy. Allivet does **not** sell to humans and Allivet does **not** carry any controlled substances.

Please feel free to call me with any questions or concerns at 305 500 9944

Thank you.

Best Regards,


Peter Batushansky
CEO

State of Florida

Department of State

I certify from the records of this office that AGROPEC TRADING, LLC is a limited liability company organized under the laws of the State of Florida, filed on February 22, 2017, effective December 9, 1993.

The document number of this limited liability company is L17000041105.

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 4, 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 Fifth day of July, 2021*



Randy B. Lee
Secretary of State

Tracking Number: 7005707703CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Fillings/CertificateOfStatus/CertificateAuthentication>

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 07/06/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy License

Allivet located at 3250 W Ali Baba LN, Suite A Las Vegas NV 89118

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

<u>Batushansky</u>		<u>Peter</u>		
Last Name		First Name	Middle Name	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)				
<u>Overbrook Street, Miami, FL 33133</u>				
Present Residence Address-Street or RFD		City	State/Zip	
<u>14540 NW 60th AVE</u>		<u>Miami Lakes FL</u>	<u>33014</u>	
Present Business Address		City	State/Zip	
<u>CEO</u>		<u>2017-present</u>		
Occupation		Phone:		
		Residence <u></u>		
<u>Kishinev, Moldova</u>		Business <u>877-500-9944</u>		
Date of Birth	Place of Birth (City, County, State)			
<u>39</u>	<u></u>			
Age	Social Security Number or ITIN			Sex
<u>Brown</u>	<u>Black</u>	<u>White</u>	<u>180</u>	<u>Medium</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build
				<u>6' 00"</u>
				Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? ☒ Yes ☐ No ☐ If alien, registration No N/A

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial PB

MARITAL INFORMATION-Continued

A. Current Marriage 05/24/2017 Philadelphia, PA
Date City, County and State
 Spouse's full name (Maiden) Uliana Stoiko [REDACTED]
SS# or ITIN
 Date of Birth [REDACTED] Place of Birth Chervonohrad, Ukraine
 Resident address [REDACTED] Overbrook Street, Miami, FL 33133
Street City State Zip
 Telephone: Residence [REDACTED] Business 800-321-6879
 Spouse's employer NurX Occupation Nurse
 Address of employer 548 Marcus Street, Suite #94061 San Francisco, CA 94104
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child. ☒

- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial PS

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			
Lev Batushansky		West Bellwood Drive Holland, PA 18966	Retired
Mother			
Lilia Batushansky		West Bellwood Drive Holland, PA 18966	Retired
Father-in-Law			
N/A			
Mother-in-Law			
Oleksandra Stoiko	04/01/1956	Ukraine	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
Alex Batushansky		Buttemut Court, Ivyland, PA 18974	IT
Spouse			
Irina Batushansky		Buttemut Court, Ivyland, PA 18974	Program Manager
N/A			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Baldi Middle School	8801 Verree Road, Philadelphia, PA 19115	1994-1997	☒ Yes ☐ No
High School	George Washington HS	10175 Bustleton Ave, Philadelphia, PA 19116	1997-2000	☒ Yes ☐ No
College University	Temple University	1801 North Broad Street, Philadelphia, PA 19122	2000-2003	☒ Yes ☐ No
Other	N/A			☐ Yes ☐ No

Type of degree obtained, if any Bachelor of Business AdminCollege or university where obtained Temple University 2003Applicant's initial PR

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

AB

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ **No** ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ **No** ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

04/2020 to present [REDACTED] Overbrook Street, Miami, FL 33133

2017 - 04/2020 1080 Brickell AVE #3000 Miami FL 33131

2004 - 2017 6 West Bellwood Drive, Holland, PA 18966

Applicant's initial

AB

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
02/2017	Allivet 14540 NW 60th Ave Miami Lakes FL 33014	Current
Title	Description of Duties	Name of Supervisor
CEO	CEO	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2015	Shansky Inc, Holland PA	Current
Title	Description of Duties	Name of Supervisor
Owner	CEO	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/2010	Web Eye Care Inc. Bristol PA	To work for Allivet
Title	Description of Duties	Name of Supervisor
Owner		
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

PB

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 Corie Gabriel	Home	Grand Street, Hoboken, NJ		07030		30
Employer Roosevelt Investments	Business	570 Lexington Ave, Suite 1800, NY NY		10022		
Name Luciano Salata	Home	NE 18th Street, Unit 3715 Miami, FL		33133		4
Employer Self Employed	Business	488 NE 18th Street, Unit 3715 Miami, FL		33133		
Name Luis Gamoneda	Home	W Orchard Circle Davie, FL		33328		4
Employer Suntrust	Business	777 Brickell Avenue Miami, FL		33131		
Name Gregorio Cavellini	Home	S. Miami Ave, Miami, FL		33130		4
Employer Cavellini Capital	Business	350 S. Miami Ave, Miami, FL		33130		
Name Josh Slater	Home	Congress Ave., Boca Raton, FL		33487		4
Employer Infinity Sales Group	Business	5201 Congress Ave., Boca Raton, FL		33487		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:
- | | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |
- Yes ☒ No ☐
If yes, state type, where and years held

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Allivet , Pharmacy. 145490 NW 60th Ave , Miami Lakes FLorida 33014, Florida Dept of Health Board of Pharmacy

Applicant's initial

PB

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☒ No ☐

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☐

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☒ No ☐

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☒ No ☐

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐

N/A

ATTACH PHOTOGRAPH
TAKEN WITHIN LAST
30 DAYS HERE



Date of photograph 7/05/24

Applicant's initial PR

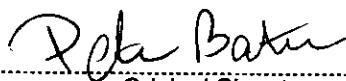
STATE OF Florida

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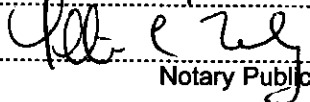
COUNTY OF Miami-Dade

I, Peter Batushansky, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

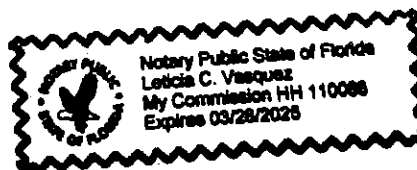


Original Signature of Applicant

Subscribed and Sworn to before me this 06th day of JulyLeticia C. Vasquez


Notary Public

(seal)



Applicant's initial



ADDITIONAL INFORMATION

N/A

Applicant's initial PB

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1646

P.I.C. - "NON OWNER"
ONLY

Date 07/06/2021

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.

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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 Pharmacy License

Allivet, 3250 W Ali Baba Ln, Las Vegas NV 89118

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name DEPA First Name JERRY Middle Name DAVID

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

Dalmazia Ave Henderson NV, 89044

Present Residence Address-Street or RFD City State/Zip

3250 W Ali Baba Ln, Suite A 06/2021 Las Vegas NV, 89118

Present Business Address City State/Zip

Pharmacist Occupation

Phone: Residence Business 877-500-9944

Chicago, Cook , Illinois Place of Birth (City, County, State)

65 Male

Age Sex

65 Male

Age Sex

Green Brown Light 210 Average 5' 11"

Color of Eyes Color of Hair Complexion Weight Build Height

Green Brown Light 210 Average 5' 11"

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.)

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Place (If naturalized, document must be verified.)

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ **Divorced** ☐ Widowed ☐ Engaged ☐

Applicant's initial

[Signature]

A. Current Marriage

N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence _____ Business _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Irene Depa	11/18/1997	Las Vegas, NV	Divorce	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Irene Depa	W Delorean	Las Vegas	NV	89108	

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

N/A

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial



FAMILY INFORMATION-Continued

1648

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

John Depa

Deseased

Mother

Sylvia Depa

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
---------------	------------	---------	------------

John Depa

Peterson Ave, Barrington IL

Retired

Spouse

Marilyn Depa

Peterson Ave, Barrington IL

Retired

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Francis Borgia	Chicago, Illinois	1963-1970	☒ Yes ☐ No
High School	Lane Technical High School	Chicago, Illinois	1970-1974	☒ Yes ☐ No
College University	University of Iowa	Iowa City, IA	1979-1983	☒ Yes ☐ No
Other				☐ Yes ☐ No

Type of degree obtained, if any Bachelors in PharmacyCollege or university where obtained The University of Iowa

Applicant's initial



5 MILITARY INFORMATION:

1649

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

MP

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
01/2006- Present	████████ Dalmazia Ave	Henderson	NV, Clark
1/2014-01/2016	201 S Gibson Rd.	Henderson	NV, Clark
05/2003-11/2014	32219 N 56th Place	Cave Creek	AZ, Maricopa
02/2012- 05/2013		Paradise Valley	AZ, Maricopa
05/2006-02/2012	2185 Big Bar Dr.	Henderson	NV, Clark

Applicant's initial



8. EMPLOYMENT:

1651

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 06/2021 - Present	Name/Mailing Address of Employer/Business Allivet 14540 NW 60th Ave Miami Lakes FL 33014	Reason for Leaving
Title Staff Pharmacist	Description of Duties Review, Counsel, Order Entry, Inventory Control	Name of Supervisor Stephanie Tallerie
Month and Year 03/2007-01/2021	Name/Mailing Address of Employer/Business Atlas Pharmaceuticals, 711 E Carefree Hwy, Phoenix, AZ 85085	Reason for Leaving Move back to Nevada
Title Compounding Pharmacist	Description of Duties Compounding, Inventory Control, Supervision	Name of Supervisor Nick Banda
Month and Year 09/2016-03/2017	Name/Mailing Address of Employer/Business Unemployed	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 01/2016-09/2016	Name/Mailing Address of Employer/Business AHS Staffing 3051 Willowwood Rd, Edmonton OK 73034	Reason for Leaving Contract Fulfillment
Title Pharmacist	Description of Duties Rx Review, Counseling, Chart Review	Name of Supervisor Chris Bruner
Month and Year 10/2015- 01/2006	Name/Mailing Address of Employer/Business Unemployed	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 08/2015-10/2015	Name/Mailing Address of Employer/Business Expert Global Solutions, 6652 Pinecrest Dr, Plano TX 75024	Reason for Leaving Contract Fulfillment
Title PA Pharmacist	Description of Duties Prior Authorizations	Name of Supervisor
Month and Year 05/2014-08/2015	Name/Mailing Address of Employer/Business Unemployed	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 02/2012-05/2014	Name/Mailing Address of Employer/Business Haven Senior Horizons, 1201 S 7th Ave, Phoenix AZ 85007	Reason for Leaving Contract Fulfillment
Title Director of Pharmacy	Description of Duties Chart Review, Order Entry, Inventory Control, IV /PO Conversions, Formulary	Name of Supervisor Debbie Michel

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



9. CHARACTER REFERENCES:

1653

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 Lou Ciardullo	Home	[REDACTED]	E Oregon Ave	Phoenix AZ 85016	[REDACTED]	8
Employer IPS	Business	Pharmacy				
Name John Fierro	Home	[REDACTED]	E Huber St.	Mesa AZ 85203	[REDACTED]	10
Employer COBRE	Business	Hospital Pharmacy				
Name Debbie Wade	Home	[REDACTED]	Ramar Rd.	Bullhead City AZ 86442	[REDACTED]	11
Employer First Mojave Indian Tribe	Business	Health Center				
Name Mike Brumgardner	Home	[REDACTED]	Bensley ST,	Henderson NV 89044	[REDACTED]	12
Employer Edward Jones	Business	Financial Planner				
Name Susan Daar	Home	[REDACTED]	N 32nd Dr.	Phoenix AZ 85086	[REDACTED]	5
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

Please see attached

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

SP

Question 11: YES

1-Pharmacist, Arizona , 19 years

2-Pharmacist, Arkansas, 3 years

3- Pharmacist, Florida, 10 years

4- Pharmacist, Illinois , 38 years

5- Pharmacist, Michigan, 3 years

6- Pharmacist, Mississippi, 4 years

7-Pharmacist, Nevada, 26 years

8- Pharmacist, New York, 3 years

9- Pharmacist, Oklahoma, 3 years

10- Pharmacist, Virginia, 3 years

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:
Yes, for Oklahoma for Pharmasit licensing 2018

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

N/A

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE



Date of photograph 7/10/2021

Applicant's initial [Signature]

STATE OF Florida

SS.

1656

COUNTY OF Miami-Dade

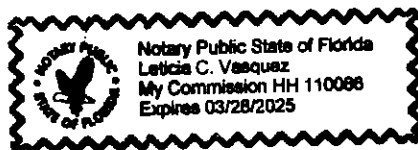
I, Jerry Depa, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Jerry Depa
Original Signature of Applicant

Subscribed and Sworn to before me this 06th day of July

Leticia C. Vasquez
[Signature]
Notary Public



(seal)

Applicant's initial [Signature] Page 9

**APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada**

1657

Date 07/06/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy License
Allivet, 3250 W Ali Baba Ln, Las Vegas NV 89118
Nature of Pharmacy or Wholesaler
Name and Address of Business for Which Designated Representative Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name		First Name		Middle Name	
Depa		Jerry		David	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
Dalmazia Ave		Henderson		NV, 89044	
Present Residence Address-Street or RFD		City		State/Zip	
3250 W Allibaba Ln,		Las Vegas		NV, 89118	
Present Business Address		City		State/Zip	
Pharmacist in Charge		06/28/2021			
Present Position with the Pharmacy or Wholesaler		Dates		Phone:	
				Residence	
		Chicago, Cook, Illinois		Business	
Date of Birth		Place of Birth (City, County, State)		877-500-9944	
65				Male	
Age		Social Security Number or ITIN		Sex	
Green		Brown		Light	
Color of Eyes		Color of Hair		Complexion	
				210	
				Average	
				5' 11"	
				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 _____

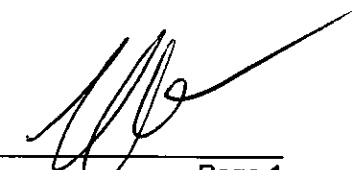
If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ **Divorced** ☐ Widowed ☐ Engaged ☐

Applicant's initial



A. Current Marriage N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Irene Depa	11/18/1997	Las Vegas, NV	Divorce	Las Vegas, Clark, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Irene Depa	W Delorean	Las Vegas	NV	89108	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

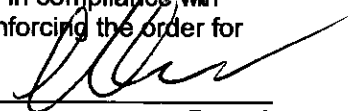
Name	Birth Date	Birth Place	Residence Address
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial



FAMILY INFORMATION-Continued

1659

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

John Depa		N Pioneer , Chicago IL 60657	Deceased
-----------	--	------------------------------	----------

Mother

Sylvia Depa		N Pioneer , Chicago IL 60657	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
---------------	------------	---------	------------

John Depa		Peterson Ave, Barrington IL	Retired
-----------	--	-----------------------------	---------

Spouse

Marilyn Depa		Peterson Ave, Barrington IL	Retired
--------------	--	-----------------------------	---------

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	St. Francis Borgia	Chicago , IL	1963-1970	☒ Yes ☐ No
High School	Lane Technical High School	Chicago , IL	1970-1974	☒ Yes ☐ No
College				☐ Yes ☐ No
University	University of Iowa	Iowa City, IA	1979-1983	☒ Yes ☐ No
Other				☐ Yes ☐ No

Type of degree obtained, if any Bachelor in PharmacyCollege or university where obtained The University of Iowa

Applicant's initial



5 MILITARY INFORMATION:

1660

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



- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
01/2016 - Present	██████████ Dalmazia Ave	Henderson	Clark, NV
11/2014-01/2016	201 S Gibson Rd.	Henderson	Clark, NV
05/2013-11/2014	32219 N 56th Place	Cave Creek	Maricopa , AZ
02/2012-05/2013		Paradise Valley	Maricopa , AZ
05/2006-02/2012	2185 Big Bar Dr.	Henderson	Clark, NV

Applicant's initial



8. EMPLOYMENT:

1662

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

06/2021- present	Allivet, 3250 W Ali Baba Ln, Las Vegas NV 89118	40hours/ week
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist in Charge	Review, Counsel , Order Entry, Inventory Control	Stephanie Tallerie
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
03/2017-01/2021	Atlas Pharmaceuticals, 711 E Carefree Hwy, Phoenix, AZ 85085	40 hours/ week
Title	Description of Duties	Name of Supervisor
Compounding Pharmacist	Compounding Inventory Control, Supervision	Nick Banda
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
09/2016-03/2017	Unemployed	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
01/2016- 09/2016	AHS Staffing 3051 Willowood Rd, Edmonton OK 73034	40 hours/ week
Title	Description of Duties	Name of Supervisor
Clinical Pharmacist	Rx Review, Counseling, Chart Review	Chris Bruner
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2015- 01/2016	Unemployed	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
08/2015- 10/2015	Expert Global Solutions, 6652 Pinecrest Dr, Plano TX 75024	40 hours/ week
Title	Description of Duties	Name of Supervisor
Pharmacist	Prior Authorizations	
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
05/2014- 08/2015	Unemployed	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
02/2012-05/2014	Haven Senior Horizons, 1201 S 7th Ave, Phoenix AZ 85007	40 hours/ week
Title	Description of Duties	Name of Supervisor
Director of Pharmacy	Chart Review, Order Entry, Inventory Control, IV /PO Conversions, Formulary	Debbie Michel
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:

1663

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 Lou Ciardullo	Home	E Oregon Ave	Phoenix	AZ 85016		8
Employer IPS	Business	Pharmacy				
Name John Fierro	Home	E Huber St.	Mesa	AZ 85203		10
Employer COBRE	Business	Hospital Pharmacy				
Name Debbie Wade	Home	Ramar Rd.	Bullhead City	AZ 86442		11
Employer First Mojave Indian Tribe	Business	Health Center				
Name Mike Brumgardner	Home	Bensley ST.	Henderson	NV 89044		12
Employer Edward Jones	Business	Financial Planner				
Name Susan Daar	Home	N 32nd Dr.	Phoenix	AZ 85086		5
Employer Retired	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

See Attached

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

CB

Question 10: YES

1-Pharmacist, Arizona , 19 years

2-Pharmacist, Arkansas, 3 years

3- Pharmacist, Florida, 10 years

4- Pharmacist, Illinois , 38 years

5- Pharmacist, Michigan, 3 years

6- Pharmacist, Mississippi, 4 years

7-Pharmacist, Nevada, 26 years

8- Pharmacist, New York, 3 years

9- Pharmacist, Oklahoma, 3 years

10- Pharmacist, Virginia, 3 years

Applicant's initial



14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE



Date of photograph 7/02/2021

Applicant's initial [Signature]

STATE OF Florida

1666

ss.

COUNTY OF MIAMI DADE

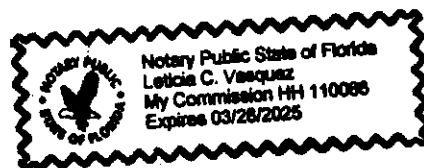
I, JERRY DePA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby.

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

Jerry DePa
Original Signature of Applicant

Subscribed and Sworn to before me this 03 day of July

Leticia C. Vasquez
Leticia C. Vasquez
Notary Public



(seal)

Applicant's initial

JD

**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: Allivet

Nevada license number: Pending

Websites in use or intended to be used: www.allivet.com

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

N/A

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by 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.

New Pharmacy App →

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

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

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

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

Poli Bal
Signature of Owner

07/06/2021
Date



14540 NW 60th AVE Miami Lakes FL 33014
 Phone: (877) 500-9944
 Fax: (877) 500-9950
 Www.Allivet.com

Vermont Board of Pharmacy

Attached you will find Allivet's disciplinary actions by date. Please see below for consolidated explanations for each action.

1. Oregon – 2008-0097 12/09/08
 - i. The Case with the state of Oregon was opened on Dec 9th 2008, and settled with a consent order dated Feb 18th 2009. There was a civil fine of \$750 due to Allivet shipping to Oregon in early 2008 without an out of state license. This was an unintentional oversight as Allivet was a new pharmacy and was in the process of obtaining all licenses. Allivet has an active license and is in good standing with the state of Oregon.
2. Indiana – 2011 IBP 0053 09/28/11
 - i. The order from the state of Indiana dated Sept 28th 2011 was to stop shipping to Indiana while Allivet's application was in process, which was submitted many months prior. Allivet received its Out of State Pharmacy license from the state of Indiana in Dec 2011, which was within 60 days of the order. There have not been disciplinary actions or sanctions against our pharmacy from the Indiana Board of Pharmacy. Allivet has an active license and is in good standing with the state of Indiana.
3. Colorado – CO-2013-534 12/19/13
 - i. Isoxsuprine is a vital and staple medication which was on manufacturer backorder in 2011 at the time of the incident. Allivet had the product in stock in preparation of such situations where these medications might become scarce to pet owners. In 2011, we were contacted by a vet urgently requiring this medicine for his pet owners in Colorado. Allivet felt the need to help the Doctor, in order to enable him to continue to serve the equine community in Colorado. Allivet was fined \$1,100 by Colorado for dispensing medication without a wholesale license. This was a on-time situation and Allivet does not sell any products via wholesale regardless of the circumstances. Allivet has an active license and is in good standing with the state of Colorado.

4. Alabama – AL-2015-001 10/10/15
 - i. This case is due to a misunderstanding between the Board and Allivet. Alabama passed a law requiring all nonresident pharmacies to have an Alabama licensed PIC on staff. Allivet submitted an application for its PIC to be licensed in Alabama on November 10, 2014. A phone call was made to the Board when the Board was to meet with the PIC in person, scheduled for February 24, 2015, which was after the Renewal period of 12/31/2014. The conversation consisted of inquiring if the pharmacy license could be extended while the PIC was waiting for the Board meeting. Susan Alverson, Executive Secretary at the Board, confirmed the license would remain in good standing. Allivet continued to monitor the Board website which showed the license as Active with an expiration date of 12/31/2016. Allivet continued to ship under the presumptions mentioned herein. Later, the Board asked Allivet if it shipped into the state between 12/31/2014 and 02/24/2015. Allivet's response was we did ship into the state as we were under the understanding we were allowed to do so. However, Alabama decided to fine Allivet \$500 for shipping into the state without a license. Allivet has an active license and is in good standing with the state of Alabama.
5. Arkansas – AR-2015-049 10/13/15
 - i. Allivet has systems in place to ensure prescription items are not shipped into states where it does not hold active licenses. There was a glitch in our system, which has been repaired, which allowed orders placed over the phone to be processed. Allivet has an active license and is in good standing with the state of Arkansas.
 - ii.
6. Alabama – 16-L-0130 02/28/17
 - i. This action was a derivative action referencing the following disciplinary actions:
 1. Oregon – 2008-0097 12/09/08
 2. Indiana – 2011 IBP 0053 09/28/11
7. Alabama – 17-L-0050 05/18/17
 - i. This action was a derivative action referencing the following disciplinary action:
 1. Arkansas – AR-2015-049 10/13/15

8. Michigan – 53-17-148216 06/25/18 (PENDING ORDER)

i. Action I:

This action was a derivative action referencing the following disciplinary actions:

- | | |
|---------------------------|----------|
| 1. Oregon – 2008-0097 | 12/09/08 |
| 2. Alabama – AL-2015-001 | 10/10/15 |
| 3. Arkansas – AR-2015-049 | 10/13/15 |

ii. Action II:

Allivet did not report change of location to the Board. In late 2008 Allivet changed locations from 8001 W 26th Ave to 480 West 83rd Street. Allivet failed to report the change of location within 30 days. This was an unintentional oversight as Allivet had just opened its pharmacy in 2007. At the following renewal date, Allivet noted the new address and did so every year after for the next 10 years. Florida, Allivet's home state, has inspected the new location multiple times since the move. Allivet has an active license and is in good standing with the state of Michigan.

9. Texas – K-17-031 07/09/18

i. Action I:

This action was a derivative action referencing the following disciplinary actions:

- | | |
|----------------------------|----------|
| 1. Oregon – 2008-0097 | 12/09/08 |
| 2. Colorado – CO-2013-534 | 12/19/13 |
| 3. Indiana – 2011 IBP 0053 | 09/28/11 |

ii. Action II:

In early 2016, Texas enacted a new law requiring non-resident pharmacies to have a Texas licensed pharmacist on staff. As soon as Allivet learned of this new requirement, we submitted one of our pharmacists to be licensed in Texas. Unfortunately, the pharmacist licensing process took longer than expected. Allivet believed that if it had a pharmacist licensed in Texas prior to the next Texas renewal date it would be compliant. As of May 2017, Allivet had a Texas licensed pharmacist on its staff and Allivet's renewal application in Texas was approved prior to expiration. However, because Allivet did not have a Texas licensed pharmacist on staff as of September 2016, it was disciplined by the Texas Board of Pharmacy. Allivet has an active license and is in good standing with the state of Texas.

10. Colorado – 2018-6062 08/13/18
- i. This action was a derivative action referencing the following disciplinary action:
1. Arkansas – AR-2015-049 10/13/15
-
11. Illinois – 021930788 (11/05/2019)
- i.- This action was a derivative action referencing the following disciplinary actions
- 1-Oregon – 2008-0097 12/09/08
- 2- Colorado – CO-2013-534 12/19/13
- 3- Indiana – 2011IBP 0053 09/28/11
- 4- Alabama – AL- 2015-001 10/15/15
- 5- Arkansas – AR-205-049 10/13/15
- 6- Michigan – 53-17-1481216 06/25/18
- 7- Texas – K-17-031 07/09/18
- ii. Approval in full, from the Acting Director of the Illinois Dept. of Financial & Professional Regulations on 11/05/2019
-
12. Hawaii – RICO Case No. PHA 2019-79-L (12/26/2019)
- i.- This action is a derivative action referencing the following disciplinary actions
- 1- Texas – K-17-031 07/09/18
- 2- Michigan – 53-17-1471246 06/25/18
-
13. Hawaii – RICO Case No. PHA 2020-168-L (Pending)
- i. This action is a derivative from past action referencing:
1. Michigan – 53-17-1481216 06/25/18
2. Texas – K-17-031 07/09/18
3. Colorado – 2018-6062 08/13/18
4. Illinois – 021930788 (11/05/2019)

Please feel free to call me with any questions or concerns at 305-999-5738.

Thank you.

Best Regards,

Luis A Riera
Compliance Analyst

Oregon

2008-0097

12/09/08

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

RECEIVED

MAR 02 2009

OREGON BOARD OF PHARMACY

In the Matter of the
Drug Outlet Registration of

) Case No. 2008-0097

AGROPEC TRADING INC dba:
ALLIVET PHARMACY

) CONSENT ORDER

Registrant

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives these rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the civil penalty as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of \$750 (\$10,000 civil penalty with \$9,250 stayed pending no further violations of ORS 689.305). \$750 civil penalty is to be paid in three consecutive monthly payments of \$250 each. First payment of \$250 shall be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

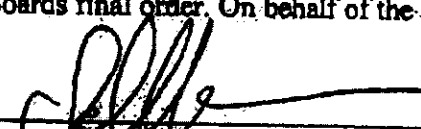
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CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order. On behalf of the registrant I agree to the Board entering the Consent Order.


Authorized Representative
AGROPEC TRADING INC dba
Allivet Pharmacy
Registrant (Reg. No. RP-0002488)

Date

2/18/09

62 IT IS SO ORDERED.

65 BOARD OF PHARMACY
66 FOR THE STATE OF OREGON


Gary Miner, R.Ph.
Compliance Director

Date

3/7/09

Indiana

2011 IBP 0053

09/28/11

BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 2011-IBP-0053

FILED

SEP 28 2011

Indiana Professional
Licensing Agency

IN THE MATTER OF THE)
UNLICENSED PRACTICE OF:)

ALLIVET PHARMACY.)

(PENDING APPLICATION FOR NON-RESIDENT PHARMACY)

CEASE AND DESIST ORDER

The State of Indiana ("Petitioner"), by the Office of the Attorney General, by Darren R. Covington, Deputy Attorney General and Allivet Pharmacy ("Respondent") signed a Proposed Order which purports to resolve all issues involved in the action by the Petitioner and the Indiana Board of Pharmacy ("Board") regarding the Respondent's unlicensed practice, and which Proposed Order has been submitted to the Board for approval.

The Board after reviewing the Proposed Order at the September 12, 2011 meeting now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Proposed Order as if fully set forth herein and approves and adopts in full the Proposed Order as a resolution of this matter. The Board approved this Proposed Order by a vote of 7-0-0. The Board hereby issues the following Cease and Desist Order:

FINDINGS OF FACT

1. The Board is charged with the responsibility of regulating the practice of pharmacy in the State of Indiana pursuant to Ind. Code art. 25-26.
2. Respondent is a licensed pharmacy in Florida with a mailing address of 480 West 83rd Street, Hialeah, Florida 33014.

3. Since May 18, 2011, Respondent has had a pending application for a non-resident pharmacy registration with the Board.
4. Between February 10, 2010 and March 31, 2011, Respondent shipped orders for Rimadyl, Vetprofen, Iverhart, Metacam, Deramaxx, Revolution, Sentinel, and Comfortis to sixteen customers in Indiana.
5. Rimadyl, Vetprofen, Metacam, and Deramaxx are prescription-only, non-steroidal anti-inflammatory drugs (NSAIDs), for use in animals.
6. Iverhart and Sentinel are prescription-only drugs used to treat heartworm in animals.
7. Revolution and Comfortis are prescription-only drugs used to treat parasite infections in animals.
8. Pursuant to Ind. Code § 25-26-13-2, the "practice of pharmacy" means, in part, "(2) the compounding, labeling, administering, dispensing, or selling of drugs and devices, including radioactive substances, whether dispensed under a practitioner's prescription or drug order or sold or given directly to the ultimate consumer."
9. Pursuant to Ind. Code § 25-26-17-2, a "nonresident pharmacy" is defined as "a pharmacy located outside Indiana that dispenses drugs or devices through the United States Postal Service or other delivery services to patients in Indiana."
10. Pursuant to Ind. Code § 25-26-17-3, a nonresident pharmacy must register with the Board.
11. Respondent is a pharmacy located outside Indiana that has dispensed drugs to patients in Indiana, without being registered with the Board.

ULTIMATE FINDINGS OF FACT

Respondent has engaged in activities for which a license is required under Ind. Code § 25-26-17-3 in that Respondent dispensed legend drugs to consumers in Indiana without holding a nonresident pharmacy registration.

CONCLUSIONS OF LAW

Respondent's actions are cause for a Cease and Desist Order to be issued pursuant to Ind. Code § 25-1-7-14.

ORDER

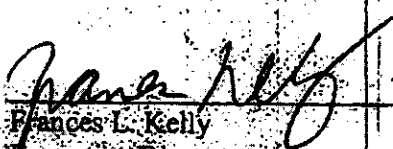
Based upon the above Findings of Fact, Ultimate Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. Respondent shall immediately **CEASE AND DESIST** any and all activities that constitute the unlicensed practice of pharmacy pursuant to Ind. Code art. 25-26, including, but not limited to, dispensing legend drugs to consumers in Indiana without a nonresident pharmacy registration.

ORDERED this 28 day of September, 2011.

INDIANA BOARD OF PHARMACY

By:


Frances L. Kelly
Executive Director

Indiana Professional Licensing Agency

Colorado

CO-2013-534

12/19/13

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2013-534

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 ALLIVET PHARMACY, REGISTRATION NO. OSP 5887,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Allivet Pharmacy ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2013-534, 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 provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2012).**
- 2. Respondent Pharmacy was originally registered in the State of Colorado on or about May 10, 2010, being issued registration number OSP 5887, 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 480 West 83rd Street, Hialeah, Florida 33014.**

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(i), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-106, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents (\$1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- promptly pay all its own fees and costs associated with this Final Agency Order;
 - comply fully with this Final Agency Order; and
 - comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42-612(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
12. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release. In any request for discharge it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms and conditions of this Final Agency Order. The requirements of this Final Agency Order shall continue until formally discharged by the Board or its designated authority.
13. **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:
- To have a formal notice of hearing and charges served upon it;
 - To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **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.

15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.

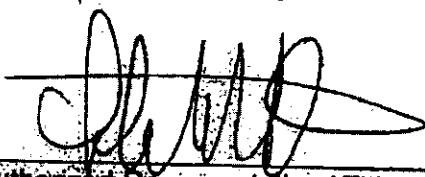
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

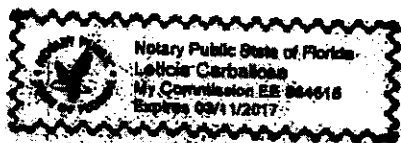
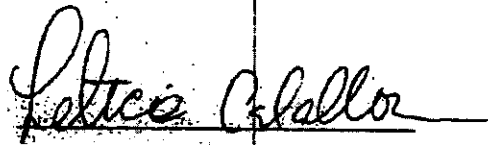
ACCEPTED AND AGREED BY

Respondent Pharmacy



 Authorized Representative / Title
Dated: 2/11/13

Subscribed and sworn to before me in the County of Dade
 State of Florida, this 11 day of February, 2013 by
Khaled Abdalla in his/her capacity as
 an authorized agent of Allivet Pharmacy.

 Notary Public

My commission expires:

3/11/17

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 28th day of February, 2013.

State Board of Pharmacy

BY: 

Chris Gassen
 Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 28th day of February, 2013, addressed as follows:

Adivet Pharmacy
Attn: Pharmacist Manager
480 West 83rd Street
Hialeah, FL 33014


Agent of the Board

Alabama

AL-2015-001

10/10/15

IN THE MATTER OF:

ALLIVET PHARMACY
Non- Resident Pharmacy
Permit #113812/201940

) BEFORE THE ALABAMA STATE

) BOARD OF PHARMACY

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALLIVET PHARMACY (hereinafter referred to as "ALLIVET") 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) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, ALLIVET pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That ALLIVET is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That ALLIVET shall pay to the Board simultaneously with the

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and ALLIVET shall not attempt to discharge the same in any bankruptcy proceeding.

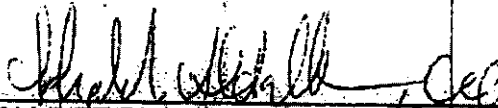
3. By execution of this Consent Order ALLIVET hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALLIVET expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§§34-23-34, 34-23-02(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against ALLIVET. ALLIVET 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.

5. That ALLIVET agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

8. That ALLIVET acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. ALLIVET acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 10th day of October, 2015.


ALLIVET PHARMACY

DONE this the _____ day of _____, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY: _____

Arkansas

AR 2015-049

10/13/15

ARKANSAS STATE
BOARD OF PHARMACY

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY SEP 01 2015

IN THE MATTER OF
AGROPEC TRADING, INC., dba ALLIVET PHARMACY
480 West 83rd Street
Hialeah, Florida 33014

RECEIVED

Case No. 2015-049

CONSENT AGREEMENT

The Arkansas State Board of Pharmacy (hereafter "the Board") having obtained information indicating that Agropec Trading, Inc., dba Allivet Pharmacy (hereafter "Respondent") is subject to a hearing regarding certain acts and practices and it appearing that Respondent is willing to enter into a Consent Order to resolve the pending controversy;

IT IS HEREBY agreed by and between Respondent and the Executive Director of the Board that:

1. Respondent now holds a retail pharmacy license, but did not hold a retail pharmacy license at the instigation of this action, and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

2. Respondent has read the proposed Consent Order, acknowledges its right to consult with counsel and voluntarily agrees to enter into this Consent Order on its own volition and without any reliance upon any representations by the Board or any officer, employee, agent or other representative thereof, other than expressly set forth herein.

3. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review and the right to otherwise challenge or contest the validity of this Consent Order.

4. Respondent executes this Consent Order for the purpose of resolving the pending matter without further administrative action. In this regard, Respondent agrees that the Board

will review and determine whether to approve this Consent Order. Furthermore, should this Consent Order not be approved by the Board, Respondent agrees that the presentation and consideration of this Consent Order by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation in, consideration or resolution of the matters set forth herein.

5. Respondent fully understands and agrees that approval and entry of this Consent Agreement shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. This agreement shall not become a valid and enforceable order of this Board unless and until it is accepted and approved by the Board at an official meeting and executed by the President of the Board or his designee.

7. This Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 *et seq.*

FINDINGS OF FACT

F-1. Respondent was not licensed by the Board to ship prescriptions in the State of Arkansas, but was and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

F-2. Based on information provided by Respondent, pursuant to a subpoena, from June 1, 2013 through June 22, 2015, Respondent shipped prescription drugs into the State of Arkansas without holding a valid out of state retail pharmacy license pursuant to Ark. Code Ann. § 17-92-902. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without a valid out of state retail pharmacy license.

F-3. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without an Arkansas licensed pharmacist on staff and designated as the Arkansas Pharmacist in Charge as required by Arkansas Law.

CHARGES

C-1 Each order processed and delivered into the State of Arkansas by Respondent without an out of state retail pharmacy permit described in Paragraph F-2 and F-3 constitutes a separate violation of Ark. Code Ann. § 17-92-903(b), Ark. Code Ann. § 17-92-401, and Board Regulation 04-04-0001.

ORDER

IT IS THEREFORE ORDERED that:

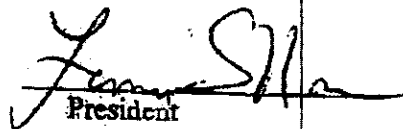
1. Subject to the Board's approval of this Consent Order, Respondent shall pay a monetary penalty in the amount of \$5,000.00 in U.S. Dollars to the Board by December 31, 2015. Should Respondent fail to pay said penalty on or before December 31, 2015, Respondent's retail pharmacy permit shall then be suspended until the penalty is received by the Board.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction of this matter for the purposes of implementing and enforcing this Consent Order and that Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A. § 17-92-311(a)(7).

IT IS SO ORDERED this 13th day of October, 2015.

ARKANSAS STATE BOARD OF PHARMACY

by:


President

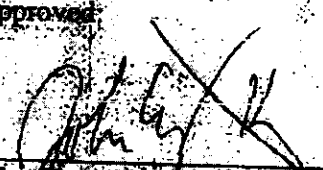
Approved:

RESPONDENT


Respondent

Attorney for Respondent (optional)

Approved:


John Clay Kinney, Pharm. D.
Executive Director
Arkansas State Board of Pharmacy

Michigan

53-17-148216

06/25/18

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ALLIVET

License No. 53-01-008685,

Respondent.

File No. 53-17-148218

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 et seq. Pursuant to MCL 333.7311, MCL 333.16226, and MCL 333.17768, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed as a pharmacy in the state of Michigan.

3. In 2008, Respondent moved from its location at 8001 W. 26th Street, Hialeah, Florida, to its current address at 480 W. 83rd Street, Hialeah, Florida. Respondent failed to report the change of address to the Department within 30 days after

the change of address. In addition, Respondent failed to apply to the Department and be approved for a new license before moving to its new location.

4. Oregon

- a. On December 8, 2008, the Board of Pharmacy of the State of Oregon (Oregon Board) issued a Notice of Proposed Disciplinary Action against Respondent based on Respondent shipping medication from September 2006 through June 2008 into Oregon without registering as a drug outlet. A copy of the Notice, marked Exhibit A, is attached and incorporated.
- b. On March 3, 2009, in resolution of the matter, the Oregon Board executed a Consent Order ordering Respondent to pay a fine. A copy of the Consent Order, marked Exhibit B, is attached and incorporated.

5. Arkansas

- a. On July 20, 2015, the Arkansas State Board of Pharmacy (Arkansas Board) issued an Order and Notice of Hearing against Respondent based, in part, on Respondent shipping prescription drugs into Arkansas from June 1, 2013, through June 22, 2015, without holding a valid out-of-state retail pharmacy license and without an Arkansas licensed pharmacist on staff and designated as the Arkansas pharmacist in charge. A copy of the Order, marked Exhibit C, is attached and incorporated.
- b. On October 13, 2015, in resolution of the matter, the Arkansas Board entered into a Consent Agreement with Respondent ordering Respondent to pay a \$5,000.00 fine. A copy of the Consent Agreement, marked Exhibit D, is attached and incorporated.

6. Alabama

- a. On September 30, 2015, the Alabama Board of Pharmacy (Alabama Board) issued Respondent a notice of charges related to Respondent engaging in the selling, offering for sale, compounding or dispensing of drugs during the year

2015 without a permit. A copy of the notice, marked Exhibit E, is attached and incorporated.

- b. On October 26, 2015, in resolution of the matter, the Alabama Board executed a Consent Order fining Respondent \$500.00. A copy of the Consent Order, marked Exhibit F, is attached and incorporated.

7. Respondent failed to notify the Department of the Oregon December 9, 2008 Notice of Proposed Disciplinary Action; the Arkansas July 20, 2015 Order and Notice of Hearing; and the Alabama September 30, 2015 notice within 30 days of knowledge of the complaint or investigation.

COUNT I

The disciplinary actions by Oregon, Arkansas, and Alabama, as set forth above, evidence a pharmacy, manufacturer, or wholesale distributor that has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty, in violation of MCL 333.17768(2)(d).

COUNT II

Respondent's conduct, as set forth above, evidences failure to notify the Department of the Oregon December 9, 2008 Notice of Proposed Disciplinary Action; the Arkansas July 20, 2015 Order and Notice of Hearing; and the Alabama September 30, 2015 notice within 30 days of knowledge of the complaint or investigation, contrary to MCL 333.17748a(5), in violation of MCL 333.17768(1).

COUNT III

Respondent's conduct, as set forth above, evidences a failure to report to the Department a change in location not later than 30 days after the change occurs, contrary to MCL 333.17748(4), in violation of MCL 333.17768(1).

COUNT IV

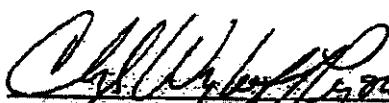
Respondent's conduct, as set forth above, evidences a failure to apply to the Department and be approved for a new license before moving to a new location, contrary to Mich Admin Code, R 338.477(2), in violation of MCL 333.16221(h).

This Administrative Complaint is based on files and records maintained by the Department and the attached Affidavit of Terri Schrauben.

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 4/30/18


Cheryl Wykoff-Pezoti, Acting Director
Bureau of Professional Licensing

Attachments

dm

STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

Allivet
a.k.a. Agropec Trading Inc.
License Number: 53-01-008685

STATE OF MICHIGAN)
) ss
COUNTY OF INGHAM)

AFFIDAVIT OF TERRI SCHRAUBEN

Terri Schrauben (Affiant), who, after first being duly sworn and upon oath, states on information and belief as follows:

Affiant is a Departmental Analyst in the Investigations and Inspections Division, Bureau of Professional Licensing, Department of Licensing & Regulatory Affairs (Department) and in this capacity is responsible for obtaining certified copies of records of final adverse administrative actions taken by other states against health professionals licensed to practice a health profession in the state of Michigan.

On October 17, 2017, Affiant received certified records of administrative action indicating that Allivet a.k.a. Agropec Trading Inc. (Respondent Pharmacy) was the recipient of a Notice of Proposed Disciplinary Action; Answer Required (Complaint) from the Oregon Board of Pharmacy dated December 9, 2008.

Affiant
Allivet a.k.a. Agropec Trading Inc.

On October 23, 2017, Affiant received certified records of administrative action indicating that Respondent Pharmacy was the recipient of a Statement of Charges and Notice of Hearing (Complaint) from the Alabama Board of Pharmacy dated May 18, 2017.

On February 1, 2018, Affiant received certified records of administrative action indicating that Respondent Pharmacy was the recipient of a Letter (Complaint) from the Alabama Board of Pharmacy dated September 30, 2015.

On February 16, 2018, Affiant received certified records of administrative action indicating that Respondent Pharmacy was the recipient of an Order and Notice of Hearing (Complaint) from the Arkansas Board of Pharmacy dated July 20, 2015.

Upon checking the Department's records relative to Michigan licensure, Affiant learned that Respondent Pharmacy holds an active license in the state of Michigan.

Affiant has not been notified by Respondent Pharmacy of the December 9, 2008, Complaint in the state of Oregon, or the July 20, 2015, Complaint in the state of Arkansas, or the September 30, 2015, and May 18, 2017, Complaints in the state of Alabama within 30 days of the date of the Complaints.


Terri Schrauben

Subscribed and sworn to before me
this 23rd day of March, 2018


Marcie M. Anderson, Notary Public
County of Clinton
Acting In Ingham County, Michigan
My commission expires June 13, 2020.

Affiant
Athletika, Inc. Agropac Trading Inc.

Texas

K-17-031

07/09/18

AGREED BOARD ORDER #K-17-031

**RE: IN THE MATTER OF
ALLIVET
(PHARMACY LICENSE #25561)**

**BEFORE THE TEXAS STATE
BOARD OF PHARMACY**

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25561 issued to Allivet (Respondent), 480 West 83rd Street, Hialeah, Florida 33014.

By letter dated July 9, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); 565.002(a)(3) and (10); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.8(c)(3); and 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

PREVIOUS HISTORY IN OTHER JURISDICTIONS

- (1) On or about March 3, 2009, the Oregon Board of Pharmacy entered a Consent Order against Allivet (operating in Oregon as Agropec Trading, Inc., d/b/a Allivet Pharmacy). The Order was based on allegations that the pharmacy engaged in the distribution of drugs into Oregon without an Oregon drug outlet registration. The Order imposed a \$750 penalty.
- (2) On or about September 28, 2011, the Indiana Board of Pharmacy entered a Cease and Desist Order against Allivet (operating in Indiana as Allivet Pharmacy). The Order was based on allegations that the pharmacy dispensed prescription drugs into Indiana without an Indiana nonresident pharmacy registration. The Order ordered the pharmacy to cease and desist any and all activities that constitute the unlicensed practice of pharmacy in Indiana.
- (3) On or about February 28, 2013, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the Colorado non-resident prescription drug outlet registration number OSP 5887 held by Allivet (licensed in Colorado as Allivet Pharmacy). The Order was based on stipulations that on three occasions, the pharmacy distributed prescription drugs to an individual practitioner without a valid, patient-specific prescription order. The Order imposed a \$1,000 fine.

Agreed Board Order #K-17-031

Allivet

Page 2

COUNTS

- (1) On or about July 10, 2009, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (2) On or about April 21, 2011, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (3) On or about April 3, 2013, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Indiana Board of Pharmacy as described in Previous History (2) and the Colorado State Board of Pharmacy as described in Previous History (3).
- (4) On or about September 1, 2016, through on or about May 21, 2017, Allivet, 480 West 83rd Street, Hialeah, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

By letter dated July 9, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Peter Batushansky, Corporate President, Agropec Trading, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

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

- (1) Respondent shall pay an administrative penalty of four thousand dollars (\$4,000) due one hundred twenty (120) days after the entry of this Order.

Agreed Board Order #K-17-031

Allivet

Page 3

- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

Agreed Board Order #K-17-031

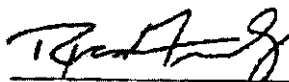
Allivet

Page 4

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.

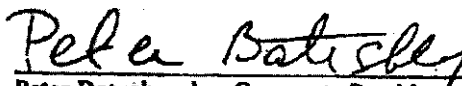


MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:


Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


Peter Batushansky, Corporate President, Agropec Trading, LLC
On behalf of Allivet

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

Colorado

2018-6062

08/13/18


COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

State Board of Pharmacy

LETTER OF ADMONITION

August 13, 2018

Allivet
Attn: Pharmacist Manager
480 W 83rd St
Hialeah, FL 33014

And via email to: leticia@allivet.com

RE: Case 2018-6062

Dear Pharmacist Manager:

The Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration, the Board determined that you failed to report a disciplinary action issued by Arkansas on 9/21/15. Board Rule 9.00.10(b) requires licensees and registrants to notify the Board in writing within 30 days of any disciplinary action against them in another state.

Therefore, pursuant to Board Policy 30-14, the Board hereby admonishes you for violating the Pharmacists, Pharmacy Businesses, and Pharmaceutical Act and Board Rules. This admonishment shall be a permanent public record and reportable as a disciplinary action. It may also be considered as an aggravating factor if a future violation occurs.

You have the right to request, in writing, within twenty days after receipt of this letter, formal disciplinary proceedings to adjudicate the propriety of the conduct upon which this letter of admonition is based. If such a request is made, this letter will be rescinded and the Board will process the matter by means of formal disciplinary proceedings in accordance with sections 24-4-104 and 105, C.R.S.

FOR THE COLORADO STATE BOARD OF PHARMACY

Joseph Liber
Interim Program Director



CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **LETTER OF ADMONITION** upon all parties herein by depositing copies of same in the United States mail, certified, postage prepaid, at Denver, Colorado this 13th day of August 2018, addressed as follows:

Allvet
480 W 83rd St
Hialeah, FL 33014

Linda Stanke



RECEIVED

MAR 02 2009

OREGON BOARD OF PHARMACY

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the) Case No. 2008-0097
Drug Outlet Registration of)
AGROPEC TRADING INC dba:) CONSENT ORDER
ALLIVET PHARMACY)
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the civil penalty as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of \$750 (~~\$10,000~~ civil penalty with ~~\$0,250~~ stayed pending no further violations of ORS 689.305). \$750 civil penalty is to be paid in three consecutive monthly payments of \$250 each. First payment of \$250 shall be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

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CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order. On behalf of the registrant I agree to the Board entering the Consent Order.

Authorized Representative
AGROPEC TRADING INC dba
Allivet Pharmacy
Registrant (Reg. No. RP-0002488)

Date

2/18/09

62 IT IS SO ORDERED.

65 BOARD OF PHARMACY
66 FOR THE STATE OF OREGON

Gary Miner, R.Ph.
Compliance Director

Date

3/3/09

**BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON**

In the Matter of the	)	Case No. 2008-0097
Drug Outlet Registration	)	
	)	
AGROPEC TRADING INC dba:	)	NOTICE OF PROPOSED
ALLIVET PHARMACY	)	DISCIPLINARY ACTION;
	)	ANSWER REQUIRED
Registrant	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002488 because Allivet Pharmacy violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

From on or about September 2006 through June 2008, Allivet Pharmacy located in Florida shipped medications into Oregon without registering with the Oregon Board of Pharmacy as a drug outlet in violation of OAR 855-041-0300, ORS 689.305, and ORS 689.335 which is grounds for imposition of a civil penalty pursuant to ORS 689.832(1), 689.335(1), 689.405(1)(c)(B), and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in an amount of \$10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers: Consequences of Failure to Answer 855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

Date

12/9/08

DATE OF MAILING

12/9/2008

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

January 16, 2019

Indiana Professional Licensing Agency
Attn: Board of Pharmacy
402 West Washington Street, W072
Indianapolis, Indiana 46204

DOH Consumer Services

MAR 04 2019

DOH Reference Number: 201901172
Subject: Agropec Trading LLC d.b.a. Allivet

Dear Sir or Madam:

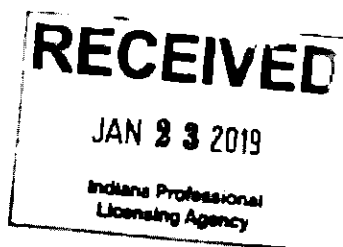
The Consumer Services Unit is reviewing disciplinary action taken by your state against the above Florida licensed health care provider. Please provide **certified copies** of the following information:

- The Administrative Complaint/Charging Document for 2011 IBP 0053
- The Final Order/Disposition Document for 2011 IBP 0053

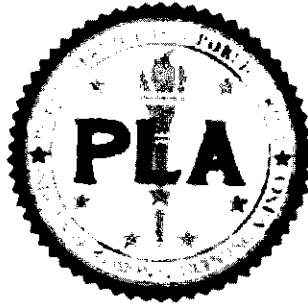
Sincerely,

Adam Blahut
Government Analyst I

In addition, if you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/survey.html>.



Professional Licensing Agency
 402 West Washington Street
 Room W072
 Indianapolis, IN 46204



Eric Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

February 25, 2019

Adam Blahut
 Government Analyst
 Florida Department of Health
 Division of Medical Quality Assurance/ Bureau of Enforcement
 4052 Bald Cypress Way, Bin C-75
 Tallahassee, FL 32999-3275

Dear Mr. Blahut

RE: Agropec Trading LLC dba Allivet.
 License #: 64001256A

This letter serves as written acknowledgement of the Indiana Professional Licensing Agency's receipt of your letter request we mail/email to you the supporting documentation for Administrative Complaint/Charging Documentation and Final Order/Disposition Documentation. The Pharmacist Cause # is 2011 IBP 0053.

" We regret to inform you that we are unable to comply with your request for the following reason(s):"

According to: IC 5-14-3-4 (7) Records and recordings exempted from disclosure; time limitations; destruction of records:

- Could not locate this file requested.

If you need additional information, please contact our office via telephone at (317) 234-1988 or via email at pla4@pla.in.gov. You may also find information of use to you at our web site: www.pla.IN.gov.

Sincerely,

Nathaniel Black, Litigation Specialist
 INDIANA BOARD OF PHARMACY

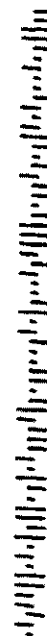
STATE OF INDIANA
PROFESSIONAL LICENSING AGENCY
 402 W WASHINGTON ST RM W072
 INDIANAPOLIS IN 46204-2298

SF 19380 (R6 / 4-15)

XX02/26/19XX

Adam Blahut
 Florida Department of Health
 Division of Medical Quality Assurance/
 Bureau of Enforcement
 4052 Bald Cypress Way, Bin C 75
 Tallahassee, FL 32399-3275

241 AMJAN58 32311



21103**BEFORE THE STATE BOARD OF PHARMACY****STATE OF COLORADO****Case No. 2013-534**

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 ALLIVET PHARMACY, REGISTRATION NO. OSP 5887,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Allivet Pharmacy ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2013-534, 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 provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2012).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about May 10, 2010, being issued registration number OSP 5887, 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 480 West 83rd Street, Hialeah, Florida 33014.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. On or about May 3, 2011, May 18, 2011 and June 5, 2011, Respondent Pharmacy distributed a prescription drug to an individual practitioner in Colorado without a valid, patient-specific prescription order.
6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00) Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents (\$1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
12. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release. In any request for discharge it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms and conditions of this Final Agency Order. The requirements of this Final Agency Order shall continue until formally discharged by the Board or its designated authority.
13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;

c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and

d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **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.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

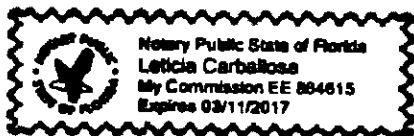
ACCEPTED AND AGREED BY

Respondent Pharmacy

[Signature]
 Authorized Representative / Title

Dated: 2/11/14

Subscribed and sworn to before me in the County of Dade,
 State of Florida, this 11 day of February, 2013 by
Khaled Abdalla, in his/her capacity as
 an authorized agent of Allivet Pharmacy.



[Signature]
 Notary Public

My commission expires:

3/11/17

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 28th day of February, 2013.

State Board of Pharmacy

BY: [Signature]
 Chris Gassen
 Program Director

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

January 16, 2019

Alabama Board of Pharmacy
111 Village Street
Birmingham, AL 35242

JAN 21 2019

DOH Reference Number: 201901172
Subject: Agropec Trading LLC d.b.a. Allivet

Dear Sir or Madam:

The Consumer Services Unit is reviewing disciplinary action taken by your state against the above Florida licensed health care provider. Please provide *certified copies* of the following information:

- The Administrative Complaint/Charging Document
- The Final Order/Disposition Document

Sincerely,

Adam Blahut
Government Analyst I

In addition, if you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/survey.html>

ALABAMA BOARD OF PHARMACY

Donna C. Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com



MEMBERS 2018

David Darby, R.Ph.
President

Kenny Sanders, R.Ph.
Vice President

Ralph Sorrell, R.Ph.
Treasurer

Brenda Denson, PharmD

Chris Phung, R.Ph.

January 17, 2019

TO WHOM IT MAY CONCERN:

RE: **AGROPEC TRADING, LLC**

NON-RESIDENT PHARMACY PERMIT #113812

This is to certify that the undersigned is the duly elected executive officer of the Alabama State Board of Pharmacy. I am in charge of the Board office and all records are made and kept under my direct supervision.

This is to further, certify that the enclosed records are exact copies of those appearing on file regarding **AGROPEC TRADING, LLC**.

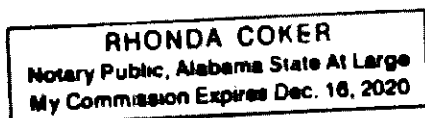
Donna C. Yeatman

Donna Yeatman, R.Ph.
Secretary

Subscribed and sworn before me this Thursday, January 17, 2019, at Birmingham, Alabama, County of Shelby.

Rhonda Coker

Rhonda Coker
Notary Public
State-at-Large



IN THE MATTER OF:

AGROPEC TRADING, INC./ALLIVET
PHARMACY

Non-Resident Pharmacy
Permit Number: 113812

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 17-L-0050

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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, Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy's permit, including, but not limited to revocation.

6. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 07 of SEPTEMBER, 2017.

AGROPEC TRADING, INC./ALLVET
PHARMACY

BY: [Signature]

ITS: [Signature]

DONE this the _____ of 9/14/2017, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

By: [Signature]
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2108A Southbridge Parkway
Suite 500
Birmingham, AL 35209
(205) 671-5404

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	
AGROPEC TRADING, INC./ALLIVET	)	BEFORE THE ALABAMA STATE
PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	
Permit Number: 113812	)	CASE NO: 17-L-0050

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Agropec Trading, Inc./
Allivet Pharmacy
480 W 83rd Street
Hialeah, Florida 33014

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), § 20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on August 15th, 2017 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Agropec Trading, Inc./Allivet Pharmacy (ALLIVET) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that ALLIVET has been guilty of the following, to-wit:

COUNT ONE:

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Consent Agreement entered by the Arkansas State Board of Pharmacy on October 13, 2015

attached hereto as Exhibit "A" and/or from on or about June 1, 2015 through June 22, 2015 shipping prescription drugs into the State of Arkansas without a valid permit to do so as described in the referenced Agreement.

The board alleges each instance of shipping prescription drugs is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975). § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

Further, pursuant to the provisions of Code of Alabama. (1975). §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975). §20-2-1, et. seq., issued pursuant to Code of Alabama (1975). §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT THREE

Violating Code of Alabama (1975). §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975). §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

Notice is further given that in the event you are found guilty of the allegations

contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Orders entered by the Board on April 27, 2017, said document being attached hereto and made a part hereof as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 18th day of May 2017

ALABAMA STATE BOARD OF PHARMACY


By: Susan Alverson
Secretary

EXHIBIT AARKANSAS STATE
BOARD OF PHARMACY

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY SEP 01 2015

IN THE MATTER OF
 AGROPEC TRADING, INC., dba ALLIVET PHARMACY
 420 West 83rd Street
 Hialeah, Florida 33014

RECEIVED

Case No. 2015-049

CONSENT AGREEMENT

The Arkansas State Board of Pharmacy (hereafter "the Board") having obtained information indicating that Agropec Trading, Inc., dba Allivet Pharmacy (hereafter "Respondent") is subject to a hearing regarding certain acts and practices and it appearing that Respondent is willing to enter into a Consent Order to resolve the pending controversy,

IT IS HEREBY agreed by and between Respondent and the Executive Director of the Board that:

1. Respondent now holds a retail pharmacy license, but did not hold a retail pharmacy license at the instigation of this action, and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.
2. Respondent has read the proposed Consent Order, acknowledges its right to consult with counsel and voluntarily agrees to enter into this Consent Order on its own volition and without any reliance upon any representations by the Board or any officer, employee, agent or other representative thereof, other than expressly set forth herein.
3. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review and the right to otherwise challenge or contest the validity of this Consent Order.
4. Respondent executes this Consent Order for the purpose of resolving the pending matter without further administrative action. In this regard, Respondent agrees that the Board

will review and determine whether to approve this Consent Order. Furthermore, should this Consent Order not be approved by the Board, Respondent agrees that the presentation and consideration of this Consent Order by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation in, consideration or resolution of the matters set forth herein.

5. Respondent fully understands and agrees that approval and entry of this Consent Agreement shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. This agreement shall not become a valid and enforceable order of this Board unless and until it is accepted and approved by the Board at an official meeting and executed by the President of the Board or his designee.

7. This Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 et seq.

FINDINGS OF FACT

F-1. Respondent was not licensed by the Board to ship prescriptions in the State of Arkansas, but was and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

F-2. Based on information provided by Respondent, pursuant to a subpoena, from June 1, 2013 through June 22, 2015, Respondent shipped prescription drugs into the State of Arkansas without holding a valid out of state retail pharmacy license pursuant to Ark. Code Ann. § 17-92-902. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without a valid out of state retail pharmacy license.

F-3. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without an Arkansas licensed pharmacist on staff and designated as the Arkansas Pharmacist in Charge as required by Arkansas Law

CHARGES

C-1 Each order processed and delivered into the State of Arkansas by Respondent without an out of state retail pharmacy permit described in Paragraph F-2 and F-3 constitutes a separate violation of Ark. Code Ann. § 17-92-903(b), Ark. Code Ann. § 17-92-401, and Board Regulation 04-04-0001.

ORDER

IT IS THEREFORE ORDERED that:

1. Subject to the Board's approval of this Consent Order, Respondent shall pay a monetary penalty in the amount of \$5,000.00 in U.S. Dollars to the Board by December 31, 2015. Should Respondent fail to pay said penalty on or before December 31, 2015, Respondent's retail pharmacy permit shall then be suspended until the penalty is received by the Board.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction of this matter for the purposes of implementing and enforcing this Consent Order and that Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A. § 17-92-311 (a)(7).

IT IS SO ORDERED this 13th day of October, 2015

ARKANSAS STATE BOARD OF PHARMACY


President

Approved:

REDOUBT

RESPONDENT Richard A. Perdit

Attorney for Respondent (optional)

Approved:

John Clay Kinsley, Pharm. D.
Executive Director
Arkansas State Board of Pharmacy

EXHIBIT "B"

IN THE MATTER OF:

AGROPEC TRADING, INC./ALLIVET
PHARMACY

Non-Resident Pharmacy
Permit Number: 113812

BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0130

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy has violated the provisions of law based upon the conduct set out in all Counts of the Statement

2. Agropec Trading, Inc./Allivet Pharmacy shall pay an administrative fine in the amount of Three Thousand Dollars (\$3,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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, Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy's permit, including, but not limited to revocation.

6. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 28th of February, 2017

AGROPEC TRADING INC /ALLVET
PHARMACY

BY Shabed Abdalla

ITS President

DONE this the 27th of April, 2017

ALABAMA STATE BOARD OF PHARMACY

By Buddy Bunch
Buddy Bunch / R.Ph., President

By James S. Ward
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:

AGROPEC TRADING, INC./ALLIVET
PHARMACYNon-Resident Pharmacy
Permit Number: 113812BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0130

STATEMENT OF CHARGES AND NOTICE OF HEARINGTO: Agropec Trading, Inc./
Allivet Pharmacy
480 W 83rd Street
Hialeah, Florida 33014

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____, 2017 at _____ m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Agropec Trading, Inc./Allivet Pharmacy (ALLIVET) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that ALLIVET has been guilty of the following, to-wit

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose on your application for renewal of your non-resident pharmacy permit for 2013/2014 when

required to do so the entry of a Cease and Desist Order by the Indiana Board of Pharmacy on September 28, 2011 relating to you dispensing legend drugs into Indiana without a registration to do so and as a result thereof obtaining the referenced renewal

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Indiana State Board of Pharmacy discipline set out in Count One above

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Counts

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose on your initial application for a non-resident pharmacy permit and/or on your renewal for 2013/2014 when required to do so an Order entered by the Oregon State Board of Pharmacy relating to you dispensing drugs into Oregon without having a valid registration to do so and as a result obtaining your initial permit and/or the referenced renewal.

COUNT FIVE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Oregon State Board of Pharmacy Order set out in Count Four above

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Counts Four and Five

Further, pursuant to the provisions of Code of Alabama, (1975) §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act Code of Alabama (1975), §20-2-1, et seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following.

COUNT SEVEN

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing

Notice is further given that in the event you are found guilty of the allegations contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Order entered by the Board on October 26, 2015, said document being attached hereto and made a part hereof as Exhibit "A"

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate

Dated this the _____ day of _____, 2017.

ALABAMA STATE BOARD OF PHARMACY

By _____
Susan Alverson
Secretary

EXHIBIT "A"

IN THE MATTER OF	)	BEFORE THE ALABAMA STATE
	)	
ALLIVET PHARMACY	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #113812/201940	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALLIVET PHARMACY (hereinafter referred to as "ALLIVET") 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) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, ALLIVET pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1 That ALLIVET is guilty of violating Code of Alabama (1975) §34-23-33(7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30

2 That ALLIVET shall pay to the Board simultaneously with the

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00)

This obligation of payment to the Board shall not be dischargeable in bankruptcy and

ALLIVET shall not attempt to discharge the same in any bankruptcy proceeding.

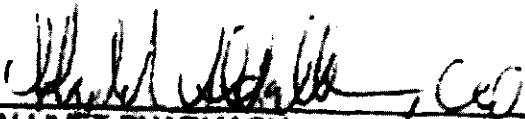
3. By execution of this Consent Order ALLIVET hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALLIVET expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against ALLIVET. ALLIVET 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.

5. That ALLIVET agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

6. That ALLVET acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. ALLVET acknowledges, stipulates and agrees that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

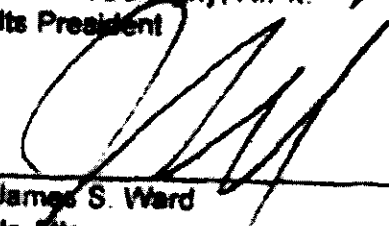
DONE this the 10th day of October, 2015


ALLVET PHARMACY

DONE this the 26 day of Oct, 2015

ALABAMA STATE BOARD OF
PHARMACY

BY: 
Dan McConahey, R.Ph.
Its President

BY: 
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

021268

WELLS FARGO
88-741871
MIAMI, FLORIDA

AGROPEC TRADING, INC.
2501 N. MIAMI AVE.
MIAMI, FL 33114-3508

8/22/2017

PAY TO THE ORDER OF

Alabama Board of Pharmacy
Five Thousand And 00/100 Only

\$

5,000.00

DOLLARS

Alabama Board of Pharmacy
Birmingham, AL 35242-0000

Handwritten Signature

CASE NO: 17-L-0050

MEMO

⑆021268⑆ ⑆063107513⑆ 7172801040⑆

AGROPEC TRADING, INC

021268

Document Code 8/22/2017 Invoice Code 082217 Reference

Balance	5,000.00
Outstanding	0.00
Allocated	5,000.00
Discount	0.00

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
ALLIVET PHARMACY	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #113812/201940	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALLIVET PHARMACY (hereinafter referred to as "ALLIVET") 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) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, ALLIVET pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That ALLIVET is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That ALLIVET shall pay to the Board simultaneously with the

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and ALLIVET shall not attempt to discharge the same in any bankruptcy proceeding.

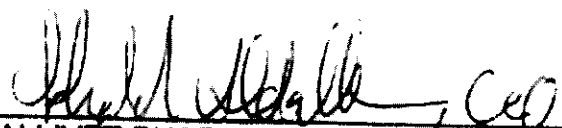
3. By execution of this Consent Order ALLIVET hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALLIVET expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) ~~§§§§~~§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against ALLIVET. ALLIVET 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.

5. That ALLIVET agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

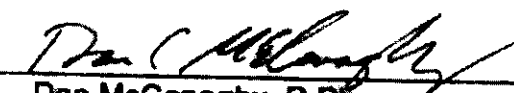
6. That ALLIVET acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. ALLIVET acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

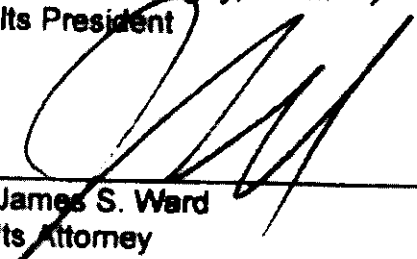
DONE this the 10th day of October, 2015.


ALLIVET PHARMACY

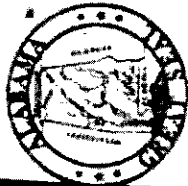
DONE this the 26 day of Oct, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY: 
Dan McConaghy, R.Ph.
Its President

BY: 
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404



Alabama State Board of Pharmacy
111 VILLAGE STREET
BIRMINGHAM, ALABAMA 35242

F



First Class
\$01.84



Florida Department of Health
Division of Medical Quality Assurance
Bureau of Enforcement
4052 Bald Cypress Way
Bin C-75
Tallahassee, FL 32399-5275
ATTN: Adam Blahut

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.

President, Smackover

DEBORAH MACK, P.D.

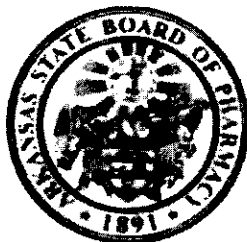
Vice President/Secretary, Bentonville

STEVE BRYANT, P.D.

Member, Batesville

REBECCA MITCHELL, Pharm.D.

Member, Greenbrier



KENNETH LANCASTER, P.D.

Member, Arkadelphia

LYNN CROUSE, Pharm.D.

Member, Lake Village

CAROL RADER, RN

Public Member, Fort Smith

AMY FORE, MHSA, FACMPE, FACHE

Public Member, Fort Smith

JOHN CLAY KIRTLEY, Pharm.D.

EXECUTIVE DIRECTOR

January 23, 2019

Adam Blahut

Florida Department of Health

4052 Bald Cypress Way

Bin C-75

Tallahassee, FL 32399

JA 2 1 2019

Re: Request for Documents on Agropec Trading LLC

Dear Mr. Blahut:

Enclosed is the documentation that you requested. There is not an administrative complaint/charging document because the matter was resolved with a consent agreement prior to formal charges being filed.

Please let me know if you have any questions.

Sincerely,

Luke Daniel

General Counsel

Arkansas State Board of Pharmacy

Mission:

To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts



Vision: To be the Healthiest State in the Nation

Arkansas State
BOARD OF PHARMACY

JAN 23 2019

RECEIVED

January 16, 2019

Arkansas Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

DOH Reference Number: 201901172

Subject: Agropec Trading LLC d.b.a. Allivet

Dear Sir or Madam:

The Consumer Services Unit is reviewing disciplinary action taken by your state against the above Florida licensed health care provider. Please provide *certified copies* of the following information:

- The Administrative Complaint/Charging Document for 2015-049
- The Final Order/Disposition Document for 2015-049

Sincerely,

Adam Blahut
Government Analyst I

In addition, if you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/survey.html>



BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

IN THE MATTER OF
AGROPEC TRADING, INC., dba ALLIVET PHARMACY
480 West 83rd Street
Hialeah, Florida 33014

RECEIVED

Case No. 2015-049

CONSENT AGREEMENT

The Arkansas State Board of Pharmacy (hereafter "the Board") having obtained information indicating that Agropec Trading, Inc., dba Allivet Pharmacy (hereafter "Respondent") is subject to a hearing regarding certain acts and practices and it appearing that Respondent is willing to enter into a Consent Order to resolve the pending controversy;

IT IS HEREBY agreed by and between Respondent and the Executive Director of the Board that:

1. Respondent now holds a retail pharmacy license, but did not hold a retail pharmacy license at the instigation of this action, and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.
2. Respondent has read the proposed Consent Order, acknowledges its right to consult with counsel and voluntarily agrees to enter into this Consent Order on its own volition and without any reliance upon any representations by the Board or any officer, employee, agent or other representative thereof, other than expressly set forth herein.
3. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review and the right to otherwise challenge or contest the validity of this Consent Order.
4. Respondent executes this Consent Order for the purpose of resolving the pending matter without further administrative action. In this regard, Respondent agrees that the Board

will review and determine whether to approve this Consent Order. Furthermore, should this Consent Order not be approved by the Board, Respondent agrees that the presentation and consideration of this Consent Order by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation in, consideration or resolution of the matters set forth herein.

5. Respondent fully understands and agrees that approval and entry of this Consent Agreement shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. This agreement shall not become a valid and enforceable order of this Board unless and until it is accepted and approved by the Board at an official meeting and executed by the President of the Board or his designee.

7. This Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 *et seq.*

FINDINGS OF FACT

F-1. Respondent was not licensed by the Board to ship prescriptions in the State of Arkansas, but was and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

F-2. Based on information provided by Respondent, pursuant to a subpoena, from June 1, 2013 through June 22, 2015, Respondent shipped prescription drugs into the State of Arkansas without holding a valid out of state retail pharmacy license pursuant to Ark. Code Ann. § 17-92-902. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without a valid out of state retail pharmacy license.

F-3. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without an Arkansas licensed pharmacist on staff and designated as the Arkansas Pharmacist in Charge as required by Arkansas Law.

CHARGES

C-1 Each order processed and delivered into the State of Arkansas by Respondent without an out of state retail pharmacy permit described in Paragraph F-2 and F-3 constitutes a separate violation of Ark. Code Ann. § 17-92-903(b), Ark. Code Ann. § 17-92-401, and Board Regulation 04-04-0001.

ORDER

IT IS THEREFORE ORDERED that:

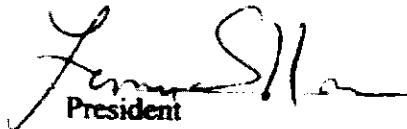
1. Subject to the Board's approval of this Consent Order, Respondent shall pay a monetary penalty in the amount of \$5,000.00 in U.S. Dollars to the Board by December 31, 2015. Should Respondent fail to pay said penalty on or before December 31, 2015, Respondent's retail pharmacy permit shall then be suspended until the penalty is received by the Board.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction of this matter for the purposes of implementing and enforcing this Consent Order and that Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A. § 17-92-311 (a)(7).

IT IS SO ORDERED this day of October, 2015.

ARKANSAS STATE BOARD OF PHARMACY

by


President

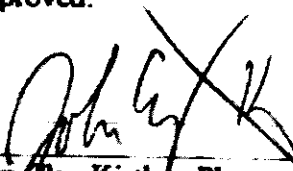
Approved:

RESPONDENT


President

Attorney for Respondent (optional)

Approved:


John Clay Kirtley, Pharm. D.
Executive Director
Arkansas State Board of Pharmacy

AGREED BOARD ORDER #K-17-031

**RE: IN THE MATTER OF
ALLIVET
(PHARMACY LICENSE #25561)**

**BEFORE THE TEXAS STATE
BOARD OF PHARMACY**

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25561 issued to Allivet (Respondent), 480 West 83rd Street, Hialeah, Florida 33014.

By letter dated July 9, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); 565.002(a)(3) and (10); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.8(c)(3); and 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

PREVIOUS HISTORY IN OTHER JURISDICTIONS

- (1) On or about March 3, 2009, the Oregon Board of Pharmacy entered a Consent Order against Allivet (operating in Oregon as Agropec Trading, Inc., d/b/a Allivet Pharmacy). The Order was based on allegations that the pharmacy engaged in the distribution of drugs into Oregon without an Oregon drug outlet registration. The Order imposed a \$750 penalty.
- (2) On or about September 28, 2011, the Indiana Board of Pharmacy entered a Cease and Desist Order against Allivet (operating in Indiana as Allivet Pharmacy). The Order was based on allegations that the pharmacy dispensed prescription drugs into Indiana without an Indiana nonresident pharmacy registration. The Order ordered the pharmacy to cease and desist any and all activities that constitute the unlicensed practice of pharmacy in Indiana.
- (3) On or about February 28, 2013, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the Colorado non-resident prescription drug outlet registration number OSP 5887 held by Allivet (licensed in Colorado as Allivet Pharmacy). The Order was based on stipulations that on three occasions, the pharmacy distributed prescription drugs to an individual practitioner without a valid, patient-specific prescription order. The Order imposed a \$1,000 fine.

Agreed Board Order #K-17-031
Allivet
Page 2

COUNTS

- (1) On or about July 10, 2009, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (2) On or about April 21, 2011, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (3) On or about April 3, 2013, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Indiana Board of Pharmacy as described in Previous History (2) and the Colorado State Board of Pharmacy as described in Previous History (3).
- (4) On or about September 1, 2016, through on or about May 21, 2017, Allivet, 480 West 83rd Street, Hialeah, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

By letter dated July 9, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Peter Batushansky, Corporate President, Agropec Trading, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

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

- (1) Respondent shall pay an administrative penalty of four thousand dollars (\$4,000) due one hundred twenty (120) days after the entry of this Order.

Agreed Board Order #K-17-031

Alliver

Page 3

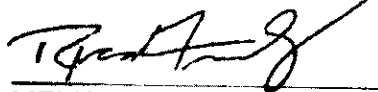
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).**

Agreed Board Order #K-17-031
Allivet
Page 4

And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.



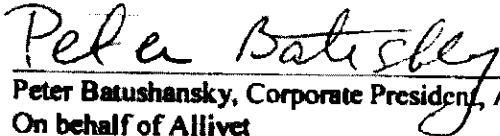
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Peter Batushansky, Corporate President, Agropec Trading, LLC
On behalf of Allivet

APPROVED AS TO FORM:



Kerstin Arnold, General Counsel
Texas State Board of Pharmacy



COLORADO

Department of
Regulatory Agencies

COH Consumer Services

APR 29 2019

APR 29 2019

LETTER OF ADMONITION

sumer Services

16 2019

August 13, 2018

Allivet



And via email to: [REDACTED]

RE: Case 2018-6062

Dear Pharmacist Manager

The Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration, the Board determined that you failed to report a disciplinary action issued by Arkansas on 9/21/15. Board Rule 9.00.10(b) requires licensees and registrants to notify the Board in writing within 30 days of any disciplinary action against them in another state.

Therefore, pursuant to Board Policy 30-14, the Board hereby admonishes you for violating the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules. This admonishment shall be a permanent, public record and reportable as a disciplinary action. It may also be considered as an aggravating factor if a future violation occurs.

You have the right to request, in writing, within twenty days after receipt of this letter, formal disciplinary proceedings to adjudicate the propriety of the conduct upon which this letter of admonition is based. If such a request is made, this letter will be vacated and the Board will process the matter by means of formal disciplinary proceedings in accordance with sections 24-4-104 and 105, C.R.S.

FOR THE COLORADO STATE BOARD OF PHARMACY

Joseph Liber
Interim Program Director

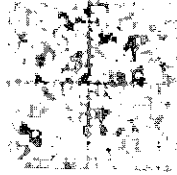
CERTIFIED DOCUMENT

Kim Stanku



COLORADO
Department of
Regulatory Agencies

NOV 11 1999



NOV 11 1999
DENVER, CO 80202

\$ 000.412

FORWARDING SERVICE REQUESTED

Florida Department of Health
Division of Medical Quality Assurance
Bureau of Enforcement
Attn: Adam Blahut
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

CIT-TRA 32399



ILLINOIS

2019-03078

2019

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE	)	
DEPARTMENT OF FINANCIAL AND PROFESSIONAL	)	
REGULATION,	)	
	)	
v.	)	
AGROPEC TRADING, LLC, DBA ALLIVET,	)	Case No. 2019-03078
License No. 054.020270,	)	
Respondent.	)	

CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Agropec Trading, LLC, DBA Allivet ("Respondent") agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054.020270 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. Respondent non-resident pharmacy is located in Florida and dispenses veterinary prescription medication to consumers. Respondent pharmacy was previously owned by a single owner prior to a change of ownership in 2017. In January of 2019, the Department received a self-report of prior sister-state discipline not previously disclosed to the Department under prior ownership. In February of 2019, the Department received Respondent's application for a change of address. The Act at 225 ILCS 85/30(a)(8) and (24) sets forth that the Department may refuse to issue or renew, or may revoke a license, or may suspend, place on probation, fine, or take any disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000.00 per violation, with regard to any licensee for adverse action taken by another state or jurisdiction that is the same or substantially equivalent to those set forth in the Act and failing to report within sixty (60) days to the Department any adverse final action taken against a pharmacy by another licensing jurisdiction in any other state for acts or conduct similar to acts or conduct that would constitute grounds for discipline under the Act.

In January of 2019, Respondent disclosed to the Department the following sister-state disciplines: (1) On or about February 18, 2009, Respondent was fined \$750.00 by the Board of Pharmacy of the State of

Oregon due to shipping to the state in early 2008 without an active license in Oregon case no. 2008-0097. Respondent was in the process of obtaining state licenses at the time, and the action resulted from an unintentional oversight. Respondent has had no subsequent disciplinary history in Oregon; (2.) On or about September 28, 2011, the Indiana Board of Pharmacy ordered Respondent, at the time pending application approval for a non-resident pharmacy license, to cease and desist shipping to Indiana without an active license in Indiana case no. 2011 IBP 0053. Within sixty (60) days of the Indiana Order, Respondent received an Indiana license and has had no subsequent disciplinary history in Indiana; (3.) On or about December 19, 2013, Respondent was fined \$1,100.00 by the State Board of Pharmacy of the State of Colorado due to dispensing without a wholesale license in Colorado case no. CO-2013-534. Respondent shipped a medication to a veterinarian in Colorado in 2011 who had been unable to obtain the medication from the manufacturer due to back-order. Respondent does not sell any products via wholesale and thus was a one-time occurrence; (4.) On or about October 10, 2015, Respondent was fined \$500.00 by the Alabama State Board of Pharmacy due to shipping to the state without a valid license in Alabama case no. AL-2015-001. In 2014, Respondent submitted an application for its pharmacist-in-charge ("PIC") to be licensed in Alabama, due to a new law requiring all non-resident pharmacies have an Alabama licensed PIC on staff. Respondent mistakenly believed they could continue to ship to Alabama while the application was pending; (5.) On or about October 13, 2015, Respondent was fined \$5,000.00 by the Arkansas State Board of Pharmacy due to shipping to the state without a valid license in Arkansas case no. AR-2015-049; (6.) On or about February 28, 2017, Respondent was disciplined in Alabama due to the sister-state actions in Oregon and Indiana in Alabama case no. 16-I.-0130; (7.) On or about May 18, 2017, Respondent was disciplined in Alabama due to the sister-state action in Arkansas in Alabama case no. 17-L-0050; (8.) On or about June 25, 2018, Respondent was disciplined by the Michigan Board of Pharmacy due to the sister-state actions in Oregon, Alabama, and Arkansas, and for having failed to report a change of location to Michigan within thirty (30) days in 2008 in Michigan case no. 53-17-148216; (9.) On or about July 9, 2018, Respondent was disciplined by the Texas State Board of Pharmacy due to the sister-state actions in Oregon, Colorado, and Indiana, and for failing to have a Texas-licensed pharmacist on staff. In 2016, Respondent submitted an application for its pharmacist to be licensed in Texas, upon a new requirement that

all non-resident pharmacies have a Texas licensed pharmacist on staff, however Respondent did not have a Texas-licensed pharmacist on staff as of September of 2016 and was fined \$4,000.00 in Texas case no. K-17-031; and (10.) On or about August 13, 2018, Respondent was disciplined in Colorado due to the sister-state action in Arkansas in Colorado case no. 2018-6062.

For the purposes of this Consent Order, Respondent admits the following: (1.) Adverse action was taken against Respondent relating to the practice of pharmacy in the states of Oregon, Indiana, Colorado, Alabama, Arkansas, Michigan, and Texas; (2) No other adverse final actions, other than those set forth in this Consent Order, have been taken against Respondent in any jurisdiction; and (3.) Respondent failed to report within sixty (60) days the adverse final actions set forth in this Consent Order. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8) and (24). Pursuant to 68 IAC 1130.300(b), the following factors are considered in mitigation: (1) Respondent is currently in good standing in all states where Respondent is licensed; (2) Respondent's lack of disciplinary history by the Department; (3.) The age of the underlying offenses, (3) Respondent's self-report to the Department and demonstration of accountability under new ownership; and (4.) Respondent's small size and specialized pharmacy services Respondent provides to Illinois consumers

Respondent admits that the information recited herein is accurate and complete. At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, the right to an attorney, 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 Consent Order. Such waiver ceases if this Consent Order is rejected by the State Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be

requested to communicate with the Board or Director in furtherance of the approval of this Consent Order. Respondent has been informed that this Consent Order will be presented to the Director. If this Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Consent Order. Respondent understands that this Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent agree.

- A. Respondent's Illinois pharmacy license no. 054.020270 shall be reprimanded.
- B. Respondent shall pay a fine of five thousand dollars (\$5,000.00) within sixty (60) days of the effective date of this Consent Order. The fine shall be paid by personal check, cashier's check, or personal money order. In the notation portion of the check, this Case No. 2019-03078 and license no. 054.020270 shall be noted. Said check shall be made payable to:

Illinois Department of Financial and Professional Regulation
 SSC – ACCOUNTS Receivable Section - Fines
 P.O. Box 7086
 Springfield, IL 62791
- C. Failure by Respondent to comply fully with the terms and conditions of this Consent Order shall be grounds for the Director of the Illinois Department of Financial and Professional Regulation to issue an Order mandating the immediate and automatic indefinite suspension of Respondent's pharmacy license. Respondent may file an appropriate Petition within thirty (30) days from date the order was entered to contest the underlying factual basis of the indefinite suspension. Respondent shall be

afforded a hearing on the merits following the filing of the Petition. Respondent waives any statute of limitations defense in any hearing on the suspension.

- D. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public.
- E. This Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page

10/10/2019

Date

Paul Bdr

Respondent Agropec Trading, LLC, DBA Allivet

10/15/2019

Date

Paula McGee

Department Attorney Paula McGee

10/23/19

Date

Danise Scarpelli

Board of Pharmacy Member

The foregoing Consent Order is approved in full

Dated this 5th day of November, 2019.ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGANCecilia Abundis
CECILIA ABUNDIS, ACTING DIRECTOR
Division of Professional RegulationCase No. 2019-03078
License No. 054.020270

HAWAII

PHA 2019-79-L

2019

MARC T. NAKAMURA 8167
 Regulated Industries Complaints Office
 Department of Commerce and Consumer Affairs
 State of Hawaii
 Leiopapa A Kamehameha Building
 235 S. Beretania Street, 9th Floor
 Honolulu, Hawaii 96813
 Telephone: (808) 586-2660

Attorney 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	)	PHA 2019-79-L
of	)	
	)	SETTLEMENT AGREEMENT PRIOR TO
AGROPEC TRADING LLC, doing	)	FILING OF PETITION FOR DISCIPLINARY
business as ALLIVET,	)	ACTION AND BOARD'S FINAL ORDER;
	)	EXHIBIT "1" and "2"
Respondent,	)	
	)	

248042211

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 AGROPEC TRADING LLC, doing business as ALLIVET (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 "**B**oard") as a pharmacy under Miscellaneous Permit Number PMP 1534. The permit was issued on or about September 20, 2018. The permit will forfeit or expire on or about December 31, 2019.

2. Respondent's mailing address for purposes of this action is 480 West 83rd Street, Hialeah, Florida 33014.

3. RICO alleges that Respondent was disciplined by the Texas State Board of Pharmacy on November 6, 2018 via *Agreed Board Order #K-17-031* (hereinafter "Texas

Order"). Attached as Exhibit "1" is a copy of the Texas Order.

4. RICO alleges that Respondent failed to timely notify the Board of the Texas Order within thirty (30) days.

5. RICO also alleges that Respondent was disciplined by the Michigan Board of Pharmacy via *Consent Order* (hereinafter "Michigan Order") which became effective thirty (30) days from April 10, 2019. Attached as Exhibit "2" is a copy of the Michigan Order.

6. RICO alleges that Respondent failed to timely notify the Board of the Michigan Order within thirty (30) days.

7. 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) (revocation, suspension, or other disciplinary action by another state or federal agency against a licensee for any reasons provided by the licensing laws or this section) and HRS § 436B-19(15) (failure to report in writing to the licensing authority any disciplinary decision issued against the licensee within thirty days of the disciplinary decision).

8. 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 represents that Exhibits "1" and "2" are true and accurate copies of the disciplinary decisions issued by the Texas Board of Pharmacy and the Michigan Board of Pharmacy respectively.

5. Respondent being at all times relevant herein permitted as a pharmacy 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

6. 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.

7. 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.

8. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2019-79-L.

9. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

10. 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 a fine in the amount of TWO THOUSAND AND NO 100 DOLLARS (\$2,000.00). 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: Marc T. Nakamura, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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 permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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.

[Remainder of this page intentionally left blank, signature page follows]

DAWNIE ICHIMURA 6990
 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: (808) 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	)	PHA 2020-168-L
of	)	
	)	SETTLEMENT AGREEMENT PRIOR TO
AGROPEC TRADING, LLC doing business)	)	FILING OF PETITION FOR DISCIPLINARY
as ALLIVET,	)	ACTION AND BOARD'S FINAL ORDER
	)	
Respondent.	)	
	)	

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 AGROPEC TRADING, LLC, doing business as Allivet (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 licensed by the Board of Pharmacy (hereinafter the "Board") as a miscellaneous permit under license number PMP 1534. The miscellaneous permit was issued on or about September 20, 2018. The miscellaneous permit will expire or forfeit on or about December 31, 2021.

2. Respondent's mailing address for purposes of this action is Luis A. Riera, c/o Allivet, 14540 NW 60th Avenue, Miami, Florida 33014.

3. On its renewal application dated November 4, 2019, Respondent answered yes to questions 1 which asked, "In the past 2 years has your license in this state or any other jurisdiction been formally disciplined?"

4. On or about June 25, 2018, the Michigan Board of Pharmacy issued an Administrative Complaint (File No. 53-17-148216) to Respondent based on disciplinary actions in Oregon, Alabama and Arkansas. The Administrative Complaint was also issued based on Respondent not reporting a change of location to the Michigan Board in a timely manner.

5. On or about July 9, 2018, the Texas Board of Pharmacy issued an Agreed Board Order (K-17-031) to Respondent based on disciplinary actions in Oregon, Colorado and Indiana. The Agreed Board Order was also issued because Respondent did not have a licensed pharmacist on staff.

6. On or about August 13, 2018, the Colorado Department of Regulatory Agencies issued a Letter of Admonition (2018-6062) to Respondent for failing to report a disciplinary action in Arkansas. The Arkansas disciplinary action occurred in 2015.

7. On or about May 14, 2019, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation issued an Order against Respondent (Order 2017-09917) for dispensing an incorrect prescription to a patient.

8. On or about October 10, 2019, the Illinois Department of Financial and Professional Regulation, Division of Professional Regulation issued a Consent Order (No. 2019-03078) to Respondent for disciplinary actions in Oregon, Indiana, Colorado, Alabama, Arkansas, Michigan and Texas.

9. The Michigan, Texas and Colorado disciplinary actions were not reported to the Hawaii Board of Pharmacy within thirty days.

10. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report disciplinary action within thirty days).

11. The Board has jurisdiction over the subject matter herein and over the parties hereto.

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent acknowledges that Respondent has the right to be represented by an attorney and Respondent freely, knowingly and voluntarily waives the 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 licensed 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 miscellaneous permit and administrative fines, if the foregoing allegations are proven at hearing.

5. 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.

6. 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.

7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's miscellaneous permit.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2020-168-L.

10. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

11. Respondent understands this Settlement Agreement is public record pursuant to Hawaii Revised Statutes Chapter 92F.

C. TERMS OF SETTLEMENT:

1. Administrative Fine. Respondent agrees to pay a fine in the amount of FIVE HUNDRED AND NO/100 DOLLARS (\$500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn.: Dawnie Iehimura, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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 miscellaneous permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the

effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new miscellaneous 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 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. Each signatory to this Agreement hereby represents and warrants that he/she is authorized to execute and deliver this Agreement in the capacity shown below.

DATED: Miami Lakes (City), Florida (State), 10 30 2020 (Date)

AGROPEC TRADING LLC
doing business as
ALLIVET
Respondent

By: [Signature] (Signature)
LUIS A. PIERCE (Print Name)
Its Compliance Analyst (Title)

DATED: Honolulu, Hawaii, _____

DAWNIE ICHIMURA
Attorney for Department of Commerce
and Consumer Affairs

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF AGROPEC TRADING LLC, DOING BUSINESS AS ALLIVET;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL
ORDER; RICO CASE NO. PHA 2020-168-J.

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF AGROPEC TRADING LLC
DOING BUSINESS AS ALLIVET; SETTLEMENT AGREEMENT PRIOR TO FILING OF
PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; RICO CASE
NO. PHA 2020-168-L.

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

ALANNA ISOBE
Chairperson

DATE

JULIE YURIE TAKISHIMA-LACASA
Vice Chair

MARY JO KEEFE

SHERI TOKUMARU

KENNETH VANDENBUSSCHE

CATALINA CROSS

PATRICK ADAMS

PVI, 7/2020

12B

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
☐ Publicly Traded Corporation – Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation – Pages 1,2,4,10,11a&b ☐ Sole Owner – Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Elemental Pharmacy

Physical Address: 6330 South Eastern Avenue Suite 1A

City: Las Vegas State: NV Zip Code: 89119 Telephone: _____

(800) 201-4223 Fax: (702) 922-3791 Toll Free Number: _____

(800) 201-4223 E-mail: admin@elementalpharmacy.com

Website: TBD

Managing Pharmacist: Jenner Sinang License Number: 18954

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Randy L. Case
Original Signature of Person Authorized to Submit Application, no copies or stamps

Randy L. Case
Print Name of Authorized Person

8/20/20
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: Elemental Pharmacy

Mailing Address: 6330 S Eastern Suite 1A

City: Las Vegas State: NV Zip: 89119

Telephone: (800) 201-4223 Fax: (702) 922-3791

Contact Person: Randy Case

For any corporation non publicly traded, disclose the following:

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

a) Randy Case	6330 S Eastern Ave Suite 1A, Las Vegas, NV 89119
Name	Business Address

	Name	Business Address
b)		

c) _____

Name	Business Address
------	------------------

[illegible]

- 2) Provide the number of shares issued by the corporation. 100

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

List any physician shareholders and percentage of ownership.

Name: N/A %: N/A

Name: N/A %: N/A

Hours of Operation for the pharmacy:

Monday thru Friday	<u>10:00</u> am	<u>5:00</u> pm	Saturday	<u>10:00</u> am	<u>2:00</u> pm
Sunday	Closed am	Closed pm	24 Hours	N/A	

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Randy Case

Responsible Person of Elemental Pharmacy

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

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

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



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

Randy Case

Print Name of Authorized Person

8/14/2020

Date

Managing Pharmacist

 Pharmacist Name: Jenner Sinang

 License #: 18954

 Pharmacy Name: Elemental Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☒
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☒

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date

8/14/2020

 Date August 11, 2020

GENERAL INSTRUCTIONS

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy License

Elemental Pharmacy 6330 Nature of License
South Eastern Sub A Las Vegas, NV 89119
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which it Is Now Operated

1. PERSONAL INFORMATION:

1. PERSONAL INFORMATION:		
Case	Randy	Lee
Last Name	First Name	Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
 [REDACTED] Spiracle Ave Henderson Nevada, 89002

Present Residence Address-Street or RFD	City	State/Zip
6330 Eastern	Las Vegas	Nevada 89119
Dates		

Present Business Address	1/1/2021	City	State/Zip
Owner/Operations			Nevada

Occupation		Phone:	
	Pocatello, idaho	Residence	
		Business	TBD

Date of Birth	Place of Birth (City, County, State)	
59		Male

Age	Social Security Number or ITIN			Sex
Blue	Blond/grey	Caucasian	225	muscular 6 feet 2 inches

Color of Eyes	Color of Hair	Complexion	Weight	Build	Height
---------------	---------------	------------	--------	-------	--------

Scars, tattoos or distinguishing marks and/or characteristics	Scars on right ankle from surgery
---	-----------------------------------

Are you a citizen of the United States? (Yes ☒ No ☐ If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ ~~Separated ☒~~ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial RLC RLC Page 1

A. Current Marriage Separated

Spouse's full name (Maiden) Ashley Brooke Case City, County and State Los Angeles
SS# or ITIN [REDACTED]

Date of Birth [REDACTED] Place of Birth Los Angeles

Resident address [REDACTED] Alameda Ave [REDACTED] Burbank California 91506
Street City State Zip

Telephone: Residence 213-716-9350 Business None

Spouse's employer LAUSD Occupation Teacher/Librarian

Address of employer PO Box 513307, Terminal Annex Los Angeles Ca 90051-1307
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Michelle Marie Case	July 1995	July 1983	Irreconcilable Diff.	Northglenn, Co

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Sarah marie Case	8/11/2001	Los Angeles	[REDACTED] Alameda Ave, #104, Burbank, Ca 91506

B. Child Support Information:

Please mark the appropriate response:



I am not subject to a court order for the support of child.

- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial RLC *RLC*

FAMILY INFORMATION-Continued

1794

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Clarence E Case		E 33rd Place, Yuma, Az 85365	retired
Mother			
Ethel M Case		E 33rd Place, Yuma, Az 85365	Retired
Father-in-Law			
None			
Mother-in-Law			
None			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Gary E Case		San Diedo, Ca	Glazer
Spouse			
Cheryl M Case		None	Deceased
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Kohl Elementary School	Broomfield, Co	1967-1972
High School	Broomfield High School	Broomfield, Co	1973-1979
College University	University of Colorado	Boulder, Colo	1981-1984
Other	Pepperdine University	Malibu, Ca	1992-1996

Type of degree obtained, if any Civil Engineering BS and Masters in Business Administration

College or university where obtained University of Colorado and pepperdine University

Applicant's initial RLC *RLC*

5 MILITARY INFORMATION:

1795

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☐

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

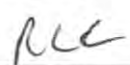
Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
June 2005		DUI	Encino, Ca	July 2005	CHP

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

in my job at the Metropolitan water District I was the director of real estate and had gto testify many times

in Eminent Domain trials.

Applicant's initial RLC 
Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1995-1999	13914 Bora Bora Way, #218D	Marina Del Rey	California
1999-2001	3415 Rowena Ave	Los Angeles	California
2001-2003	12021 Laurel Terrace Drive	Studio City	California
2003-2012	4852 Bellingham Ave	Valley Village	California
2012-2018	11312 Huston Street #5	North Hollywood	California
2018-2019	13038 Hartsook Street	Sherman Oaks	California

Applicant's initial RLC *RLC*
 Page 5

8. EMPLOYMENT:

1797

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year 09/1979-1984	Name/Mailing Address of Employer/Business University of Colorado, Boulder, Colo.	Reason for Leaving graduated from college
Title Studebt Asst	Description of Duties Worked for Engineering Dept	Name of Supervisor Professor Johnson
Month and Year 6/84-6/86	Name/Mailing Address of Employer/Business Civil Engeering Design Company, Denver, Colo	Reason for Leaving Took Better Job
Title Civil Engineer	Description of Duties Design Civil Engineering Projects	Name of Supervisor Bob
Month and Year 6/86-10/88	Name/Mailing Address of Employer/Business City of Westminster, Colorado	Reason for Leaving Took a Better Job
Title Civil Engineer	Description of Duties Planning and Civil Engineering for city Projects	Name of Supervisor Rick Mark
Month and Year 10/88-10/97	Name/Mailing Address of Employer/Business Metropolitan Water District of So Cal, Los Angeles	Reason for Leaving Started my own Company
Title Dir of Real Estate	Description of Duties Managed all the real estate assets of the District	Name of Supervisor Gary - Chief Engineer
Month and Year 10/97-10/99	Name/Mailing Address of Employer/Business Strategic Realty Group, Los Angeles, Ca	Reason for Leaving Took a Better Job
Title Owner/CEO	Description of Duties Real estate Consulting	Name of Supervisor Myself
Month and Year 10/99-3/2008	Name/Mailing Address of Employer/Business XO Communications, Reston Virginia	Reason for Leaving Outsourced our Dept.
Title Dir of Real Estate	Description of Duties managed real estate portfoliio in North Amerca	Name of Supervisor Ron Scott
Month and Year 4/04-6/10	Name/Mailing Address of Employer/Business PDCC Development, LLC	Reason for Leaving Financial Crash in US
Title 15% Owner/site manager	Description of Duties redo golf course and develop home sites	Name of Supervisor Board
Month and Year 7/10-7/18	Name/Mailing Address of Employer/Business Strategic Energy Marketing, los Angeles, Ca	Reason for Leaving better opportunity
Title 50% owner and CEO	Description of Duties Energy Consulting	Name of Supervisor Randy Case

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial RLC RLC
Page 6

9. CHARACTER REFERENCES:

1798

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Michael Gennawey	Home	██████	E Burnuda Street, Long Beach	90814	██████████	11
Employer SEM	Business	Energy Consulting Business				
Name Tomas Perez	Home	██████	Bordeaux, Trabuco Canyon, Ca	92679	██████████	12
Employer CWE	Business	Crypto Software				
Name Vernon Tucker	Home	██████	4th Street, Simi Valley, Ca	93065	██████████	5
Employer Lawyer - self	Business	Practices Family Law				
Name Larry kosmont	Home	██████	11th Street, Manhattan Beach, Ca.	90266	██████████	25
Employer The Kosmont Co.	Business	Real Estate Planning and Consulting				
Name Jan Bradford	Home	██████	kirk Street, Sylmar, Ca.	91342	██████████	25
Employer Food For Less	Business	Grocery Store Manager				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

Professional Engineering License in Colorado 1986- ? and California 1990 - ?

Real Estate Brokers License 1996-2020

12. Have you ever applied for a city, county 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.

See Page 10

Applicant's initial

RLC *RLC*

Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☐

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 8/18/20

Applicant's initial hcc

STATE OF California

1800

ss.

COUNTY OF Orange

I, Randy Lee Case, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

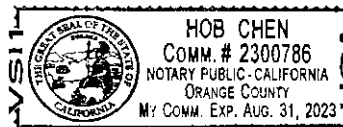
[Signature]

Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of

August, 2020

[Signature] Hob Chen
Notary Public



(seal)

Applicant's initial RCC

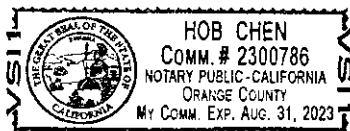
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

Subscribed and sworn to (or affirmed) before me on this 18th
day of August, 2020, by Bandy Lee Case

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



(Seal)

Signature *[Handwritten Signature]*

Question 8 continued:

7/18-Present	Elemental Pharma, Inc	Still in the position
CEO	Hemp Related Business	Board

Question 12 Continued:

1. Strategic Realty Group - California and Los Angeles

Real Estate Brokers License - California..... Business License City of Los Angeles

Randy Case sole owner

2. Strategic Energy Marketing - California

Business License - California

Randy Case and Michael Gennawey owners

3. PDCC Development, LLC - Palm Desert, California

Business licenses for Golf Course, Restaurant and Bar

Randy Case - 15%, Larry Kosmont - 15%, Sung Sang Cho - 70%

Applicant's initial

RCC

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date AUGUST 18, 2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy

Elemental Pharmacy / 6330 South Eastern Avenue Suite 1A Las Vegas, NV 89119

Name and Address of Business for Which Designated Representative is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Sinang Jenner Uy
Last Name First Name Middle Name

n/a
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Alphonse Drive Las Vegas NV / 89122
Present Residence Address-Street or RFD City State/Zip

Dates
Present Business Address City State/Zip

Dates
Present Position with the Pharmacy or Wholesaler Phone:
Residence Business (702) 992 - 3791

Manila, Philippines
Date of Birth Place of Birth (City, County, State)

44 years old Male
Age Social Security Number or ITIN Sex

Brown Black Beige 200 lbs Medium 5'-10"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes No If alien, registration No

If naturalized, certificate No February 10th, 1997
Date

Place Newark, New Jersey (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial

JS

MARITAL INFORMATION-Continued

A. Current Marriage none

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	----------------------------	------------------------------	---------------------	--------------------------

n/a

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

never married

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

none

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JS

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Emiliano Sinang	[REDACTED]	[REDACTED] Sophie Court Sugar Land, Texas 77479	Retired
-----------------	------------	---	---------

Mother

Nancy Sinang	[REDACTED]	[REDACTED] Sophie Cour Sugar Land, Texas 77479	Retired
--------------	------------	--	---------

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Jennifer Potato	[REDACTED]	[REDACTED] Sophie Court Sugar Land, TX 77479	Registered Nurse
-----------------	------------	--	------------------

Spouse

Albert Potato	[REDACTED]	[REDACTED] Sophie Court Sugar Land, TX 77479	Registered Nurse
---------------	------------	--	------------------

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Our lady of Grace Montessori	Manila, Philippines		Yes ☒ No ☐
High School	Kearny High School	Kearny, New Jersey	1991 to 1995	Yes ☒ No ☐
College University	Temple University College of Pharmacy	Philadelphia, PA	2004 to 2008	Yes ☒ No ☐
Other	University of Virginia	Charlottesville, VA	1998 to 2000	Yes ☒ No ☐

Type of degree obtained, if any Doctor of Pharmacy (PharmD) and Bachelor of arts in BiologyCollege or university where obtained PharmD from Temple University / BA in Biology from University of Virginia

Applicant's initial

Js

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☒No ☐County Hudson State New Jersey Date registered _____**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Applicant's initial JS

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
2020 to 2020	████████ Alphonse Drive	Las Vegas	Nevada
2010 - 2020	540 King Galloway Drive	Lewisville	Texas
2008 - 2010	15150 Blanco Road	San Antonio	Texas
2004 to 2008	7900 Lindberg Blvd	Philadelphia	Pennsylvania
2002 to 2004	4406 Sophie Court	Sugar Land	Texas
1998 to 2002	4428 Plantation Road	Roanoke	Virginia

Applicant's initial

JS

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

04/2015	Walmart Pharmacy / 7451 McCart Ave Forth Worth, TX 76133	40 hours a week (Greater than > 6,000 hours)
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Filling and verifying prescriptions. Counseling patients.	Rebecca Rodriguez
Title	Description of Duties	Name of Supervisor
06/2010	John Peter Smith Hospital / 1500 South Main St Forth Worth, TX 76104	40 hours a week (Greater than > 6,000 hours)
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Ambulatory Staff Pharmacist	Filling and verifying prescriptions. Counseling patients.	Alycen Lacombe
Title	Description of Duties	Name of Supervisor
05/2008	Walgreens Pharmacy / 410 West Cypress St. San Antonio, TX 78212	Alycen Lacombe
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Staff Pharmacist	Filling and verifying prescriptions. Counseling patients.	40 hours a week (Greater than > 6,000 hours)
Title	Description of Duties	Name of Supervisor
12/2015	University Medical Center / 1800 West Charleston Blvd, Las Vegas, NV 89102	40 hours a week (Greater than > 6,000 hours)
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Inpatient Staff Pharmacist	Entering and verifying prescription orders including general ambulatory, nicu, picu, ED	Mary Staples
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JS

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 Mollie Harlow	Home					
Employer Walmart Pharmacy	Business	2310 E Serene Ave	Las Vegas, NV	89123	(479) 866 - 5899	5 years
Name Rebecca Rodriguez	Home					
Employer Walmart Pharmacy	Business	7451 McCart Ave	Forth Worth, TX	76133	(817) 361 - 7284	5 years
Name Trang Tran	Home					
Employer Walgreens Pharmacy	Business	7200 Arroyo Crossing Parkway	Las Vegas, NV	89113	(702) 496 - 8604	5 years
Name Caroline Tabe	Home					
Employer John Peter Smith Hospital	Business	1500 South Main St	Forth Worth, TX	76104	(817) 657 - 7796	10 years
Name Bailey Tyler Wynne	Home	1500 South Main St	Forth Worth, TX	76104		
Employer John Peter Smith Hospital	Business	1500 South Main St	Forth Worth, TX	76104	(903) 245 - 0051	10 years

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

Applicant's initial

JS

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler)? Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 08/18/2020

Applicant's initial JS

STATE OF Texas

1811

SS.

COUNTY OF Denton

I, JENNER Uy SINANG, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 18th day of

August 2020
[Signature]
Notary Public

(seal)



Applicant's initial JS

ADDITIONAL INFORMATION

1812

Lined area for additional information.

UNITED STATES OF AMERICA

No. [REDACTED]



NATURALIZATION

DEPARTMENT OF JUSTICE

Personal description of holder
as of date of naturalization:

Date of birth: [REDACTED]

Sex: MALE

Height: 5 feet 06 inches

Marital status: SINGLE

Country of former nationality:

PHILIPPINES

INS Registration No. [REDACTED]

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Jenner Sinang
(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Attorney General

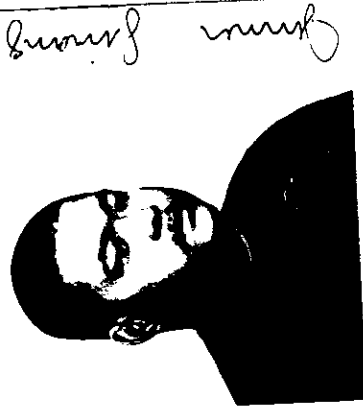
at: NEWARK, NJ

The Attorney General having found that:

JENNER SINANG

then residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects, complied with the applicable provisions of such naturalization laws and was
entitled to be admitted to citizenship, such person having taken the oath of allegiance
in a ceremony conducted by the

U.S. IMMIGRATION & NATURALIZATION SERVICE



at:

NEWARK, NJ

on:

FEBRUARY 10TH, 1997

that such person is admitted as a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

[Signature]
Commissioner of Immigration and Naturalization

DEPARTMENT OF JUSTICE

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Elemental Pharmacy LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/18/2020, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/18/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202008181013037

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

Elemental Pharmacy LLC

List of Officers and Directors:

Randy Case – Director, President

admin@elementalpharmacy.com

714-651-9510

AFFIDAVIT

The State of Nevada

)

) S.S.

County of Clark

)

I, Randy Lee Case, of Las Vegas, in Clark County, Nevada, MAKE OATH AND SAY THAT:

1. My birthdate is [REDACTED]
2. I currently reside at [REDACTED] W. Warm Springs Road, unit [REDACTED] Henderson, Nevada 89014.
3. I have submitted an application for Elemental Pharmacy to the Nevada Board of Pharmacy.
4. I, Randy Lee Case, will not now nor ever place any hemp (CBD) related products from Spire Wellness, LLC or any other hemp (CBD) company in Elemental Pharmacy. If, for whatever reason, there are hemp related products in Elemental Pharmacy, I will hereby, effective immediately, surrender my Nevada Pharmacy license for Elemental Pharmacy to the Nevada Board of Pharmacy for the duration of the current licensing period.

STATE OF NEVADA

COUNTY OF CLARK

SUBSCRIBED AND SWORN TO BEFORE
ME, on the 16th day of June, 2021

Signature

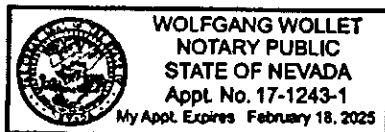
(Seal)

NOTARY PUBLIC

My Commission expires:

02.18.2025
(Signature)

Randy Lee Case



Count of NDC Product name txt	Month	Controlled Non-Controlled	42 968	4.2% 95.8%
ACETAMINOPHEN/CODEINE	4	Controlled		
ACETAMINOPHEN/CODEINE PHO SPHATE	5	Controlled		
ALPRAZOLAM	1	Controlled		
BACLOFEN	9	Non-Controlled		
CARISOPRODOL	1	Controlled		
CELECOXIB	5	Non-Controlled		
CYCLOBENZAPRINE HYDROCHLO RIDE	68	Non-Controlled		
DICLOFENAC POTASSIUM	2	Non-Controlled		
DICLOFENAC SODIUM	151	Non-Controlled		
DICLOFENAC SODIUM DR	19	Non-Controlled		
DICYCLOMINE HYDROCHLORIDE	1	Non-Controlled		
DULOXETINE HYDROCHLORIDE	1	Non-Controlled		
ETODOLAC	11	Non-Controlled		
GABAPENTIN	26	Non-Controlled		
HYDROCODONE/ACETAMINOPHEN	21	Controlled		
IBUPROFEN	68	Non-Controlled		
LAMOTRIGINE ODT	2	Non-Controlled		
LIDOCAINE	16	Non-Controlled		
LIDOCAINE PAIN RELIEF PAT CH	15	Non-Controlled		
LIDOCAINE PATCH 5%	1	Non-Controlled		
LIDOCAINE/PRILOCAINE	53	Non-Controlled		
MELOXICAM	134	Non-Controlled		
META	1	Non-Controlled		
METHADONE HCL	1	Controlled		
METHOCARBAMOL	35	Non-Controlled		
METHYLPREDNISOLONE	1	Non-Controlled		
METHYLPREDNISOLONE DOSE P ACK	1	Non-Controlled		
MODERN	3	Non-Controlled		
MORPHINE SULFATE ER	1	Controlled		
NAPROXEN	95	Non-Controlled		
NORTRIPTYLINE HYDROCHLORI DE	3	Non-Controlled		
NURTEC	2	Non-Controlled		
OXYCODONE HYDROCHLORIDE	4	Controlled		
OXYCODONE/ACETAMINOPHEN	3	Controlled		
PIROXICAM	4	Non-Controlled		
PREGABALIN	2	Non-Controlled		
SALONPAS PAIN RELIEVING G EL-PATCH	1	Non-Controlled		
SENNA	1	Non-Controlled		
SERTRALINE HYDROCHLORIDE	1	Non-Controlled		
TIZANIDINE HCL	29	Non-Controlled		
TIZANIDINE HYDROCHLORIDE	156	Non-Controlled		
TOPIRAMATE	1	Non-Controlled		
TRAMADOL HCL	4	Non-Controlled		
TRAZODONE HYDROCHLORIDE	4	Non-Controlled		
ZOLPIDEM TARTRATE	1	Controlled		
Grand Total	968			

12C

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: Freedom Pharma, LLC dba Freedom Pharmacy

Physical Address: 2965 S. Jones Blvd. STE D-1

City: Las Vegas NV State: Zip Code: 89146 Telephone: _____

725-500-0222 Fax: 725-241-8814 Toll Free Number: _____

E-mail: FreedomPharmacyNV@gmail.com

Website: _____

Managing Pharmacist: Hanson Truong License Number: 15743

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

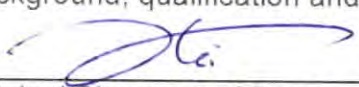
Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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


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

Quang-Hai Tran
Print Name of Authorized Person

2/27/21
Date

Board Use Only

Date Processed: _____

Amount: 500
MO# 19225033033

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: Quang-Hai Tran %: 50

Name: Paul P. Vo %: 50

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Freedom Pharma, LLC

Mailing Address: 2965 S. Jones Blvd. Ste D-1

City, State Zip Code: Las Vegas, NV 89146

Telephone Number: 725-500-0222 Fax Number: 725-241-8814

Contact Person: Quang-Hai Tran

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm

Saturday N/A am N/A pm

Sunday N/A am N/A pm

24 Hours N/A

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Quang-Hai Tran

Responsible Person of Freedom Pharma, LLC

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

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

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



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

Quang-Hai Tran

Print Name of Authorized Person

2/27/21

Date

Managing Pharmacist

Pharmacist Name: Hanson Truong License #: 15743
 Pharmacy Name: Freedom 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

2-25-2021

SECRETARY OF STATE

**DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER**

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **Freedom Pharma, LLC** did, on 10/21/2020, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/21/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202010211161625
You may verify this certificate
online at <http://www.nvsos.gov>

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Freedom Pharma, LLC

Nevada Business Identification # NV20201923206

Expiration Date: 10/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/21/2020.



Barbara K. Cegavske

Certificate Number: B202010211161627

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

BARBARA K. CEGAVSKE
Secretary of State

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 2-25-2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Freedom Pharma, LLC
 Nature of Pharmacy or Wholesaler
2965 S. Jones Blvd STE D-1
 Name and Address of Business for Which Designated Representative is Requested
dba Freedom Pharmacy
 If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Truong First Name Hanson Middle Name Quoc
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Present Residence Address-Street or RFD W. Carnegie Ave, LV NV 89139 2013-Present City State/Zip
 Present Business Address 6125 W. Sahara Ave STE 1A 10/2018-Present City LV NV 89146 State/Zip
 Present Position with the Pharmacy or Wholesaler pharmacy manager Phone: Residence [REDACTED] Business 702-248-4119

Date of Birth [REDACTED] Place of Birth (City, County, State) Vietnam (Chau Doc) Sex male
 Age 47 Social Security Number [REDACTED]

Color of Eyes Brown Color of Hair Black Complexion white Weight 178 lbs Build Fit Height 5'7"

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 [Signature]

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
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
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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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
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N/A

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AS

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
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Father

Chung Van Truong	[REDACTED]	[REDACTED] MT. Duha Haya St FV, CA 92708	(retired)
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Mother

Camxinh Truong	[REDACTED]		
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Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
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Ninhmy Clark	(personal)		Clinical Rph
Spouse Patrick Clark	(personal)		retired Rph

Spouse Minh Truong		Andover ^{CA} St FV, CA 92708	Optometrist
Uyen Bui Truong		same Address	Pediatrician

Spouse Ryan Truong	[REDACTED]	[REDACTED] Brownstone Ln Westminster, CA 92683	Nursing student/chiro
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Spouse Cuong Truong			Optometrist
Lan Truong			Pharmacist

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School				Yes ☐ No ☐
High School	Mark Keppel H.S.	CA (Rosemead)	1991	Yes ☒ No ☐
College University	UCI	Irvine, CA	1991-1996	Yes ☒ No ☐
Other	Purdue University	West Lafayette, IN	1998-2002	Yes ☒ No ☐

Type of degree obtained, if any Pharm. D.College or university where obtained Purdue UniversityApplicant's initial W

5 MILITARY INFORMATION:

1831

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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N/A

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
01/2013-Present	██████ W. Camino Ave	LV	NV 89139
2010-2012	Mountain Edge,	LV	NV
2006-2009	Fort Guy Ct	LV	NV
2002-2005	Heavenly Lights Ave	LV	NV
1989-2001	816 1/2 Monterey Park,	CA	

Applicant's initial

[Signature]

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
Oct 2018 - Present	West Valley Pharmacy 6125 W. Sahara Ave LV, NV 89146	(4,000 hrs)
Title	Description of Duties	Name of Supervisor
Rph Manager	Oversee staff, Rx operations etc)	Louis Nguyen
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Sept 2018 - Present	657 N. Town Center Dr Summerlin Hospital LV NV 89144	(~200 hrs)
Title	Description of Duties	Name of Supervisor
Per Diem Rph	staff duties verifying orders, checking Rx	Steve McMillan
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Jan 2016 - Sept 2018	cheyenne /215 walmart pharmacy	(~4,000 hrs)
Title	Description of Duties	Name of Supervisor
RPh Manager	(oversee staff, Rx operations etc)	Timmy /Bryan N.
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Oct 2009 - Dec 2015	5051 E. Bonanza Rd, LV NV 89110 Kmart	(~6,000 hrs)
Title	Description of Duties	Name of Supervisor
Rph Manager	(oversee staff, Rx operations etc)	Robert Goodhue
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

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9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>minh lean</u>	Home					
Employer <u>Walmart</u>	Business	<u>3041 N Rainbow Blvd</u>	<u>89108</u>	<u>(702) 600-9187</u>	<u>(18 yrs)</u>	
Name <u>Tri Nguyen</u>	Home					
Employer <u>Smith's</u>	Business	<u>10616 S. Eastern Ave,</u>	<u>Henderson, NV</u>	<u>89012</u>	<u>714-824-7383</u>	<u>(10 yrs)</u>
Name <u>Lynna Ho</u>	Home	<u>[REDACTED]</u>	<u>Fritata Ave,</u>	<u>LV NV 89113</u>	<u>[REDACTED]</u>	<u>(18 yrs)</u>
Employer <u>Kmart</u>	Business					
Name <u>Robert Denolo</u>	Home	<u>[REDACTED]</u>	<u>W. Lamer Ave,</u>	<u>LV NV 89139</u>	<u>[REDACTED]</u>	<u>(~9 yrs)</u>
Employer <u>Jollibee</u>	Business					
Name <u>Lu Keping</u>	Home					
Employer <u>Humanity</u>	Business	<u>2495 S. Jones Blvd,</u>	<u>LV NV 89146</u>	<u>ste A.</u>	<u>702-858-3188</u>	<u>(~1 yr)</u>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

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.....

.....

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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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 ☒

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13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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If yes to the above, state where, when and for what reason:

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.....

Applicant's initial

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14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a wholesaler) Yes ☐ No ☒

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐

20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐

21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph.....2-19-2021

Applicant's initial.....

STATE OF Nevada

1836

SS.

COUNTY OF Clark

I, Hanson Quoc Truong, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

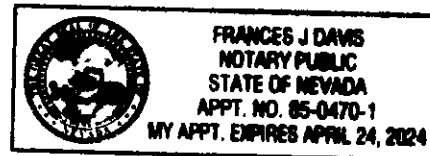
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents,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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 27th day of February, 2021

[Signature]
Frances J. Davis
Notary Public

(seal)



Applicant's initial [Signature] Page 9

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 2/5/21

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 herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for New Pharmacy Permit - Independent
2965 S. Jones Blvd. Ste D-1 Las Vegas, NV 89146
 Nature of License
Freedom Pharma, LLC dba Freedom Pharmacy
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Tran First Name Quang-Hai Middle Name M
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
N/A

Present Residence Address-Street or RFD (1999-Present) City New Orleans State/Zip LA 70129
Alcee Fortier Blvd Dates

Present Business Address (2018-Present) City New Orleans State/Zip LA 70129
4646 Michoud Blvd Dates

Occupation Pharmacist Phone-Residence [REDACTED]
 Business 504-435-1422

Date of Birth [REDACTED] Place of Birth (City, County, State) New Orleans, Orleans, LA Sex Male
 Age 34 Social Security Number [REDACTED]

Color of Eyes Brown Color of Hair Black Complexion Light Weight 165 Build Medium Height 5'6

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 QHT

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 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
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
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N/A

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial QHT

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			
Hiep Tran	[REDACTED]	[REDACTED] New Orleans, LA	
Mother			
Nga Le	[REDACTED]	Alcee Fortier 70129	Convenience Store owner (Retired)
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
Quang Tran, S.J.	[REDACTED]	Commonwealth Ave. Chesthill, MA 02467	Jesuit Catholic Priest
Spouse			
N/A			
My-Huyen Tran, MD	[REDACTED]	Chapel Quarters, Tyler TX 75707	Physician
Spouse			
Vu Hoang	[REDACTED]	"	Engineer
Hanh Tran	[REDACTED]	Alcee Fortier Blvd. New Orleans, LA 70129	Student
Spouse			
N/A			

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Resurrection of our Lord	New Orleans, LA	1996-2000	Yes ☒ No ☐
High School Brother Martin	New Orleans, LA	2000-2004	Yes ☒ No ☐
College University Xavier University of LA	New Orleans, LA	2004-2008	Yes ☒ No ☐
Other Xavier University College of Pharmacy	New Orleans, LA	2009-2013	Yes ☒ No ☐

Type of degree obtained, if any BS Biology, Pharm D.

College or university where obtained Xavier University of Louisiana

Applicant's initial QHT

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
6/8/09	23	Illegal Carry of Weapons w/ CDS	New Orleans LA	N/A	New Orleans P.D.

I pled not guilty and on March 4, 2010 I was exonerated by being found NOT Guilty at trial

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 QHT

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
(1/1999 - Present)	████████ Alcee Fortier Blvd.	New Orleans	LA
(6/1986 - 1/1999)	4941 Marseilles St.	New Orleans	LA

Applicant's initial.....Q.H.T.

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2018	Votran Rx, LLC 4646 Michoud Blvd New Orleans, LA 70129	Present
Title	Description of Duties	Name of Supervisor
Owner / Pharmacist	Staff	Co-owner Paul Vo - PIC
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2013	Rite Aid Pharmacy	Hours cut / opened independent
Title	Description of Duties	Name of Supervisor
Pharmacist	Staff / PRN	Huyen Nguyen - PIC
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/2011	Rite Aid Pharmacy	Graduated
Title	Description of Duties	Name of Supervisor
Pharmacy Intern	Assist Pharmacist	Travis Baptise - PIC
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 QHT Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Robert Nghiem</u> Employer <u>Freedom Medical Group</u>	Home <u>Mayfair</u> Business <u>7373 Peak Dr.</u>	<u>Irvine, CA</u> <u>Las Vegas, NV</u>	<u>92620</u> <u>89128</u>			<u>10yrs</u>
Name <u>Paul Vo</u> Employer <u>Pharmacy Owner</u>	Home <u>Despaul Dr</u> Business <u>4646 Michoud Blvd</u>	<u>Chalmette, LA</u> <u>New Orleans, LA</u>	<u>70043</u> <u>70129</u>			<u>10yrs</u>
Name <u>Tony Tran</u> Employer <u>Law office of Tony V. Tran LLC</u>	Home <u>Fleur De Lis Dr.</u> Business <u>New Orleans, LA</u>	<u>70124</u>				<u>6yrs</u>
Name <u>Elizabeth Nghiem M.D.</u> Employer <u>South Coast Infectious Disease</u>	Home <u>S. Sedona Ln</u> Business <u>11160 Warner Ave Ste 323</u>	<u>Anaheim, CA</u> <u>Fountain Valley, CA</u>	<u>92808</u> <u>92708</u>			<u>5yrs</u>
Name <u>Mark Miyagoka</u> Employer <u>Silver State Health Services</u>	Home <u>W. Desert Inn Rd</u> Business <u>2965 S. Jones Blvd Ste C</u>	<u>Las Vegas, NV</u> <u>Las Vegas, NV</u>	<u>89146</u> <u>89146</u>			<u>5yrs</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒
If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Louisiana Board of Pharmacy

Votran Rx, LLC dba Michoud Pharmacy

4646 Michoud Blvd. Ste D-5 New Orleans, LA 70129

Co-owner w/ Paul Vo

Applicant's initial QHT

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 2/27/21

Applicant's initial QAT

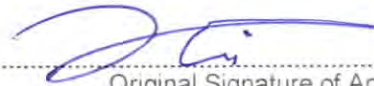
STATE OF Louisiana

SS.

COUNTY OF Orleans

I, Quang-Hai Tran, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent." and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

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



Original Signature of Applicant

Subscribed and Sworn to before me this 5th day of February, 2021


Tony V Tran

Notary Public

Tony Vu Tran
(seal) LA Bar No. 35352
LA Notary Public ID # 145428
Commission For Life

Applicant's Initial QHT

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 2/5/21

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 herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy Permit - Independent
2965 S Jones Blvd Ste D1, Las Vegas, NV 89146
Freedom Pharma, LLC dba Freedom Pharmacy
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Vo Last Name Paul First Name Pham Middle Name

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

Despauz Dr. Chalmette LA 70073
 Present Residence Address-Street or RFD City State/Zip

4646 Michoud Blvd New Orleans LA 70129
 Present Business Address City State/Zip

Pharmacist (2014 - Present)
 Occupation Dates

Phone: [REDACTED]
 Residence

[REDACTED] New Orleans, LA Orleans 504-435-1422
 Date of Birth Place of Birth (City, County, State) Business

34 [REDACTED] Male
 Age Social Security Number Sex

Brown Black Tan 168 Endomorph 5'6
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial PV

MARITAL INFORMATION-Continued

A. **Current Marriage** 12/27/2010 New Orleans, LA Orleans
 Date City, County and State
 Spouse's full name (Maiden) Cindy T. Phn S.S. No. [REDACTED]
 Date of Birth [REDACTED] Place of Birth New Orleans, LA
 Resident address [REDACTED] Despanx Dr. Chalmette, LA 70043
 Street City State Zip
 Telephone: Residence [REDACTED] Business [REDACTED]
 Spouse's employer Collegiate Academics Occupation Occupational Therapist
 Address of employer 5552 Read Blvd New Orleans, LA 70129
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. **FAMILY INFORMATION:**A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

<u>Tate Vo</u>	<u>[REDACTED]</u>	<u>New Orleans, LA</u>	<u>[REDACTED] Despanx Dr. Chalmette, LA 70043</u>
<u>Zayn Vo</u>	<u>[REDACTED]</u>	<u>New Orleans, LA</u>	<u>" "</u>

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Initial PV

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			
Trao Van Vo	[REDACTED]	Provincial Pl. N.O., LA	Fisherman (deceased)
Mother			
Men T. Pham	[REDACTED]	Provincial Pl. N.O., LA	Manicurist
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
John Vo	[REDACTED]	Provincial Pl. N.O., LA	Fisherman
Spouse			
N/A			
Bill Vo	[REDACTED]	Provincial Pl. N.O., LA	Marketing Mgr.
Spouse			
Sa Nguyen	[REDACTED]	" "	Pharmacist
Five Vo	[REDACTED]	Will Stutley Dr N.O., LA	AT&T Tech
Spouse			
Nancy Vo	[REDACTED]	" "	N/A
Tuan Vo	[REDACTED]	Legacy Hills Geismar, LA	
Spouse			
Hien Nguyen	[REDACTED]	Legacy Hills Geismar, LA	Salon Owners

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	Etienne De Bore	New Orleans, LA	Yes ☒ No ☐
High School	Sarah T. Reed	New Orleans, LA	Yes ☒ No ☐
College	Delgado Community College	New Orleans, LA	Yes ☐ No ☒
University	Louisiana Delta Community College	Monroe, LA	Yes ☐ No ☒

Type of degree obtained, if any Doctorate of PharmacyCollege or university where obtained Xavier University of LouisianaUniversity of Louisiana at Monroe
Monroe, LA

Applicant's initial

PV

Page 3

University of New Orleans
New Orleans, LA

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
----------------	-----	--------	-------------------------	-----------------	------------------

11/17/2004	17	Disturbing the Peace	Gretna, LA	11/17/2004	Gretna P.D.
I was arrested at a bowling alley after an altercation broke out.					

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? 09/08/2010 city, county and state Gretna, LA

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
------	--------------	--------	----------	------

Bill Vo	Brother	PWIT Marijuana	Orleans Parish	2009
Bill Vo	Brother	Cultivation of Marijuana	Orleans Parish	2013

Applicant's initial

PV

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
08/86	5100 Kim Dr.	New Orleans	LA Orleans
01/2001	5445 Provincial Pl.	New Orleans	LA Orleans
10/2005	3111 Old Sterlington Rd.	Monroe	LA Ouachita
5/2015	██████ Desparx Dr.	Chalmette	LA St. Bernard

Applicant's initial

PV

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year <u>06/2010</u>	Name/Mailing Address of Employer/Business <u>SBA</u>	Reason for Leaving <u>School</u>
Title <u>Translator</u>	Description of Duties <u>Help with business loan applications</u>	Name of Supervisor
Month and Year <u>12/2010</u>	Name/Mailing Address of Employer/Business <u>Rite Aid Pharmacy</u>	Reason for Leaving <u>Graduated</u>
Title <u>Pharmacist Intern</u>	Description of Duties <u>Assist Pharmacist with Duties, Andrea Franklin</u>	Name of Supervisor
Month and Year <u>01/2018</u>	Name/Mailing Address of Employer/Business <u>Votram RX LLC</u>	Reason for Leaving <u>Present</u>
Title <u>Owner / PIC</u>	Description of Duties <u>Pharmacist in charge</u>	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

PV

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ngoc Nguyen</u>	Home	[REDACTED]	<u>Coursey Cove Ave</u>	<u>Baton Rouge, LA</u>	[REDACTED]	<u>20 yrs</u>
Employer <u>Omni Airlines</u>	Business					
Name <u>An Nguyen</u>	Home	[REDACTED]	<u>Lake Catherine Dr.</u>	<u>Harvey, LA</u>	[REDACTED]	<u>10 yrs</u>
Employer <u>Oschner</u>	Business					
Name <u>Tony Tran</u>	Home					
Employer <u>Self-Employed</u>	Business	<u>6053</u>	<u>Fleur De Lis Dr.</u>	<u>N.O., LA</u>	<u>504-407-4845</u>	<u>5 yrs</u>
Name <u>Hiep Tran</u>	Home	[REDACTED]	<u>Alcee Fortier Blvd</u>	<u>NO, LA</u>	[REDACTED]	<u>5 yrs</u>
Employer <u>Retired</u>	Business	<u>N/A</u>				
Name <u>Quang-Hai Tran</u>	Home	[REDACTED]	<u>Alcee Fortier Blvd</u>	<u>N.O. LA</u>	[REDACTED]	<u>10 yrs</u>
Employer <u>Pharmacist</u>	Business	<u>4646</u>	<u>Michoud Blvd Ste D5</u>	<u>N.O., LA</u>		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator
Yes ☐ No ☒				

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Votran RX, LLC dba Michoud Pharmacy
4646 Michoud Blvd Ste D5 N.O., LA 70129
Co-owner w/ Quang-Hai Tran

Applicant's initial

PV

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 2-6-21

Applicant's initial PV

STATE OF Louisiana

SS.

COUNTY OF Orleans

I, Paul Vo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

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

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this 5th day of February, 2021

[Signature]
Tony V Tran
Notary Public

(seal) **Tony Vu Tran**
LA Bar No. 35352
LA Notary Public ID # 145428
Commission For Life

Applicant's initial PV Page 9

ADDITIONAL INFORMATION

Pertaining to Section 6H:

2009 Case: My brother was sentenced to
4 years probation.

2013 Case: My brother was sentenced to
5 years probation. I am
also very happy to report that in
early 2017, the Judge felt he was
doing so well that he granted
an early termination of probation.

Applicant's initial

PV

Page 10

12D

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: ICARE PHARMACY

Physical Address: 5595 W. SPRING MOUNTAIN RD.

City: LAS VEGAS State: NV Zip Code: 89146 Telephone: _____

702 321-2593 Fax: N/A Toll Free Number: N/A

E-mail: Wayne.fargo702@gmail.com

Website: N/A

Managing Pharmacist: MINHQUANG NGUYEN License Number: 15913

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

MINHQUANG NGUYEN

Print Name of Authorized Person

01/31/2021

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

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

Owner's Name: MINHQUANG NGUYEN

Business Name: ICARE PHARMACY

Current Business Address: 5595 W. SPRING MOUNTAIN RD

City: LAS VEGAS State: NV Zip Code: 89146

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: N/A NONE %: N/A

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 8 am 6 pm Saturday — am — pm
 Sunday — am — pm 24 Hours —

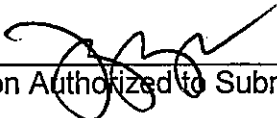
A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, MINHQUANG NGUYEN
Responsible Person of ICARE 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

MINHQUANG NGUYEN
Print Name of Authorized Person

01/31/2021
Date

Managing Pharmacist

 Pharmacist Name: MINHQUANG NGUYEN

 License #: 15913

 Pharmacy Name: Icare Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

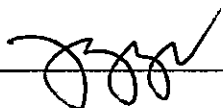
	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☒
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☒	☐
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☒	☐
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action: State: <u>NV</u> Date: <u>02/21/2013</u> Case #: <u>13-006-RPH-S</u>		
And/or Criminal Action: State: _____ Date: _____ Case #: _____		
County: _____ Court: _____		

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature



Date

01/31/2021

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler Icare Pharmacy
 Physical Address 5595 W. Spring Mountain Rd
 City Las Vegas State NV Zip 89146
 Mailing Address (if different from physical address) 3455 Alpine Lily Dr.
 City Las Vegas State NV Zip 89141
 Telephone 702-321-2593 Website n/a
 Licensing Company Email waynefargo702@gmail.com

Section 2: Personal Information

First MinhQuang Middle Dinh Last Nguyen
 Alias(es, nicknames, name changes, etc.) Wayne
 Date of Birth [REDACTED] SSN or ITIN [REDACTED] Sex ☒ M ☐ F ☐ X
 Mailing Address [REDACTED] Alpine Lily Dr.
 City Las Vegas State NV Zip 89141
 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? <u>N/A</u>		

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 Purdue University			From - To (MM/YY - MM/YY) 09/96 - 06/99	
Address 610 Purdue Mall		City West Lafayette	State IN	Zip 47907
Diploma/Degree obtained, if any B.S Pharmacy				
School Name University of California, San Diego			From - To (MM/YY - MM/YY) 09/91 - 06/96	
Address 9500 Gilman Dr		City La Jolla	State Ca	Zip 92093
Diploma/Degree obtained, if any B.S Biochemistry/Chemistry, B.A Psychology				
School Name Morse High School			From - To (MM/YY - MM/YY) 09/88 - 06/91	
Address 6905 Skyline Dr.		City San Diego	State Ca	Zip 92114
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) 01/04 - 04/21	Address [REDACTED] Alpine Lily Dr	City Las Vegas	State NV	Zip 89141
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 Walgreen		From - To (MM/YY - MM/YY) 12/17 - 07/20	
Business Address 4771 W. Craig Rd	City Las Vegas	State NV	Zip 89032
Phone 702-656-1221	Title Pharmacy Manager	Number of Employed Hours 5440hrs	
Description of Duties Maintain pharmacy operation. Verification and counsel medication. Keep all records and inventory accuracy.			
Business Name Kmart		From - To (MM/YY - MM/YY) 04/04 - 12/17	
Business Address 4500 N. Rancho Dr	City Las Vegas	State NV	Zip 89032
Phone 702-658-5981	Title Pharmacy Manager	Number of Employed Hours 25688 hrs	
Description of Duties Maintain pharmacy operation. Verification and counsel medication. Keep all records and inventory accuracy.			
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 n/a		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			
Business Name n/a		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 n/a		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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

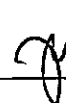
Business Name n/a		From - To (MM/YY - MM/YY)	
Business Address	City	State	Zip
Phone	Title	Number of Employed Hours	
Description of Duties			

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

Business Name n/a		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.			
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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:

Original Signature (electronic, copies or stamps not accepted)

04/28/2021

Date

Applicant's initials

I, MinhQuang Nguyen, Rph, certify that as the designated representative for
Icare 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.

MinhQuang Nguyen

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

04/28/21

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.

MinhQuang Nguyen

Print Name (First, Last)

04/28/2021

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

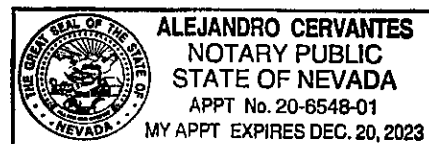
I, MinhQuang D. Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

Original Signature

Date

Subscribed and Sworn to before me this 28 day of April, 2021

Notary Public Signature



(Seal)

Applicant's initials

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 04/01/2021

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 Retail Pharmacy
ICARE PHARMACY, 5595 W. SPRING MOUNTAIN RD., LAS VEGAS, NV. 89146
 Name and Address of Business for Which Designated Representative Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN MINHQUANG DINH
 Last Name First Name Middle Name
WAYNE NGUYEN

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

ALPINE LILY DR. LAS VEGAS CA, NV 89141
 Present Residence Address-Street or RFD City State/Zip

10420 S. DECATUR BLVD Dates LAS VEGAS NV 89141
 Present Business Address City State/Zip

N/A (UNEMPLOYED) Dates N/A
 Present Position with the Pharmacy or Wholesaler

Phone:
 Residence [REDACTED]
 Business 702 331 9055

[REDACTED] VIETNAM
 Date of Birth Place of Birth (City, County, State)

47 [REDACTED] MALE
 Age Social Security Number or ITIN Sex

BLK BLK BROWN 175 LBS 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 N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature]

MARITAL INFORMATION-Continued

A. Current Marriage N/A

Date N/A City, County and State N/A
 Spouse's full name (Maiden) N/A SS# or ITIN N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
 Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
THAO PHAM	10/07/13	06/2000	Reconcile Diff.	LAS VEGAS, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
THAO PHAM	SUBALPINE AVE	LAS VEGAS	NV	89141	

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
JONATHAN NGUYEN		LAS VEGAS	ALPINE hwy dr LV, NV
CHRISTOPHER NGUYEN		LAS VEGAS	ALPINE hwy dr LV, NV
CATHERINE NGUYEN		LAS VEGAS	ALPINE hwy dr LV, NV
OLIVIA NGUYEN		LAS VEGAS	ALPINE hwy dr. LV NV

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

Page 2

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			
DANH NGUYEN	[REDACTED]	[REDACTED] FORTINO PT. SAN DIEGO, CA.	Retired
Mother			
THUY HOA HUYNH	[REDACTED]	[REDACTED] FORTINO PT. SAN DIEGO, CA.	TECHNICIAN
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
THUONG NGUYEN	[REDACTED]	CLIMBING VINE, IRVINE CA.	PHARMACIST, / TONY PHAM
Spouse			
TRUET NGUYEN	[REDACTED]	N/A UNKNOWN / N/A UNKNOWN / N/A UNKNOWN	
Spouse			
TAN NGUYEN	[REDACTED]	DEER PARK WAY, SAN DIEGO CA	Pharmacist / SAKER
Spouse			
PHUONG NGUYEN	[REDACTED]	FORTINO PT. SAN DIEGO, CA.	LIBRARIAN / DIVORCED
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	BELL JR. HIGH SCHOOL	SAN DIEGO	1985-1987	Yes ☒ No ☐
High School	MORSE HIGH SCHOOL	SAN DIEGO	1985-1991	Yes ☒ No ☐
College	UNIVERSITY OF CALIF. SAN DIEGO	SAN DIEGO	1992-1996	Yes ☒ No ☐
University	PURDUE UNIVERSITY	WEST LAFAYETTE, IN	1996-1999	Yes ☒ No ☐
Other				

Type of degree obtained, if any B.S. Biochem, B.S. Pharmacy, B.A PSYCHOLOGYCollege or university where obtained UCSD, PURDUE UNIVERSITY

Applicant's initial

Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ **No** ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ **No** ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ **No** ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ **No** ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ **No** ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ **No** ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ **No** ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ **No** ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ **No** ☒
If yes, when? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ **No** ☒
If yes when? N/A city, county and state N/A

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ **No** ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial

J

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/2004 - PRESENT	ALPINE LILY	LAS VEGAS	NV
06/1999 - 03/2004	2037 Glendora Dr.	Indianapolis	IN
09/1996 - 06/1999	N/A	West. Lafayette	IN
09/1972 - 06/1996	1403 ANTOINE DR.	SAN DIEGO	CA

Applicant's initial



Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

04/2019 - 04/2021	WAYNE FARGO LLC . 10420 S. DECATUR BLVD . LV	OWNER
OWNER	MANAGER OF STORE OPERATION	OWNER
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2020 - 12/2020	VITALITY PHARMACY 3175 ST. JOSEPH AVE	BUSY WITH 2ND BUSINESS
STAFF RPT	VERIFY PRESCRIPTION / MANAGE PHARMACY	KEO HA
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
07/2020 - 12/2020	WELLNEX PHARMACY 3300 W. CLARKSTON BLVD #A	ON-CALL PHARMACIST
STAFF RPT	VERIFICATION PRESCRIPTION	KEVIN KYUNG KIM
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2017 - 07/2020	WALGREEN 4771 W. CRAIG RD	TERMINATION
PHARMACY MANAGER	PHARMACY OPERATION / MAINTAIN	SHANNON MCQUADE
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2004 - 12/2017	KMART 4500 N. RANCHO RD	CLOSED
PHARMACY MANAGER	PHARMACY OPERATION / MAINTAIN	JAMES BUE
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



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9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name TOM NGUYEN Southern Hill	Home	Edna Ave	Las Vegas	NV		26 yrs.
Employer Sunrise Hospital	Business	4300 W. Sunset Rd 3186 S. Maryland Pkwy	LV	NV 89148	(702) 916-5000	
Name Jeff Cruz	Home	EL PARQUE AVE	LV	NV 89146		17 yrs
Employer Centennial Hill	Business	6900 N. Durango Dr.	LV	NV 89149	(702) 835-9700	
Name Rita Chanvassan	Home	VIRTHE CT	LAS VEGAS	NV 89113		17 yrs
Employer Sunrise Hospital	Business	3186 MARYLAND PKWY	LAS VEGAS	NV 89109	(702) 961-5000	
Name Jenna Teshima	Home	SILVERADO Ranch Blvd # 2033	LV	NV 89183		17 yrs.
Employer Anazao Health	Business	7465 W. SUNSET RD #1200	LAS VEGAS	NV 89113	(800) 995-4363	17 yrs.
Name Sara Tokumi	Home	E. MANOA Rd	HONOLULU	HI 96822		17 yrs
Employer Adventist Health	Business	642 ULUKAHIKI ST. #101	Ka I LUA	HI 96734	(808) 263-5500	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐ Yes ☐

If yes, state type, where and years held

Pharmacist license, Indiana 1999-2004

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐ Yes ☐
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.

WAYNEFARGO LLC (NV#20181616373). 08/2019. DBA SHARETEA

10420 S. DECATUR BLVD, LAS VEGAS NV 89141. FOOD/BEVERAGE INDUSTRY. OWNER

Applicant's initial

J

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 ☒ YES

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☒ No ☒

If yes to the above, state where, when and for what reason:

Nevada Board of Pharmacy (CASE #13-006-PH-S) 02/21/2013
FAIL TO FOLLOW UP WITH TECHNICIAN LICENSE APPLICATION

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☒ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☒ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☒



Date of photograph 04/03/21

Applicant's initial 

STATE OF Nevada ss.COUNTY OF Clark

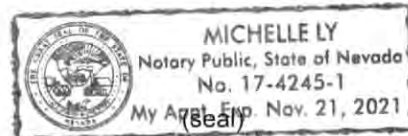
I, Minhquang Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

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

Original Signature of Applicant

Subscribed and Sworn to before me this 1st day of April

Notary Public



Applicant's initial zn Page 9

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 04/01/2021

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 Retail Pharmacy
 Nature of License
icare Pharmacy, 5595 W. SPRING MOUNTAIN RD. LAS VEGAS, NV 89146
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

NGUYEN MINHQUANG DINH
 Last Name First Name Middle Name
WAYNE NGUYEN
 Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
ALPINE LILY DR. LAS VEGAS NV, 89141
 Present Residence Address-Street or RFD City State/Zip
10420 S. DECATUR BLVD LAS VEGAS NV 89141
 Present Business Address City State/Zip
OWNER Dates
 Occupation Phone: Residence Business 702-331-9055
VIETNAM
 Date of Birth Place of Birth (City, County, State)
47 MALE
 Age Social Security Number or ITIN Sex
BLK BLK BRWN 175Lbs 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 N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single → Married → Separated → Divorced → Widowed → Engaged →

Applicant's initial [Signature]

Page 1

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A
 Date _____
 Spouse's full name (Maiden) N/A City, County and State N/A
 SS# or ITIN N/A
 Date of Birth N/A Place of Birth N/A
 Resident address N/A
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence N/A Business N/A
 Spouse's employer N/A Occupation N/A
 Address of employer N/A
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
THAO PHAM	10/13 10/7/13	06/2000	RECONCILE DEC.	LAS VEGAS, NV

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
THAO PHAM	SUGAR TREE AVE	LAS VEGAS	NV	89141	

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
JONATHAN NGUYEN	01/04	LAS VEGAS	ALPINE lily dr. LV
CHRISTOPHER NGUYEN	01/04	LAS VEGAS	ALPINE lily dr. LV NV
CATHERINE NGUYEN		LAS VEGAS	ALPINE lily dr. LV NV
OLIVIA NGUYEN		LAS VEGAS	ALPINE lily dr. LV NV

B. Child Support Information:

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial _____

Page 2

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			
DANB NGUYEN	[REDACTED]	FORTINO PT. SAN DIEGO, CA,	Retired
Mother			
THUY HOA NGUYEN	[REDACTED]	FORTINO PT. SAN DIEGO CA,	TECHNICIAN
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
THUONG NGUYEN	[REDACTED]	CLIMBING VINE, IRVINE, CA	PHARMACIST, TONY PHAN
Spouse			
TRiet NGUYEN	[REDACTED]	UNKNOWN N/A	N/A N/A
Spouse			
TAN NGUYEN	[REDACTED]	DEER PARK WAY SAN DIEGO CA,	PHARMACIST / SINGLE
Spouse			
PHUONG NGUYEN	[REDACTED]	FORTINO PT. SAN DIEGO, CA,	Librarian. Divorced
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	BELL JR HIGH SCHOOL	SAN DIEGO	1985-1987	Yes ☒ No ☐
High School	MORSE HILL SCHOOL	SAN DIEGO	1988-1991	Yes ☒ No ☐
College University	UNIVERSITY OF CALIF. SAN DIEGO	SAN DIEGO	1992-1996	Yes ☒ No ☐
Other	PURDUE UNIVERSITY	WILAFAYETTE, IN	1996-1999	Yes ☒ No ☐

Type of degree obtained, if any BS BIOCHEMISTRY, BS Pharmacy, BA. PsychologyCollege or university where obtained UCSD, PURDUE UNIVERSITY

Applicant's initial

Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☒ No ☐ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☒ No ☐E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☒ No ☐ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☒ No ☐ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				

Applicant's initial _____

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes → NO → (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes → NO → If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/2004 - present	ALPINE LILY	LAS VEGAS	NV
06/1999 - 03/2004	2037 Glendora dr	Indiantown	IN
07/1996 - 06/1999	N/A	W. Lafayette	IN
09/1992 - 06/1996	1403 ANTOINE DR.	SAN DIEGO	CA

Applicant's Initial _____

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8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

04/2019 - 04/2021	WAYNEFARGO LLC 10420 S. Decatur Blvd LV	40 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
OWNER	MANAGER OF STORE OPERATION	OWNER
Title	Description of Duties	Name of Supervisor
07/2020 - 12/2020	VITALITY Pharmacy 3175 ST. ROSE PKWY	200 hrs 200 hrs.
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
STAFF Rph	VERIFICATION AND MANAGE pharmacy	Khoi HA
Title	Description of Duties	Name of Supervisor
07/2020 - 12/2020	Wellcare Pharmacy 3300 W. Charleston Blvd	32 hrs 32 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
STAFF Rph	VERIFICATION Prescription	Kevin Kyung Kim
Title	Description of Duties	Name of Supervisor
12/2017 - 07/2010	Walgreen 4771 W. CRAIG RD	42 hrs 5544 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy manager	Pharmacy operation / maintain	Shannon McQuade
Title	Description of Duties	Name of Supervisor
01/2004 - 12/2017	Kmart 4500 N. RANCHO RD	2066 hrs 27664 hrs
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacy Manager	Pharmacy Operation / maintain	James Bui
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>TOM NEUYEN</u>	Home <u>██████████</u>	<u>EDNA AVE</u>	<u>LAS VEGAS, NV</u>	<u>89148</u>	<u>(702) 916-5000</u>	<u>26 yrs</u>
Employer <u>Southern Hill</u>	Business <u>9300 W. SUNSET RD.</u>	<u>LAS VEGAS, NV</u>	<u>89148</u>	<u>(702) 916-5000</u>		
Name <u>Jeff Cruz</u>	Home <u>██████████</u>	<u>EL PARQUE AVE</u>	<u>LAS VEGAS, NV</u>	<u>89146</u>	<u>(702) 835-9700</u>	<u>17 yrs</u>
Employer <u>Centennial Hill</u>	Business <u>6900 N. DURANGO DR.</u>	<u>LAS VEGAS, NV</u>	<u>89149</u>	<u>(702) 835-9700</u>		
Name <u>Rita Chanvixanuruk</u>	Home <u>██████████</u>	<u>VIRTHE CT</u>	<u>LAS VEGAS, NV</u>	<u>89113</u>	<u>(702) 961-5000</u>	<u>17 yrs</u>
Employer <u>SUNRISE HOSPITAL</u>	Business <u>3186 MARYLAND PKWY</u>	<u>LAS VEGAS, NV</u>	<u>89109</u>	<u>(702) 961-5000</u>		
Name <u>Jenna Teshima</u>	Home <u>██████████</u>	<u>E. SILVERADO RANCH BLVD #1033</u>	<u>LAS VEGAS, NV</u>	<u>89183</u>	<u>(800) 995-4363</u>	<u>17 yrs</u>
Employer <u>AnaZao Health</u>	Business <u>7465 W. SUNSET RD #1200</u>	<u>LAS VEGAS, NV</u>	<u>89113</u>	<u>(800) 995-4363</u>		
Name <u>Sara Tokumi</u>	Home <u>██████████</u>	<u>E. MANOA RD</u>	<u>HONOLULU, HI</u>	<u>96822</u>	<u>(808) 263-5500</u>	<u>17 yrs</u>
Employer <u>Adventist Health</u>	Business <u>642 W. LUKAHIKI ST #101</u>	<u>KAILUA, HI</u>	<u>96734</u>	<u>(808) 263-5500</u>		

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐ Yes ☐

If yes, state type, where and years held

Pharmacist licence, Indiana, 1999-2004

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Wayne Fargo LLC (NV#20181616373), 06/2019. DBA sharetea.

10420 S. Decatur BLVD, LAS VEGAS NV 89141. FOOD/BEVERAGE INDUSTRY. OWNER

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☒ No ☐

If yes to the above, state where, when and for what reason:

Nevada Board of Pharmacy. (Case # 13-006-RPH-S). 02/21/2013.
FAIL TO FOLLOW UP WITH TECHNICIAN LICENSE APPLICATION

Applicant's initial 7

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 ☒
N/A
19. Will you be actively involved in and aware of the daily operation of the pharmacy or wholesaler? Yes ☒ No ☐
20. Will you be employed fulltime with the pharmacy or wholesaler? Yes ☒ No ☐
21. Will you be present at the site of the pharmacy or wholesaler during its normal operating hours? Yes ☒ No ☐



Date of photograph 04/03/21

Applicant's initial JN Page 8

STATE OF Nevada

ss.

COUNTY OF Clark

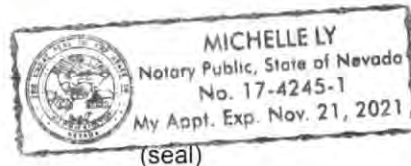
I, Minhquang Nguyen, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 1st day of April

Michelle Ly
Notary Public

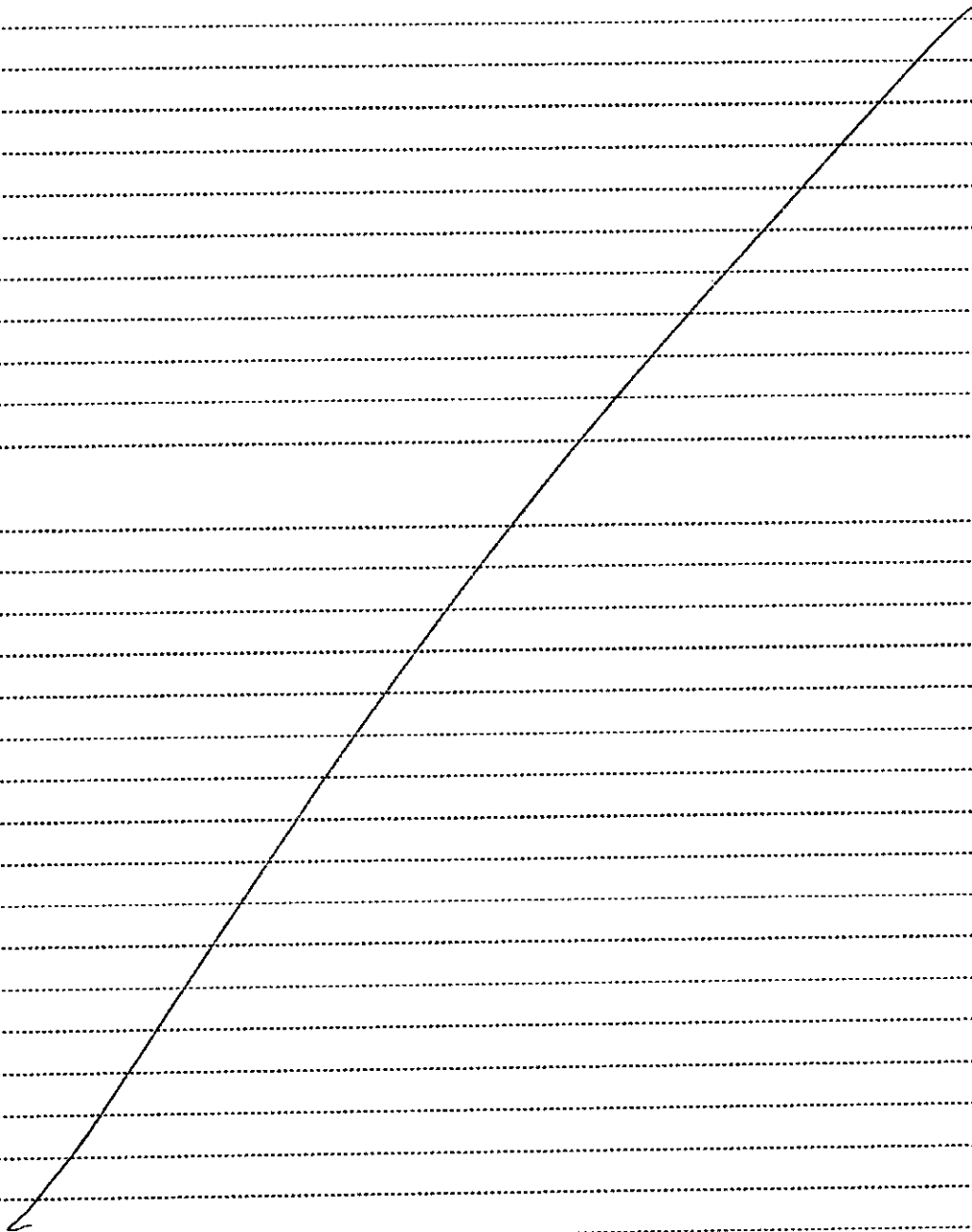


Applicant's initial

Minh

ADDITIONAL INFORMATION

N/A



Applicant's initial  Page 10

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

WAYNEFARGO LLC

Nevada Business Identification # NV20181616373

Expiration Date: 08/31/2021.

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B20190814152301

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

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 08/14/2020.

Handwritten signature of Barbara K. Cegavske in cursive script.

BARBARA K. CEGAVSKE
Secretary of State

ENTITY INFORMATION

ENTITY INFORMATION

Entity Name:

WAYNEFARGO LLC

Entity Number:

E0404802018-8

Entity Type:

Domestic Limited-Liability Company (86)

Entity Status:

Active

Formation Date:

08/28/2018

NV Business ID:

NV20181616373

Termination Date:

Perpetual

Annual Report Due Date:

8/31/2021

Series LLC:

☐

Restricted LLC:

☐

REGISTERED AGENT INFORMATION

Name of Individual or Legal Entity:

MINHQUANG NGUYEN

Status:

Active

CRA Agent Entity Type:

Registered Agent Type:

Non-Commercial Registered Agent

NV Business ID:

Office or Position:

Jurisdiction:

Street Address:

3455 ALPINE LILY DR, LAS VEGAS, NV, 89141, USA

Mailing Address:

Individual with Authority to Act:

Fictitious Website or Domain Name:

OFFICER INFORMATION

☐ VIEW HISTORICAL DATA

Title	Name	Address	Last Updated	Status
Manager	Jan Heather Vivar	7189 Huckaby ave, Las Vegas, NV, 89179, USA	08/14/2019	Active
Manager	TIFFANY H CERIA	7189 HUCCABY AVE, Las Vegas, NV, 89178, USA	08/14/2019	Active
Manager	MINHQUANG NGUYEN	3455 ALPINE LILY DR, LAS VEGAS, NV, 89141, USA	08/28/2018	Active

Page 1 of 1, records 1 to 3 of 3

Filing History Name History Mergers/Conversions

[Return to Search](#) [Return to Results](#)

12E

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: LV Unique CARE (DBA) LV Pharmacy and Medical supplies

Physical Address: 4503 W. Sahara Ave #170

City: Las Vegas

State: NV Zip Code: 89102

Telephone: 702-815-1499

Fax: 702-778-4798

Toll Free Number: _____

E-mail: LVPharmacyandsupplies@gmail

Website: lasvegaspharmacyandmedicalsupplies.com

Managing Pharmacist: Angela Bolian

License Number: 17025

OK 7/13/21 MS

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☐ ☒ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☒ ☐ Other Services: Medical Supplies

(MBEG)

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

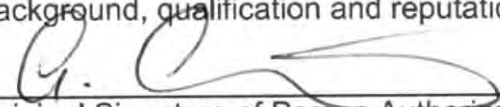
Within the last five (5) years:

- 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

ANGIE LA BALIAN
Print Name of Authorized Person

5/20/2021
Date

Board Use Only

Date Processed: 6/23/2021

Amount: 500
Check # 0647509103

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

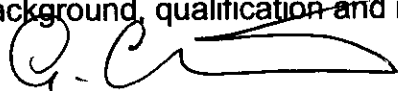
Within the last five (5) years:

- 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

ANGELA BALIAN
Print Name of Authorized Person

7/7/2021
Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited ✓

List names of 4 largest partners and percentage of ownership:

Name: Angela Balian %: 50%

Name: Marianna Alaverdyan %: 50%

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: LV Unique Care LLC (DBA) LV Pharmacy & Medical Supplies

Mailing Address: 4503 W. Sahara Ave #170

City, State Zip Code: Las Vegas, NV 89102

Telephone Number: 702-815-1499 Fax Number: 702-778-4798

Contact Person: Angela Balian

List any physician shareholders and percentage of ownership.

Name: NONE %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 9 am 5 pm Saturday 10 am 3 pm

Sunday Closed am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, ANGELA BALIAN

Responsible Person of LV Unique Care LLC #170 (DBA)

LV Pharmacy and Medical Supplies
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

ANGELA BALIAN
Print Name of Authorized Person

7/7/2021
Date

Managing Pharmacist

 Pharmacist Name: Angela Bolian

 License #: 17025

 Pharmacy Name: LV Pharmacy and Medical Supplies

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

7/7/2021

Date



2904 Horizon Ridge Pkwy. • Suite 120
Henderson, Nevada 89052
(702) 399-2420 OFFICE
(702) 617-2547 FAX

June 21, 2021

To Whom It May Concern:

Ref: LV UNIQUE CARE LLC

LV Unique Care LLC was set up on May 12, 2021. Certificate of Good Standing does not apply to this type of business, which is an LLC taxed as an S-Corp. Certificate of Good Standing applies to businesses set up as C-Corporations.

Attached please find:

1. Nevada State Business License
2. Domestic Limited-Liability Company Charter
3. Initial List of Managing Members
4. Formation – Limited-Liability Company.

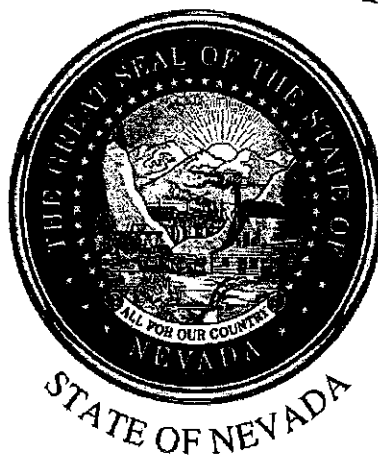
Thank you,

Colleen SanFilippo

CBAS



SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

LV UNIQUE CARE LLC

Nevada Business Identification # NV20212096144

Expiration Date: 05/31/2022

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 05/12/2021.

A handwritten signature in cursive script, reading "Barbara K. Cegavske", is written over the printed name.

Certificate Number: B202105121665167

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

BARBARA K. CEGAVSKE
Secretary of State

SECRETARY OF STATE

**DOMESTIC LIMITED-LIABILITY COMPANY (86) CHARTER**

I, BARBARA K. CEGAVSKE, the duly qualified and elected Nevada Secretary of State, do hereby certify that **LV UNIQUE CARE LLC** did, on 05/12/2021, file in this office the original Articles of Organization that said document is now on file and of record in the office of the Secretary of State of the State of Nevada, and further, that said document contains all the provisions required by the law of the State of Nevada.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 05/12/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate
Number: B202105121665166
You may verify this certificate
online at <http://www.nvsos.gov>



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:

LV UNIQUE CARE LLC

NAME OF ENTITY

TYPE OR PRINT ONLY - USE DARK INK ONLY - DO NOT HIGHLIGHT

IMPORTANT: Read instructions before completing and returning this form.

Please indicate the entity type (check only one):

- ☐ Corporation
- ☐ This corporation is publicly traded, the Central Index Key number is:
- ☐ Nonprofit Corporation (see nonprofit sections below)
- ☒ Limited-Liability Company
- ☐ Limited Partnership
- ☐ Limited-Liability Partnership
- ☐ Limited-Liability Limited Partnership (if formed at the same time as the Limited Partnership)
- ☐ Business Trust

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E14522182021-2
Secretary of State State Of Nevada	Filing Number 20211452219
	Filed On 05/12/2021 12:29:09 PM
	Number of Pages 2

Additional Officers, Managers, Members, General Partners, Managing Partners, Trustees or Subscribers, may be listed on a supplemental page.

CHECK ONLY IF APPLICABLE

Pursuant to NRS Chapter 76, this entity is exempt from the business license fee.

- ☐ 001 - Governmental Entity
- ☐ 006 - NRS 680B.020 Insurance Co, provide license or certificate of authority number

For nonprofit entities formed under NRS chapter 80: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming and exemption under 501(c) designation must indicate by checking box below.

- ☐ Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee.
Exemption Code 002

For nonprofit entities formed under NRS Chapter 81: entities which are Unit-owners' association or Religious, Charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C § 501(c) are excluded from the requirement to obtain a state business license. Please indicate below if this entity falls under one of these categories by marking the appropriate box. If the entity does not fall under either of these categories please submit \$200.00 for the state business license.

- ☐ Unit-owners' Association ☐ Religious, charitable, fraternal or other organization that qualifies as a tax-exempt organization pursuant to 26 U.S.C. §501(c)

For nonprofit entities formed under NRS Chapter 82 and 80: Charitable Solicitation Information - check applicable box

Does the Organization intend to solicit charitable or tax deductible contributions?

- ☐ No - no additional form is required
- ☐ Yes - the *Charitable Solicitation Registration Statement* is required.
- ☐ The Organization claims exemption pursuant to NRS 82A 210 - the *Exemption From Charitable Solicitation Registration Statement* is required

****Failure to include the required statement form will result in rejection of the filing and could result in late fees.****



BARBARA K. CEGAVSKE
Secretary of State
202 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov
www.nvsilverflume.gov

Initial List and State Business License Application - Continued

Officers, Managers, Members, General Partners, Managing Partners or Trustees:

CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :			
ANGELA BALIAN	USA		
Name	Country		
DARK HOLLOW PL	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code
CORPORATION, INDICATE THE <u>MANAGING MEMBER</u> :			
MARIANNA ALAVERDYAN	USA		
Name	Country		
OCOTILLO SPRINGS CIR	Las Vegas	NV	89147
Address	City	State	Zip/Postal Code

None of the officers and directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the office of the Secretary of State.

X ANGELA BALIAN

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

Managing Member

Title

05/12/2021

Date



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Filed in the Office of <i>Barbara K. Cegavske</i>	Business Number E14522182021-2
Secretary of State State Of Nevada	Filing Number 20211452217
	Filed On 05/12/2021 12:29:09 PM
	Number of Pages 2

Formation - Limited-Liability Company

- ☒ NRS 86 - Articles of Organization Limited-Liability Company ☐ NRS 86.544 - Registration of Foreign Limited-Liability Company
- ☐ NRS 89 - Articles of Organization Professional Limited-Liability Company ☐ NRS 86.555 - Registration of Professional Foreign Limited-Liability Company

1. Name Being Registered in Nevada: (See instructions)	LV UNIQUE CARE LLC		
2. Foreign Entity Name: (Name in home jurisdiction)			
3. Jurisdiction of Formation: (Foreign Limited-Liability Companies)	3a) Jurisdiction of formation:		3b) Date formed:
	3c) I declare this entity is in good standing in the jurisdiction of its formation.		☐
4. Registered Agent for Service of Process*: (check only one box)	☒ Commercial Registered Agent (name only below) ☐ Noncommercial Registered Agent (name and address below) ☐ Office or position with Entity (title and address below)		
	CBAS LLC Name of Registered Agent OR Title of Office or Position with Entity 2904 HORIZON RIDGE PKWY STE 120 HENDERSON Nevada 89052 Street Address City State Zip Code Mailing Address (If different from street address) City State Zip Code		
4a. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity. If the registered agent is unable to sign the Articles of Incorporation, submit a separate signed Registered Agent Acceptance form. X MICHELLE D COHEN 05/12/2021 Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity Date		
5. Management: (Domestic Limited-Liability Companies only)	Company shall be managed by: (check one box) ☐ Manager(s) OR ☒ Member(s)		
6. Name and Address of each Manager(s) or Managing Member(s): (NRS 86 and NRS 86.544, see instructions) Name and Address of the Original Manager(s) and Member(s): (NRS 89, see instructions) IMPORTANT: A certificate from the regulatory board must be submitted showing that each individual is licensed at the time of filing.	1) ANGELA BALIAN Name 8067 DARK HOLLOW PL Las Vegas NV 89147 Address City State Zip Code 2) MARIANNA ALAVERDYAN Name 8551 OCOTILLO SPRINGS CIRCLE LAS VEGAS NV 89147 Address City State Zip Code		
7. Dissolution Date: (Domestic only)	Latest date upon which the company is to dissolve (if existence is not perpetual):		



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov

Formation - Limited-Liability Company

Continued, Page 2

8. Profession to be Practiced: (NRS 89 only)	
9. Series and/or Restricted Limited-Liability Company: (Optional)	Check box if a Series Limited-Liability Company ☐ Domestic Limited-Liability Company's only: The Limited-Liability Company is a Restricted Limited-Liability Company ☐
10. Records Office: (Foreign Limited-Liability Companies)	Address _____ City _____ State _____ Zip code _____ Country _____
11. Street Address of Principal Office: (Foreign Limited-Liability Companies)	Address _____ City _____ State _____ Zip code _____ Country _____
12. Name, Address and Signature of the Organizer: (NRS 86, NRS 89 - Each Organizer must be a licensed professional.) Name and Signature of Manager or Member: (NRS 86.544 only) See instructions	*Foreign Limited-Liability Company - In the event the designated Agent for Service of Process resigns and is not replaced or the agent's authority has been revoked or the agent cannot be found or served with exercise of reasonable diligence, then the Secretary of State is hereby appointed as the Agent for Service of Process. I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. CBAS LLC United States Name Country 2904 W HORIZON RIDGE PKW, STE 120 HENDERSON NV 89077 Address City State Zip/Postal Code X CBAS LLC (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)

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 InformationName of Pharmacy/MDEG/Wholesaler LV Unique Care LLC (DBA) Las Vegas Pharmacy and Medical SuppliesPhysical Address 4503 W Sahara Ave unit 170City Las VegasState NevadaZip 89102

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone (702)815-1499Website LASVEGASPHARMACYMEDICALSUPPLIES.COMLicensing Company Email LVPHARMACYANDSUPPLIES@GMAIL.COM**Section 2: Personal Information**First MariannaMiddle MaryLast Alaverdyan

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

Date of Birth [REDACTED]SSN or ITIN [REDACTED]Sex ☐ M ☒ F ☐ XMailing Address [REDACTED] cotillo springs cirCity Las VegasState NVZip 89147Telephone [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 MA

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 of angels		From - To (MM/YY – MM/YY) graduated 2009	
Address 221 S. Eastman Ave	City Hollywood	State CA	Zip 90063
Diploma/Degree obtained, if any GED			
School Name Los Angeles Valley College		From - To (MM/YY – MM/YY)	
Address 5800 Fulton Ave	City North hollywood	State CA	Zip 91405
Diploma/Degree obtained, if any Transferred May 2011			
School Name Galaxy Medical College		From - To (MM/YY – MM/YY) January 2016	
Address 6400 Laurel Canyon Blvd Suite 115	City North Hollywood	State CA	Zip 91606
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) 2010-2015	Address 14748 Cohasset St	City Van Nuys	State CA	Zip 91405
From - To (MM/YY – MM/YY) 2015-Current	Address [REDACTED] Ocotillo Springs Cir	City Las Vegas	State NV	Zip 89147
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 MA

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 Guess Inc		From - To (MM/YY – MM/YY) Mar2014- Aug 2016	
Business Address 14006 Riverside Dr	City Sherman Oaks	State CA	Zip 91423
Phone (818)783-0550	Title Manager		
Description of Duties Sales Manager			
Business Name Back Bay Veterinary Hospital		From - To (MM/YY – MM/YY) Oct-2010 March 2013	
Business Address 4263 Birch st	City Newport Beach	State CA	Zip 92660
Phone (949)756-0054	Title Tech		
Description of Duties Emergency Room Tech			
Business Name Remax		From - To (MM/YY – MM/YY) Nov2017-Feb 2017	
Business Address 8921 W Sarah Ave	City Las Vegas	State NV	Zip 89117
Phone (702)360-2030	Title Agent		
Description of Duties Real estate beginners agent			
Business Name Las Vegas Medical Store		From - To (MM/YY – MM/YY) Jun2019-current	
Business Address 4527 W Sahara Ave	City Las Vegas	State NV	Zip 89102
Phone (702)803-1365	Title Assistant		
Description of Duties Customer service , Assisting the respiratory therapist			
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 NA

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			

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 MA

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:

NONE


Original Signature (electronic, copies or stamps not accepted)

7/16/21

Date

Applicant's initials

MA

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.

MARIANNA ALAVERDYAN

Print Name (First, Last)

7/16/21

Original Signature (electronic, copies or stamps not accepted)

Date

Please have this section completed in the presence of a Notary Public.

State of NE, ss. County of CLARK

I, Marianna Alaverdyan, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of the license, registration, permit, certificate or certification for which I am applying for.

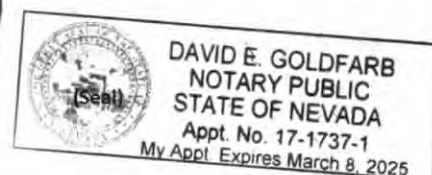
Original Signature

Date

Subscribed and Sworn to before me this 20 day of July, 21.

Notary Public Signature

this is a loose-certificate
for NEVADA STATE BOARD
OF PHARMACY license
/ Date 7-20-21



Applicant's initials MA 7

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 LV Unique Care LLC (DBA) Las Vegas Pharmacy and Medical Supplies
 Physical Address 4503 W Sahara Ave Unit 170
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone (702)815-1499 Website LASVEGASPHARMACYMEDICALSUPPLIES.COM
 Licensing Company Email LVPHARMACYANDSUPPLIES@GMAIL.COM

Section 2: Personal Information

First Angela Middle _____ Last Balian
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
 Mailing Address Dark Hollow Pl.
 City Las Vegas State NV Zip 89117
 Telephone Email LVpharmacyandsupplies@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.)		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 A.B. 2

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 Massachusetts College of Pharmacy and Health Sciences			From - To (MM/YY - MM/YY) 08/2001- 05/2006	
Address 179 Longwood Ave		City Boston	State MA	Zip 02115
Diploma/Degree obtained, if any Rph/ Pharm D.				
School Name Watertown High School			From - To (MM/YY - MM/YY) 09/1996- 05/2000	
Address 50 Columbia St.		City Watertown	State MA	Zip 02472
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) 08/2010- present	Address [REDACTED] Dark Hollow Pl.	City Las Vegas	State NV	Zip 89117
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 Savon Pharmacy		From - To (MM/YY - MM/YY) 05/2006 - Present	
Business Address 11720 W. Charleston Blvd.		City Las Vegas	State NV
Phone 702-363-3306	Title Pharmacy manager and Staff pharmacist		Zip 89135
Number of Employed Hours 20,000 +			

Description of Duties

Manage pharmacy and employees: fill, verify, and bill RX

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

Description of Duties

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

Description of Duties

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

Description of Duties

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

Description of Duties

Continue on next page if additional space is needed.

Applicant's initials AB 4

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			

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.			
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Applicant's initials A.B. 5

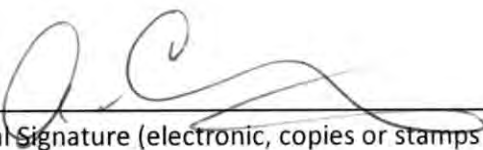
Section 8: Arrests, Detentions, Litigations, Arbitrations.	Yes	No
1. Have you ever been convicted of, or entered, a plea of guilty, guilty by mentally ill or nolo contendere to any criminal offense or civil violation, federal or state, for any reason whatsoever, regardless of the disposition of the event? (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 manufacture 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)

7/14/2021

Date

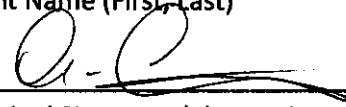
Applicant's initials A.B. 7

I, Angela Balian, certify that as the designated representative for
LV Unique Care LLC DOA Las Vegas Pharmacy & Medical Supplies

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

ANGELA BALIAN
 Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

7/14/21
 Date

Applicant's initials A.B 8

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Angela Balian
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

AB,
7/14/21
Date

Please have this section completed in the presence of a Notary Public.

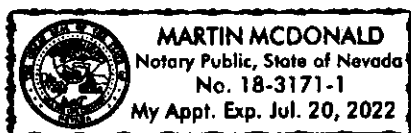
State of Nevada, ss. County of Clark

I, ANGELA BALIAN, 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

7/14/21
Date

Subscribed and Sworn to before me this 14 day of July 2021
[Signature]
Notary Public Signature



(Seal)

Applicant's initials AB

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 LV Medical Care LLC DbA LV Pharmacy & Medical Supplies
 Physical Address 4503 W Sahara ave suit 170
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) 4503 W Sahara ave suit 170
 City Las Vegas State NV Zip 89102
 Telephone 702-815-1499 Website lasvegaspharmacymedicalsupplies
 Licensing Company Email _____

Section 2: Personal Information

First Angela Middle _____ Last Balian
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth SSN or ITIN Sex ☐ M ☒ F ☐ X
 Mailing Address Dark Hollow Pl
 City Las Vegas State NV Zip 89117
 Telephone Email
 Are you a citizen of the United States? ☒ Yes ☐ No

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

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

Applicant's initials AB

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 Mass Collage of Pharmacy & Health Sciences		From - To (MM/YY - MM/YY) 08/2000 - 5/2006	
Address 179 Longwood Ave	City Boston	State MA	Zip 02115
Diploma/Degree obtained, if any RPH Pharm D			
School Name Watertown High School		From - To (MM/YY - MM/YY) 1996 - 2000	
Address 50 Columbia st	City Watertown	State MA	Zip 02472
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) 04/2011 - present	Address Dark Hollow Pl	City Las Vegas	State NV	Zip 89117
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 Sav on Pharmacy		From - To (MM/YY - MM/YY) 2006 - present	
Business Address 11720 W Charleston blvd		City Las Vegas	State NV
Phone 702-363-3306	Title Pharmacist	Number of Employed Hours 6000+	
Description of Duties Pharmacist in Charge			

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

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

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

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

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

Continue on next page if additional space is needed.

Applicant's initials AB

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 manufacture 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)

5/20/2021
 Date
 Applicant's initials AB

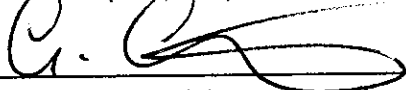
Angela Balian
 I, _____, certify that as the designated representative for
 LV Unique Care LLC Dba LV Pharmacy & Medical Supplies

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

Angela Balian

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

05-20-2021

Date

Applicant's initials AB

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.

Angela Balian

Print Name (First, Last)

[Handwritten Signature]

Original Signature (electronic, copies or stamps not accepted)

5-21-21 (06)

05/20/2021

Date

Please have this section completed in the presence of a Notary Public.

State of NV, ss. County of Clark

I, Angela Balian, 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.

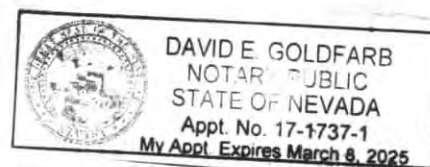
[Handwritten Signature]

Original Signature

Date

Subscribed and Sworn to before me this 21 day of May, 2021

Notary Public Signature



this is a loose certifi-
cate for NEVADA STATE BOARD OF
Pharmacy for a Designated
Rep Application dated 5-21-21

Applicant's initials

A.B.

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 LV Pharmacy & Medical Supplies
 Physical Address 4503 W. SARARA AVE. #170
 City Las Vegas State NV Zip 89102
 Mailing Address (if different from physical address) _____
 City _____ State _____ Zip _____
 Telephone _____ Website _____
 Licensing Company Email _____

Section 2: Personal Information

First Angela Middle _____ Last Balian
 Alias(es, nicknames, name changes, etc.) _____
 Date of Birth _____ SSN or ITIN _____ Sex ☐ M ☒ F ☐ X
 Mailing Address Dark Hollow PL
 City Las Vegas State NV Zip 89117
 Telephone _____ Email _____
 Are you a citizen of the United States? ☒ Yes ☐ No

Section 3: Military Service (NRS 622.120)		Yes	No
1. Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? (Mark "Yes" if discharged honorably.)			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 A.B. 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	Massachusetts College of Pharmacy & Health Sciences		From - To (MM/YY - MM/YY)	
Address	179 Longwood Ave	City	Boston	08/2000 - 05/2006
Diploma/Degree obtained, if any	Pharm.D.		State	Mass 02115
School Name	Watertown High School		From - To (MM/YY - MM/YY)	
Address	50 Columbia St.	City	Watertown	09/1996 - 05/2000
Diploma/Degree obtained, if any	High School		State	MA 02472
School Name	School # 151		From - To (MM/YY - MM/YY)	
Address	Armenia	City	Yerevan	09/88 - 05/96
Diploma/Degree obtained, if any	Elementary & Middle School		State	
School Name			From - To (MM/YY - MM/YY)	
Address		City		State
Diploma/Degree obtained, if any			Zip	
School Name			From - To (MM/YY - MM/YY)	
Address		City		State
Diploma/Degree obtained, if any			Zip	

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
07/12 - NOW	██████████ Dark Hollow PL	Las Vegas	NV	89117
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

A.B.

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		From - To (MM/YY - MM/YY)	
Savon Pharmacy		5/2000 - now	
Business Address	City	State	Zip
11720 W. Charleston Blvd.	Las Vegas	NV	89135
Phone	Title		
702-363-3306	Pharmacist.		
Description of Duties			
Run Pharmacy with all the duties as pharmacist.			

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 A.B. 3

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 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.)		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 manufacture 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 A.B. 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

A.B.

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.

Angela Balian
Print Name (First, Last)

[Signature]
Original Signature (electronic, copies or stamps not accepted)

6/18/2021
Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, ANGELA BALIAN, 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

6/18/2021
Date

Subscribed and Sworn to before me this 18 day of June, 2021.

[Signature]
Notary Public Signature



(Seal)

Applicant's initials A.B. 7

12F

4-19-2021

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: TALAS HARBOR AT LAKE MEAD

Physical Address: 5409 E. LAKE MEAD BLVD

City: LAS VEGAS NV State: 89156 Telephone: _____

725-228-4800 Fax: _____ Toll Free Number: _____

N/A E-mail: Jennifer.stokes@kindred.com

Website: _____

Managing Pharmacist: MURRAY ROBISON License Number: 13867

OK
10/31/21

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

RON STEWART

Print Name of Authorized Person

4/9/2021

Date

Board Use Only

Date Processed: _____

Amount: 500

check # 1003557150

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NEVADA

Parent Company if any: _____

Mailing Address: 8475 S. EASTERN #105City: LAS VEGAS State: NV Zip: 89123Telephone: 253-241-4992 Fax: 253-265-2331Contact Person: RON STEWART

For any corporation non publicly traded, disclose the following:

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

a) RONALD STEWART [REDACTED] 63RD AVE CTNW GIG HARBOR, WA 98335
Name Business Addressb) BROCK METZKA [REDACTED] S. EASTERN #105 LAS VEGAS, NV 89123
Name Business Addressc) NATALIE LAMBERTON [REDACTED] E. GIRARD PL #304 DENVER, CO 80222
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? \$6,000

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:Monday thru Friday 9 am 2 pmSaturday 9 am 1 pmSunday 9 am 1 pm24 Hours On Call

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

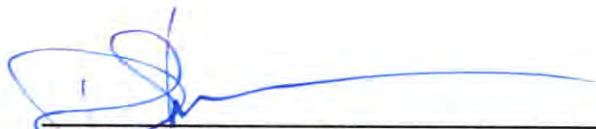
I, RONALD STEWART

Responsible Person of TALAS HARBOR AT LAKE MEAD

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

RONALD STEWART

Print Name of Authorized Person

4/9/2021

Date

Managing Pharmacist

 Pharmacist Name: MURRAY ROBISON

 License #: 13867

 Pharmacy Name: TALAS HARBOR PT LAKE MEAD

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.

Wynne K. Roblin R.Ph.
 Signature

4/6/2021
 Date

SECRETARY OF STATE

**CERTIFICATE OF EXISTENCE
WITH STATUS IN GOOD STANDING**

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **Talas Harbor at Lake Mead LLC**, as a DOMESTIC LIMITED-LIABILITY COMPANY (86) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 09/28/2019, and is in good standing in this state.



Certificate Number: B202104091582643

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

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 04/09/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Maria Herrera

From: Ron Stewart <rstewart@rscint.com>
Sent: Wednesday, June 9, 2021 11:05 AM
To: Maria Herrera
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Follow Up Flag: Follow up
Flag Status: Completed

Maria,
 I hope you are having a wonderful Wednesday..

Phone number is 725-228-4800

We don't have a toll free number, we typically don't have one associated with our hospitals, Is that a requirement for the Board approval?

Email address will be Jennifer.stokes@kindred.com

Please let me know if there is anything else..

Thank you,
 Ron.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, June 8, 2021 3:00 PM
To: Ron Stewart <rstewart@rscint.com>
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Thank you Ron! 😊

From: Ron Stewart <rstewart@rscint.com>
Sent: Tuesday, June 8, 2021 2:59 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Please let me know if there is anything else I can do or provide to you. 😊

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, June 8, 2021 2:29 PM
To: Ron Stewart <rstewart@rscint.com>
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Email is fine, I will added to the application once I receive it. 😊

From: Ron Stewart <rstewart@rscint.com>
Sent: Tuesday, June 8, 2021 2:28 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Maria Herrera

From: Ron Stewart <rstewart@rscint.com>
Sent: Tuesday, June 8, 2021 2:59 PM
To: Maria Herrera
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Follow Up Flag: Follow up
Flag Status: Flagged

officers list

Perfect. It is a small list as it is an LLC.

It is Manager managed
 Ron Stewart – Manager
 Natalie Lamberton - Manager

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, June 8, 2021 2:29 PM
To: Ron Stewart <rstewart@rscint.com>
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Email is fine, I will added to the application once I receive it. 😊

From: Ron Stewart <rstewart@rscint.com>
Sent: Tuesday, June 8, 2021 2:28 PM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Maria,
 How would you like to receive this information?

I am hoping that the phone numbers will be assigned next week.

Thank you,
 Ron

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, June 8, 2021 1:59 PM
To: Ron Stewart <rstewart@rscint.com>
Subject: RE: Nevada Pharmacy Application-Talas Harbor At Lake Mead

Hi Ron,

I am just waiting on the toll-free #, permanent email, and business phone # which you said it was still pending, per our initial conversation. Also one other piece of information I am missing is a list of all officers and directors, sorry I forgot to mention this earlier. Please note at this time the July meeting hasn't been set yet, I can't move forward until everything is completed.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

1949

Date 4/9/2021

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 TALAS HARBOR AT LAKE MEAD - INPATIENT PHARMACY

5409 E LAKE MEAD BLVD ^{Nature of License} LAS VEGAS, NV 89156

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name STEWART First Name RONALD Middle Name MARTIN

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

63rd AVE CTNW GIG HARBOR WA 98335
Present Residence Address-Street or RFD City State/Zip

2813 63rd AVE CTNW GIG HARBOR WA 98335
Present Business Address City State/Zip

PRESIDENT 58
Occupation Dates

Phone: [REDACTED]
Residence

[REDACTED] EUGENE, LANE, OREGON 253-241-4992
Date of Birth Place of Birth (City, County, State) Business

58 [REDACTED] M
Age Social Security Number or ITIN Sex

GREEN BLONDE WHITE 190 AVERAGE 6'0"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics DIAMOND TATTOO ON RIGHT CHEST

Are you a citizen of the United States? Yes No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial [Signature]

A. **Current Marriage** MAY 22 1993
 Date
 Spouse's full name (Maiden) GAYLE Annette Riggins City, County and State
 SS# or ITIN [REDACTED]
 Date of Birth [REDACTED] Place of Birth TUCSON, AZ
 Resident address 63rd Ave CT NW GIG HARBOR WA 98335
 Street City State Zip
 Telephone: Residence [REDACTED] Business 253-241-4992
 Spouse's employer RSC International Occupation ACCOUNTS
 Address of employer 2813 63rd Ave CT NW GIG HARBOR WA 98335
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Julie Hatleberg</u>	<u>9/92</u>	<u>EUGENE, OR.</u>	<u>DIVORCE</u>	<u>SEATTLE, KING, WA</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>Julie Hatleberg</u>		<u>Eugene</u>	<u>OR</u>		<u>[REDACTED]</u>

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Danette Papke</u>	<u>[REDACTED]</u>	<u>Witchita, KS</u>	<u>[REDACTED] SW HEWITT Blvd, Portland, OR</u>
<u>Morgan Papke</u>	<u>[REDACTED]</u>	<u>Witchita, KS</u>	<u>[REDACTED] Center St. Tacoma, WA 98409</u>
<u>Jordan Papke (Cartwright)</u>	<u>[REDACTED]</u>	<u>Witchita, KS</u>	<u>[REDACTED] 124th AVE NW Gig Harbor, WA 98329</u>
<u>Bryce Stewart</u>	<u>[REDACTED]</u>	<u>TACOMA, WA</u>	<u>[REDACTED] Olympic Dr. #D GIG HARBOR, WA 98335</u>

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AS

FAMILY INFORMATION-Continued

1951

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			
Rockne Stewart	Deceased	Stoneybrook Lane, Post Falls, ID 83854	Retired
Mother			
Gloria Stewart		Stoneybrook Loop, Post Falls, ID, 83854	Retired
Father-in-Law			
Jerry Riggins		Harris St. Madison, GA 30650	Retired.
Mother-in-Law			
Blanche Riggins		Stinson Ave, Gig Harbor, WA 98335	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
Robert Stewart		Blackburn Switch Rd Lufkin, TX 75904	Retired
Spouse Stella Nutt			Retired
Debbie Stewart-Holte		N Alta Alta Loop, Post Falls, ID 83854	School Teacher
Spouse John Holte			TRUCK DRIVER

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Scappoose Middle School	Scappoose, OR	1973-1975	☒ Yes ☐ No
High School Scappoose High School	Scappoose, OR	1976-1980	☒ Yes ☐ No
College University OREGON STATE UNIVERSITY	CORVALLIS, OR	1983-1989	☒ Yes ☐ No
Other			Yes ☐ No ☐

Type of degree obtained, if any B.S. Health Care AdministrationCollege or university where obtained OREGON STATE UNIVERSITY

Applicant's initial _____

5 MILITARY INFORMATION:

1952

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 Columbia State OREGON Date registered 1980

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial

R

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ NO ☐ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
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- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ NO ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
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2004-current	██████ 63 rd Ave CTNW	GIG HARBOR	WA
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1993-2006	3702 17 th Ave CTNW	GIG HARBOR	WA
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Applicant's initial SH

8. EMPLOYMENT:

1954

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
9/2008	RSC International, 2913 43rd Ave CT NW	N/A
Title	Description of Duties	Name of Supervisor
PRESIDENT	Responsible for Company Operations & Strategy	Self
4/2007-9/2008	Merrill Group of Companies, Woodland Hills, CA	Started own firm
Title	Description of Duties	Name of Supervisor
SR. V.P.	Ran Healthcare Division	DAVID FRANK
8/2004-4/2007	Legacy Management, Everett, WA	Better opportunity
Title	Description of Duties	Name of Supervisor
SR. V.P.	Ran Healthcare Division	TONY SOUTHER
9/2002-8/2004	RS and Associates, Gig Harbor, WA	Better opportunity
Title	Description of Duties	Name of Supervisor
Principal	Healthcare Consultant & Recruiter	Self
5/1993-9/2002	Polaris Group Hingham, MA	STARTED OWN COMPANY
Title	Description of Duties	Name of Supervisor
SR. VP, Dir of Operations	Lead Western US Healthcare Team	Chuck Cave
4/1987-5/1993	Beverly Enterprises, Ft. Smith, AR	OPPORTUNITY
Title	Description of Duties	Name of Supervisor
Administrator	Responsible for Nursing Home Operations	Patrick O'neil
9/1983-4/1987	OREGON STATE UNIV. Corvallis, OR	Graduated
Title	Description of Duties	Name of Supervisor
clerk	ORGANIZED CIVIL ENGINEERING LIBRARY	MULTIPLE
5/1980-9/1983	Victorian Manor, Scappoose, OR	Went to college
Title	Description of Duties	Name of Supervisor
many positions	Ran many department in Nursing Home	Howard Lavin

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



9. CHARACTER REFERENCES:

1955

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Robert Walsh</u>	Home					<u>10</u>
Employer <u>Walsh & Friedman LLP</u>	Business	<u>400 S Maryland Pkwy</u>	<u>Las Vegas</u>	<u>NV 89101</u>	<u>702-474-4660</u>	<u>10</u>
Name <u>Matt Arnold</u>	Home	<u>Spruce Ct</u>	<u>Denver</u>	<u>CO 80230</u>		
Employer <u>Madison Realty</u>	Business	<u>3801 E Florida Ave, Ste #400</u>	<u>Denver</u>	<u>CO 80210</u>	<u>(720) 592-9237</u>	<u>8</u>
Name <u>Gary Langedorn</u>	Home	<u>E Colorado Blvd</u>	<u>Pasadena</u>	<u>CA 91101</u>		
Employer <u>Madison Real Estate</u>	Business	<u>3452 E Foothill Blvd Ste 720</u>	<u>Pasadena</u>	<u>CA 91107</u>	<u>(626) 204-0687</u>	<u>8</u>
Name <u>Kristine Morimoto</u>	Home	<u>164th Ave NE</u>	<u>Redmond</u>	<u>WA 98052</u>		<u>12</u>
Employer <u>Proper Insurance</u>	Business	<u>601 Union St. Ste 3400</u>	<u>Seattle</u>	<u>WA 98101</u>	<u>(206) 676-4209</u>	<u>12</u>
Name <u>Ken Holdingsworth</u>	Home	<u>63rd Ave Ct NW</u>	<u>Gig Harbor</u>	<u>WA 98335</u>		<u>15</u>
Employer <u>Retired</u>	Business					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>#131</u>	<u>Gig Harbor, WA (Wells Fargo)</u>	<u>Gayle Stewart, Ron Stewart, Jordan Cartwright</u>	

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

WA Nursing Home License 1987-1998

AZ ASSISTED Living Managers License 2010-2014

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

DSC International WA 2813 63rd Ave Ct NW Gig Harbor, WA 98335

Applicant's initial

pc

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 ☒ 1956

AZ State Pharmacy Board 2019

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:

AZ State Pharmacy Board - License Pharmacy in psych hospital in Bullhead City and Phoenix, AZ

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 4/12/2021

Applicant's initial P

STATE OF Nevada

1957

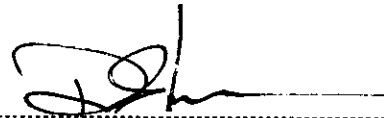
ss.

COUNTY OF Clark

I, RONALD STEWART

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

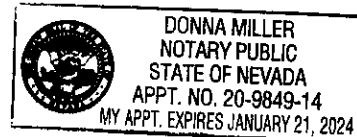
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



Original Signature of Applicant

Subscribed and Sworn to before me this 13th day of April 2021

Donna Miller
Notary Public



(seal)

Applicant's initial RS

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 04/06/2021

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 INPATIENT PHARMACY

Nature of Pharmacy or Wholesaler

TALAS HARBOR AT LAKE MEAD, 5409 E. LAKE MEAD BLVD LAS VEGAS NV, 89156

Name and Address of Business for Which Designated Representative Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ROBISON

MURRAY

KENT

Last Name

First Name

Middle Name

NONE

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

RED LEAF DR

LAS VEGAS

NEVADA 89131

Present Residence Address-Street or RFD

City

State/Zip

3247 S. MARYLAND PARKWAY

Dates 11/14/2016-PRESENT

LAS VEGAS, NEVADA 89109

Present Business Address

City

State/Zip

REGISTERED PHARMACIST

Dates

Present Position with the Pharmacy or Wholesaler

Phone:

Residence

Business

702-776-3517

Date of Birth

ROCK ISLAND, ROCK ISLAND, ILLINOIS

Place of Birth (City, County, State)

73

Age

Social Security Number or ITIN

MALE

Sex

HAZEL

BROWN

WHITE

170

AVERAGE

5'7"

Color of Eyes

Color of Hair

Complexion

Weight

Build

Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? ☒ Yes ☐ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MMKR

MARITAL INFORMATION-Continued

A. Current Marriage 11/14/1987 CHICAGO, COOK, ILLINOIS
Date City, County and State
 Spouse's full name (Maiden) JANICE MAJEWSKI SS# or ITIN [REDACTED]
 Date of Birth [REDACTED] Place of Birth CHICAGO, ILLINOIS
 Resident address [REDACTED] RED LEAF DR. LAS VEGAS NEVADA 89131
Street City State Zip
 Telephone: Residence [REDACTED] Business NONE
 Spouse's employer NONE Occupation RETIRED
 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
JANICE WEEKS	11/1983	CHICAGO, IL	DIVORCED	CHICAGO, COOK, ILLINOIS

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
JANICE RUTH WEEKS	NOT KNOWN				

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
ROBERT GODAR	[REDACTED]	CHICAGO, IL	[REDACTED] FOREST PARK DRIVE, DIXON, IL, 61021

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 mkp

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name NONE

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
CHESTER ROBISON	DECEASED		

Father

MARIAN ROBISON	DECEASED		
----------------	----------	--	--

Mother

THOMAS MAJEWSKI	DECEASED		
-----------------	----------	--	--

Father-in-Law

JUNE MAJEWSKI		W NORTH AVE ELMWOOD PARK, IL 60707	RETIRED
---------------	--	------------------------------------	---------

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
KAY ROBISON (SISTER)	DECEASED		

Spouse

Spouse

Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	ST. WILLIAM SCHOOL	CHICAGO, IL	1954-1961	Yes ☒ No ☐
High School	FENWICK HIGH SCHOOL	OAK PARK, IL	1961-1965	Yes ☒ No ☐
College	UNIVERSITY OF ILLINOIS COLLEGE OF PHARMACY, CHICAGO, IL		1967-1971	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any B.S.-R.P.H.College or university where obtained UNIVERSITY OF ILLINOIS

Applicant's initial

WJR

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 COOK State ILLINOIS Date registered 12/1965**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 IMKOR

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ **No** (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☒ **No** If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
3/2003-PRESENT	██████ RED LEAF DRIVE	LAS VEGAS	NEVADA CLARK
11/1997-3/2003	2009 SEDONA MORNIG DRIVE	LAS VEGAS	NEVADA CLARK
10/1989-11/1997	316 S. HOBBLE BUSH LANE	VERNON HILLS	ILLINOIS LAKE CITY

Applicant's initial mkR

Page 5

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
11/2016	ADVANCED PHARMACEUTICAL CONSULTANTS 3247 S. MARYLAND PARKWAY, LAS VEGAS NV 89109	8HRS/WEEK
Title	Description of Duties	Name of Supervisor
PART TIME PHARMACIST AND CONSULTANT	ORDER ENTRY/VERIFICATION	VERONICA WALTERS
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
08/2014	PINNACLE COMPOUNDING PHARMACY 4445 S. EASTERN, LAS VEGAS, NV 89119	8HRS/WEEK
Title	Description of Duties	Name of Supervisor
PART TIME PHARMACIST AND CONSULTANT		NATHAN CONNOLLY
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
06/2003	NATHAN ADELSON HOSPICE 4141 SWENSON STREET, LAS VEGAS, NV	40HRS/WEEK
Title	Description of Duties	Name of Supervisor
DIRECTOR OF PHARMACY		STEWART STEIN
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
	PLEASE SEE ATTACHED RESUME FOR ADDITION INFORMATION	
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 WAL

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 KIMBERLY OLSEN	Home	██████████	BROOKFIELD COVE, LV, NV	8911	██████████	25
Employer LAS VEGAS MEADOWS	Business	2900 E VALLEY VIEW LV, NV			702-876-3660	
Name STEWART STEIN	Home	██████████	N RIDGE AVE, TAMPA, FLORIDA		██████████	17
Employer CHARTER HEALTH	Business	12470 TELECOM DRIVE, TEMPLE TERRACE, FL			863-616-2375	
Name SHARON BAKER RN	Home	██████████	REGATTA BAY PL, LAS VEGAS, NV	89131	██████████	17
Employer NATHAN ADELSON	Business	3150 N TENAYA, LAS VEGAS, NV	89128		702-938-3902	
Name BONNIE PYLE	Home	██████████	SPICE ISLAND CT. LAS VEGAS, NV	89143	██████████	12
Employer RETIRED	Business					
Name KRISTI MAUGHAN RN	Home	██████████	W ROSADA WAY LAS VEGAS, NV	89149	██████████	17
Employer NATHAN ADELSON	Business	4141 SWENSON ST, LAS VEGAS, NV	89119		702-733-0320	

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-ILLINOIS (INACTIVE)
.....

.....
PHARMACIST LICENSE- WISCONSIN (INACTIVE)
.....

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.

.....
RETAIL PHARMACY LICENSE AND BUSINESS LICENSE ROBISON'S GRAND MOBILE PHARMACY CHICAGO, ILLINOIS
.....

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

WMLR

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 ☐

FIRST WIFE JANICE WEEKS ROBISON - REGISTERED PHARMACIST

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 ☐

I WILL BE ACTIVE IN THE BUILDING OF THE PHARMACY AND
 OPENING UNTIL A SUITABLE CANDIDATE IS HIRED FOR
 THE HOSPITAL



Date of photograph 9-6-21

Applicant's initial MYKR

STATE OF NEVADA

ss.

COUNTY OF CLARK

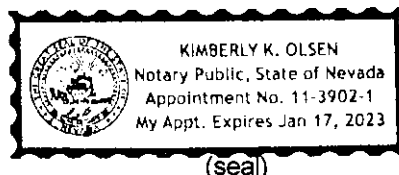
I, MURRAY ROBISON, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Murray H. Robison
Original Signature of Applicant

Subscribed and Sworn to before me this 6TH day of APRIL, 2021

KIMBERLY K. OLSEN
Kimberly K. Olsen
Notary Public



Applicant's initial MR Page 9

ADDITIONAL INFORMATION

SEE ATTACHED RESUME

Applicant's initial



Page 10

Murray K. Robison R.Ph.

REDFORD DRIVE
LAS VEGAS, NV 89131

SUMMARY

My career has encompassed three distinct areas of pharmacy practice:

General retail pharmacy practice including large retail stores and medical centers along with two sub-specialties;

- Psychiatric and Mental Health
- Hospice and Palliative Care/End of Life Care/Pain Management

EMPLOYMENT HISTORY

06/2003-
10/2013

Nathan Adelson Hospice, 4141 Swenson Street, Las Vegas NV

Director of Pharmacy Services (4/07-10/13) Staff pharmacist (6/03-4/07)

This position required oversight of the two in-patient pharmacies located in the acute care units of Nathan Adelson Hospice totaling 38 beds as well as coordinating pharmacy services provided by our contracted pharmacy for approximately 400 homecare patients.

Responsibilities included processing daily patient orders, consulting with the medical and nursing staff, sterile product preparation and administration, education for staff members in the proper dosing of narcotic analgesics and other aspects of end of life pharmacy care.

Supervision and hiring of staff at both locations, attending weekly IDG meetings and participation in monthly Operations and quarterly QAPI meetings was required.

Other key aspects of this position included preparation of a medication formulary, updating and maintaining a Policy and Procedures Manual, purchasing, inventory control, and evaluating new products for formulary inclusion through P and T committee participation.

11/2002-
06/2003

Sav-On Pharmacies Las Vegas, NV

Registered Pharmacist

Temporary position as a floater pharmacist working in several locations.

Responsibilities included all normal functions associated with a staff pharmacist in a large chain store setting.

11/2000-
09/2002

PBM Pharmacies, Inc., 6235 Industrial Road, Las Vegas, NV 09/2002

Pharmacy Manager-PBM Pharmacy #3, 3150 N. Tenaya Way, Las Vegas NV

Responsibilities included managing all aspects of day-to-day operations of a retail pharmacy including filling prescriptions, counseling patients, and interacting with clinic staff. However this pharmacy was a much larger facility than PBM #2 as it also included cards, gifts, vending, durable medical goods and a wide assortment of OTC drug products.

Pharmacy Manager - PBM Pharmacy #2, 150 E. Harmon, Las Vegas, NV

Responsibilities included managing all aspects of day-to-day operations of a retail pharmacy including filling prescriptions, counseling patients, and interacting with clinic staff.

11/1997-
10/2000

Southern Nevada Adult Mental Health Services,

Staff pharmacist for Outpatient Pharmacy Services in mental health hospital.

Responsibilities included outpatient dispensing, hospital discharge medications, and Desert Willow Treatment Center discharge orders, close interaction with psychiatric staff, patient counseling, in-service education for clinic staff, inventory control, and supervision of support personnel.

Staff pharmacist at the North Las Vegas satellite clinic pharmacy

Responsibilities were similar to above listed duties with the exception of hospital services.

1996-1997
1985-1991

Registered Pharmacist - Ridgemoor Pharmacy, Chicago, IL

Prior to 1991, responsibilities included all standard retail pharmacist's duties in addition to providing consultation and pharmaceutical service to two nursing homes. Since 1992, this pharmacy no longer engages in retail practice. It now specializes in hospice care only, providing comprehensive pharmacy services to five major hospices in the metropolitan Chicago area.

1991-1996

Registered Pharmacist - Gungler's Pharmacy, Inc., Gurnee, IL

As full-time pharmacist, I was responsible for all aspects of daily pharmacy operations including purchasing, inventory control, updating and maintaining computer files, dispensing, and patient consultation. Some of the changes I implemented include:

- conversion of all third-party billing to on-line adjudication;
- establishment of procedures to insure compliance with all insurance company regulations;
- initiation of procedures for systematic return of outdated pharmaceutical products;
- research, selection, and installation of new computer system;
- implementation of training procedures to incorporate the use of pharmacy support personnel;
- institution of new methods for daily operation to comply with OBRA 90 requirements.

EDUCATION

University of Illinois, Chicago, IL, B.S. Pharmacy

Wright College, Chicago, IL, Pre-Pharmacy

Loyola University, Chicago, IL, College of Business Administration

PHARMACY LICENSURE

State of Nevada

State of Illinois (currently inactive)

State of Wisconsin (currently inactive)

PROFESSIONAL AFFILIATIONS

American Pharmacists Association

National Association of Hospice and Palliative Care (NHPCO)

National Council of Hospice and Palliative Professionals

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4/3/21

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 Tales Harbor at LakeMeed - Inpatient Pharmacy
5409 E. Lake Mead Blvd., Las Vegas, NV 89156
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name METZKA First Name Brook Middle Name Edward
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
 Present Residence Address-Street or RFD [REDACTED] Cougar Ave City Las Vegas State/Zip NV 89123
 Present Business Address 8475 Eastern #105 City Las Vegas State/Zip NV 89123
 Occupation General Contractor Dates 2004-present
 Phone: Residence [REDACTED] Business 702-665-6989
 Date of Birth [REDACTED] Place of Birth (City, County, State) Youngstown, OH
 Age 45 Social Security Number or ITIN [REDACTED] Sex M
 Color of Eyes Blue Color of Hair Brown Complexion White Weight 6'3 Build Average 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 BM

MARITAL INFORMATION-Continued

A. Current Marriage _____

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Shannen Metzke	2/2015	Los Angeles, CA	Divorce	Seattle, WA

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
Skylar Metzke		Seattle, WA	
Dade Metzke		Williston, ND	Cougar Ave

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

BM

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name King County Seattle, WA

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

Barbara HughesSecretary

Father-in-Law

Wigwam Ave Las Vegas, NV

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Spouse

John MetzkeWhitecliff Dr Indianapolis, INTruck DriverLorraine MetzkeWhitecliff Dr Indianapolis, INBiochemist

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Western Reserve middle</u>	<u>Berlin Center, OH</u>	<u>81-89</u>	<u>Yes</u> ☒ No ☐
High School <u>Berlin Western Reserve</u>	<u>Berlin Center, OH</u>	<u>89-93</u>	<u>Yes</u> ☒ No ☐
College <u>University of Akron</u>	<u>Akron, OH</u>	<u>93-94</u>	Yes ☐ <u>No</u> ☒
Other _____			Yes ☐ No ☐

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial

BN

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
Edward Homes vs Teale Bay	7/20		Clark County, NV	3/21 dismissed
Edward Homes vs. Pacific Hills	2014		Clark County, NV	still Active
American First Bank vs Village Services Group	2015		Nye County, NV	dismissed

- 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
Village Services Group	LLC	1/2014 Never Finished
Parkview 88	LLC	1/2012 Never Finished

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
2017 - Present	[REDACTED] CONGER AVE	Las Vegas	NV
2009 - 2017	2000 WIGWAG AVE	Las Vegas	NV

Applicant's initial R

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
Edward Homes vs Toilet Bay	7/20		Clark County, NV	3/21 dismissed
Edward Homes vs. Pacific Hill Ry	2014		Clark County, NV	still Active
American First Bank vs Village Services Group	2015		Nye County, NV	dismissed

- 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
2017 - Present	[REDACTED] Cougar Ave	Las Vegas	NV
2009 - 2017	2000 Wignat Ave	Las Vegas	, NV

Applicant's initial R

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
2004 - present	Edward Homes Inc. 8475 Eglon Ave #105 Las Vegas, NV	
Title	Description of Duties	Name of Supervisor
President	owner / manager	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998 - 2004	MH Custom Construction	Sold company
Title	Description of Duties	Name of Supervisor
owner	owner / manager	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1995 - 1998	Todd Construction	Moved
Title	Description of Duties	Name of Supervisor
Laborer	Laborer	Gary Hughes
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 R

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Jerry Glover</u>	Home	[REDACTED]	<u>Dames Rocket Place</u>	[REDACTED]	[REDACTED]	<u>12+</u>
Employer <u>Pinnacle Loan</u>	Business	<u>Mt. 4990</u>	<u>Leaving</u>			
Name <u>Rob Walsh</u>	Home	[REDACTED]	<u>Snow Creek Las Vegas</u>	[REDACTED]	[REDACTED]	<u>10+</u>
Employer <u>Walsh & Friedman</u>	Business	<u>ATTORNEY</u>				
Name <u>Hank Rabe</u>	Home	[REDACTED]	<u>commonwealth Dr # 531</u>	<u>Springhill, TN 37174</u>	[REDACTED]	<u>25+</u>
Employer	Business	<u>Scrap Metal</u>				
Name <u>Tyger Myerick</u>	Home	[REDACTED]	<u>Desert Bloom CT</u>	<u>LV, NV 89129</u>	[REDACTED]	<u>15+</u>
Employer <u>Tredwin</u>	Business	<u>Real Estate / Property Management</u>				
Name <u>Gabe Martinez</u>	Home	[REDACTED]	<u>Rocks Mirage LV, NV</u>	[REDACTED]	[REDACTED]	<u>10+</u>
Employer <u>GGRM</u>	Business	<u>ATTORNEY</u>				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐
If yes, state type, where and years held

General Contractor Nevada 23 years

General Contractor Arizona 1 year

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Bullhead Care LLC (manager) Geriatric Behavioral Hospital Bullhead, AZ

Phoenix Care LLC (manager) Geriatric Behavioral Hospital Phoenix, AZ

Applicant's initial

BM

Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 4-16-21

Applicant's initial Bm

STATE OF Nevada

ss.

COUNTY OF Clark

I, Brock Metzger, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

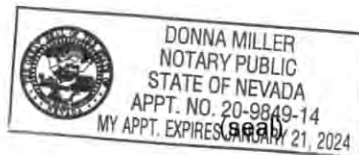
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Brock Metzger

Original Signature of Applicant

Subscribed and Sworn to before me this 13th day of April, 2021

Donna Miller
Notary Public



Applicant's initial

B

Page 9

Date 4/9/21

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 herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Talas Harbor at Lake Mead - Inpatient Pharmacy
5409 E Lake Mead Blvd Las Vegas NV 89156
Nature of License
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Lamberton Natalie Dalton
Last Name First Name Middle Name

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

E Girard Pl #304 Denver CO 80222
Present Residence Address-Street or RFD City State/Zip

Consultant _____ _____
Present Business Address Dates City State/Zip

_____ _____ _____
Occupation Dates Phone: Residence _____

_____ Offutt AFB, Sarpy Nebraska _____
Date of Birth Place of Birth (City, County, State) Business

44 _____ F
Age Social Security Number or ITIN Sex

Brown Brown Brown 147 Average 5'3
Color of Eyes Color of Hair Complexion Weight Build Height

N/A
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 NL

A. Current Marriage N/A

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 SS# or ITIN _____

Date of Birth _____ Place of Birth _____

Resident address _____
 Street _____ City _____ State _____ Zip _____

Telephone: Residence _____ Business _____

Spouse's employer _____ Occupation _____

Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Rory Lambertson	10/2018	Denver 2002	Divorce	Denver, CO

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
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☐ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial

NZ

FAMILY INFORMATION-Continued

1982

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

Newman Dalton, Sr

[REDACTED]

E. Weaver Dr, Aurora, CO 80016 Retired

Mother

Ethan Dalton

[REDACTED]

E. Weaver Dr, Aurora, CO 80016 Retired

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
---------------	------------	---------	------------

Nicole Dalton

[REDACTED]

E. Berry Dr, Aurora, CO 80015 Flight Attendant

Spouse

Jesse Tann

[REDACTED]

E. Berry Dr, Aurora, CO 80015

Newman Dalton IV

[REDACTED]

Palancar Dr, Keller TX 76244 IT

Spouse

Ivie Dalton

[REDACTED]

Palancar Dr, Keller TX 76244 Accountant

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
----------------	----------	----------------	----------

Grammar

Yes ☐ No ☐

School

High

School

College

University

Eaglecrest High School

Aurora, CO

1991-1995

Yes ☒ No ☐

University of New Mexico

Albuquerque, NM

1995-2000

Yes ☒ No ☐

Other

Yes ☐ No ☐Type of degree obtained, if any Bachelors of Science

College or university where obtained _____

Applicant's initial

NA

5 MILITARY INFORMATION:

1983

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

TL

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
--------------------------	-------------------	------	-----------------

3/2020-Present	██████ E. Girard Pl, #██████	Denver	Colorado
3/2019-3/2020	22556 E Weaver Dr	Aurora	Colorado
3/2018-3/2019	100 Steele St, #	Denver	Colorado
8/2015-7/2017	1850 S Ocean Dr, #1509	Miami	Florida
12/2013-8/2015	4904 Grapevine Terrace	Ft Worth	Texas
8/2010-12/2013	6421 S Durrig St	Aurora	Colorado
8/2007-8/2010	15856 E. 108th Ave	Commerce City	Colorado
6/2003-8/2007	6493 Grass Ct	Parker,	Colorado
8/2017-3/2018	1777 Larimer St, #1910	Denver	Colorado

Applicant's initial

KL

8. EMPLOYMENT:

1985

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Current	6343 E. Girard Pl, #304 Denver, CO	N/A
Title	Description of Duties	Name of Supervisor
Consultant	Consult for hospital	Self
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/2021	Texas Harbor / 8475 S Eastern #105, Las Vegas, NV	Laid off
Title	Description of Duties	Name of Supervisor
CEO	Oversee hospital operations	Ron Stewart
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/2019	New Health Svcs / 3277 S. Lincoln St, Englewood, CO	Not a good fit
Title	Description of Duties	Name of Supervisor
Dir Business Dev	Marketing	David Bregman
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/2017	Jackson North Med Center / 100 NW 10th St, N. Miami, FL	moved back to CO
Title	Description of Duties	Name of Supervisor
COO	oversee operations of hospital	Gino Santaric
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2015	Regency Hospital of Ft Worth / Ft Worth, TX	Got another job
Title	Description of Duties	Name of Supervisor
CEO	oversee operations of hospital	Mike McAlister
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2013	The Medical Center of Annapolis / 15015 Potomac St, Annapolis, CO	Got CEO job
Title	Description of Duties	Name of Supervisor
Dir. of Neurosciences	Oversee Neuroscience Service line	Jennifer Wrona
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/2009	Poudre Valley Health Sys / 235 W. Fletcher St, Fort Collins, CO	Contract ended
Title	Description of Duties	Name of Supervisor
CEO	oversee Haxton Hospital	Rulon Stacey
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2005	Community College of Denver / 600 Curtis St, Denver, CO	Went to grad school
Title	Description of Duties	Name of Supervisor
Instructor	teach Freshman biology	

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

NJ

9. CHARACTER REFERENCES:

1986

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Shaik Williams</u>	Home	<u>Mesa View Ln, F.C., CO</u>	<u>80526</u>			<u>15</u>
Employer <u>Burns Marketing</u>	Business	<u>456 S. Broadway</u>	<u>Denver, CO</u>			
Name <u>Rulon Stacey</u>	Home					<u>15</u>
Employer <u>Univ of Colorado</u>	Business	<u>1201 Larimer St.</u>	<u>Denver, CO</u>	<u>80204</u>		
Name <u>Samie Davis</u>	Home					<u>10</u>
Employer <u>Kaiser</u>	Business					
Name <u>Sherelle Washington</u>	Home					<u>6</u>
Employer	Business					
Name <u>Lannie Baetke</u>	Home	<u>Westridge Dr, Blair, NE</u>	<u>68008</u>			<u>13</u>
Employer <u>Creighton University</u>	Business	<u>2500 California Plaza, Omaha, NE</u>	<u>402, 280, 2700</u>			

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Real Estate Broker Associate Colorado, 1

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

NS

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 ☒ 1987

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 4/12/21

Applicant's initial nj

COUNTY OF

Denver

I, Natalie Lambertson

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof, that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Natalie Lambertson
Original Signature of Applicant

Subscribed and Sworn to before me this 12th day of

April, 2021

Jerisa M. Novak

Notary Public

My Commission Expires
3/30/2022

(seal)

Applicant's initial

NZ

12G

**RECEIVED**7-23-2020

1990

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: The Medicine Shoppe Retail PharmacyPhysical Address: 5801 Craig Dr., Ste. 110City: Las Vegas, NVState: Zip Code: 89130Telephone: (725) 251-2646Fax: (725) 251-2253Toll Free Number: N/AE-mail: 2168@medicineshoppe.comWebsite: www.medicineshoppe.comManaging Pharmacist: Jed Lester AniscoLicense Number: 19983**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Mariana A. Tadros

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

Mariana Tadros

Print Name of Authorized Person

7/17/2020
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Mailing Address: 11027 Sardinia Sands Dr.
City: Las Vegas State: NV Zip: 89141
Telephone: (725) 251-2646 Fax: (725) 251-2253
Contact Person: Mariana Tadros

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | |
|--------------------------------|--------------------------------------|
| a) Mariana Tadros - [REDACTED] | Spyglass Dr., Corona, CA 92883 |
| Name | Business Address |
| b) Wael Anwar - [REDACTED] | Lion St., Rancho Cucamonga, CA 91730 |
| Name | Business Address |
| c) Chad Valencia - [REDACTED] | Sardina, Las Vegas NV 89141 |
| Name | Business Address |
| d) N/A | |
| Name | Business Address |

2) Provide the number of shares issued by the corporation. 5,000

3) What was the price paid per share? \$0.00

List any physician shareholders and percentage of ownership.

Name: <u>N/A</u>	%: <u>N/A</u>
Name: <u>N/A</u>	%: <u>N/A</u>

Hours of Operation for the pharmacy:

Monday thru Friday	<u>09:00</u> am <u>06:00</u> pm	Saturday	<u>N/A</u> am <u>N/A</u> pm
Sunday	<u>N/A</u> am <u>N/A</u> pm	24 Hours	<u>N/A</u>

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191561762

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

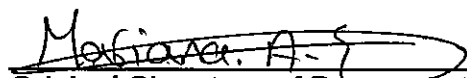
I, Mariana Tadros

Responsible Person of The Medicine Shoppe Retail 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

Mariana Tadros

Print Name of Authorized Person

7/17/2020

Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside)

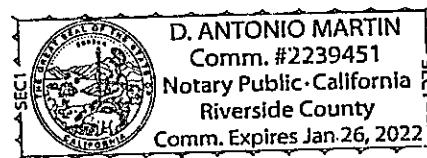
On July 17, 2020 before me, D. Antonio Martin Notary Public
(insert name and title of the officer)

personally appeared Mariana Tadros,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature D. Antonio Martin (Seal)



Managing Pharmacist

Pharmacist Name: Jed Lester AniscoLicense #: 19983Pharmacy Name: The Medicine Shoppe Retail 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)

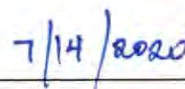
1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada 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.

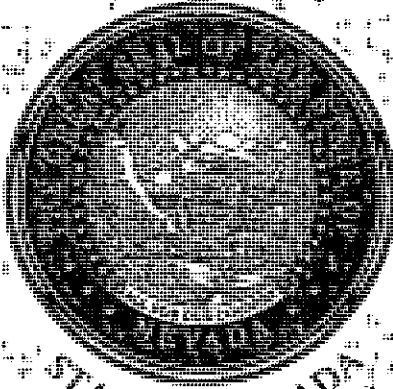
Signature



Date



SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

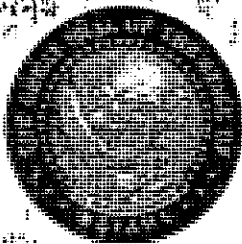
I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **UNITED HEALTH CARE SOLUTIONS, INC.**, as a **DOMESTIC CORPORATION** (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/27/2019, and is in good standing in this state.

I further certify that the above **DOMESTIC CORPORATION** (78) has its formation document and no amendments on file in this office as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/29/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State



Certificate Number: B20200629891245

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

List of officers and directors

President Mariana Tadros

Secretary Mariana Tadros

Treasurer Mariana Tadros

Director Mariana Tadros

Date 7/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for

Pharmacy

Nature of License

The Medicine Shoppe Retail Pharmacy - 5801 Craig Dr., Unit B, Las Vegas, NV 89130

Name and Address of Establishment for Which License Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tadros

Mariana

Awni Al Fakhouri

Last Name

First Name

Middle Name

Maiden name: "Mariana Alfakhouri"

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

Spyglass Dr., Corona, CA 92833

Present Residence Address-Street or RFD

City

State/Zip

9194 Magnolia Ave., Riverside, CA 92503

Dates 04/2015 - Present

Present Business Address

City

State/Zip

Administration/Manager

Dates 04/2018 - Present

Occupation

Phone:
Residence

Business (951) 977-8667

Date of Birth

Al Salt, Amman, Jordan

Place of Birth (City, County, State)

33

Age

Social Security Number

Female

Sex

Brown

Color of Eyes

Black

Color of Hair

Light

Complexion

119lbs

Weight

Slim

Build

5'4"

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 10/14/2015

Place Los Angeles, CA

(If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial

MT

A. **Current Marriage** 11/10/2013 Pasadena, Los Angeles, CA
Date City, County and State
 Spouse's full name (Maiden) Michael Tadros S.S. No. [REDACTED]
 Date of Birth [REDACTED] Place of Birth Cairo, Egypt
 Resident address [REDACTED] Spyglass Dr., Corona, CA 92833
Street City State Zip
 Telephone: Residence [REDACTED] Business (909) 542-9365
 Spouse's employer The Medicine Shoppe Occupation Pharmacist / Pharmacy Owner
 Address of employer 9675 Monte Vista Ave., Ste. A, Montclair, CA 91763
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Edward Tadros	[REDACTED]	Newport Beach, CA	[REDACTED] Spyglass Dr., Corona, CA 92833
Ethan Tadros	[REDACTED]	Newport Beach, CA	[REDACTED] Spyglass Dr., Corona, CA 92833
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial M.T.

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Awni Alfakhouri Father		Spyglass Dr., Corona, CA 92833	Clerk
Raghda Alfakhouri Mother		Spyglass Dr., Corona, CA 92833	Home maker
Edward Tadros (deceased) Father-in-Law		Cairo Egypt	Teacher
Nariman Hanna Mother-in-Law		Spyglass Dr., Corona, CA 92833	Teacher

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Hisham Alfakhouri Spouse		Alsalt, Jordan	Sales Representative
Rita Dawoud Spouse		Alsalt, Jordan	Medical Assistant
Hussam Alfakhouri Spouse		Alsalt, Jordan	Sales Representative
Mera Fakhoury Spouse		Alsalt, Jordan	Preschool Principle
N/A Spouse			
N/A Spouse			
N/A Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School N/A	N/A	N/A	Yes ☐ No ☐
High School Granite Hills	Apple Valley, CA	2002 - 2004	Yes ☒ No ☐
College University La Sierra University	Riverside, CA	2007 - 2010	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - BiologyCollege or university where obtained La Sierra University

Applicant's initial

M-T

5 MILITARY INFORMATION:

2003

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				
<u>N/A</u>				
<u>N/A</u>				

Applicant's initial

M-T

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/2015 - Present	████████ Spyglass Dr.,	Corona, CA	92883
09/2013 - 03/2015	2494 Dakin Dr.,	Corona, CA	92882
04/2008 - 09/2013	7024 Miami St.,	Riverside, CA	92506
05/2002 - 04/2008	16421 Apple Valley Rd., #4,	Apply Valley, CA	92307
07/1995 - 05/2002	Alsalt, Jordan		
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

Applicant's initial MT

8. EMPLOYMENT:

2005

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.

04/2018 - Present	The Medicine Shoppe - 9194 Magnolia Ave., Riverside, CA 92503	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Administration and Management	Self
Title	Description of Duties	Name of Supervisor
06/2015 - 04/2018	The Medicine Shoppe - 10237 Magnolia Ave., Riverside, CA 92503	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Human Resources Associate	Assist with employee training, relations, benefits, compensation	Michael Tadros
Title	Description of Duties	Name of Supervisor
12/2013 -	Allergan - 2525 Dupont Dr, Irvine, CA 92612	Laid off
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettais
Title	Description of Duties	Name of Supervisor
07/2013 - 12/2013	Adecco Medical Sciences - 2525 Dupont Dr, Irvine, CA 92612	Hired at Allergan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettais
Title	Description of Duties	Name of Supervisor
09/2010 - 08/2012	LLVare - 710 Brookside Ave, Redlands, CA 92373	Personal Reasons
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Research Technician	Isolation of RNA & DNA, measurements of mRNA & pre-mRNA	Yossouf Amaar
Title	Description of Duties	Name of Supervisor
01/2009 - 06/2010	La Sierra University - 4500 Riverwalk Pkwy, Riverside, CA 92505	Contract Ended
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Teacher Assistant	Assistance in office & lab classes for Physics & Biology	Eugene Joseph
Title	Description of Duties	Name of Supervisor
10/2004 - 01/2009	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial M.T.

9. CHARACTER REFERENCES:

2006

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 Rindala Obeid	Home	Loma Linda, CA	92354			12
Employer Kaiser	Business	9961 Sierra Ave, Fontana, CA	92335		(833) 574-2273	
Name Miriam Nagoulat	Home	San Bernardino, CA	92346			13
Employer Loma Linda University	Business	25455 Barton Rd., Loma Linda, CA	92354		(909) 558-4000	
Name Uyan Azia	Home	Eastvale, CA	92880			11
Employer Riverside University Health System	Business	4065 County Circle Dr., Riverside, CA	92503		(951) 358-5000	
Name Dina Wasef	Home	Corona, CA	92882			11
Employer Kaiser	Business	10800 Magnolia Ave, Riverside, CA	92505		(833) 574-2273	
Name Hamsa Azar	Home	Upland, CA	91784			10
Employer Kaiser	Business	Sierra Ave, Fontana, CA	92335		(833) 574-2273	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Liquor - Irvine, CA - 2019

N/A

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

(Pharmacy; 04/2018 - Present; The Medicine Shoppe; 9194 Magnolia Ave., Riverside, CA 92503; California State Board of Pharmacy)

(Pharmacy; 02/2019 - Present; The Medicine Shoppe; 31946 Mission Trl., Ste. A-1, Lake Elsinore, CA 92530; California State Board of Pharmacy

Partner - Fady Mosaad - 3100 Van Buren Blvd., #924, Riverside, CA 92503)

(Restaurant; 11/2014 - Present; Cafe 350 - 350 Commerce, Unit 150, Irvine, CA 92602

Partner - Gerges 704 Pointe Vista Ln., Corona, CA 92881)

Applicant's initial M-T

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 ☒ 2007

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐



Date of photograph 7/2/2020

Applicant's initial M.T.

COUNTY OF Riverside

I, Mariana Tadros, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

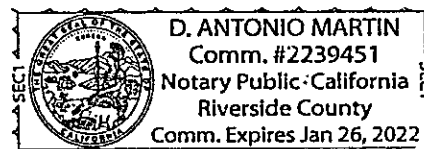
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Mariana A. S.

Original Signature of Applicant

Subscribed and Sworn to before me this 17 day ofJuly 2020D. Antonio Martin
Notary Public

(seal)

Applicant's initial M-T

N/A

Applicant's initial M.T Page 10

UNITED STATES DEPARTMENT OF JUSTICE

No. [REDACTED]

RECEIVED

Personal description of holder
or of state of naturalization:

2610381 Registration No. ADDRESS

I certify that the foregoing person is or was, immediately preceding
his or her naturalization, a

State of birth:

Haitian (H)

Sex: FEMALE

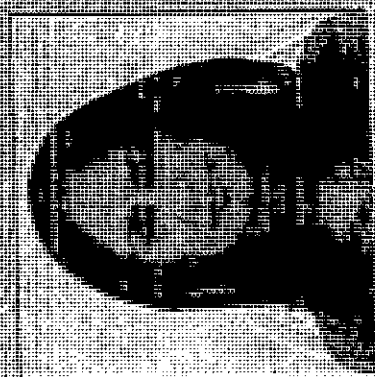
Height & Age: 5' 10" 40

Marital status: MARRIED

Country of former citizenship:
JORDAN

SAN DIEGO, CALIFORNIA

ADDRESS: NEWARK, NEW JERSEY
CITY: NEWARK, NEW JERSEY



U.S. DISTRICT COURT, CENTRAL DISTRICT
SAN DIEGO, CALIFORNIA

6/1/54

Date 07/16/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
 Nature of License STE-110
The Medicine Shoppe Retail Pharmacy - 5801 Craig Dr., Unit B, Las Vegas, NV 89130
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Anwar Wael Nabil
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

██████████ Lion St., Rancho Cucamonga, CA 91730
 Present Residence Address-Street or RFD City State/Zip

1 World Way, Los Angeles, CA 90045 Dates 09/2012 - Present
 Present Business Address City State/Zip

Flight Attendant Dates 06/2001 - Present
 Occupation

Phone:
 Residence ██████████
 Business (800) 693-3582

██████████ Cairo, Egypt
 Date of Birth Place of Birth (City, County, State)

43 ██████████ Male
 Age Social Security Number Sex

Brown Black Light 185lbs 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 07/22/2005

Place Pomona, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial WA

A. **Current Marriage** 05/21/2006 Mississauga, ON, Canada
Date City, County and State
 Spouse's full name (Maiden) Maria F. Kozman S.S. No. [REDACTED]
 Date of Birth [REDACTED] Place of Birth Cairo, Egypt
 Resident address [REDACTED] Lion St., Rancho Cucamonga, CA 91730
Street City State Zip
 Telephone: Residence [REDACTED] Business N/A
 Spouse's employer Self Occupation Homemaker
 Address of employer 7481 Lion St., Rancho Cucamonga, CA 91730
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Paul Anwar	[REDACTED]	Glendora, CA	[REDACTED] Lion St., Rancho Cucamonga, CA 91730
Mina Anwar	[REDACTED]	Glendora, CA	[REDACTED] Lion St., Rancho Cucamonga, CA 91730

N/A

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial WA

FAMILY INFORMATION-Continued

2013

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
Nabil Awad Father		Archiblad Ave., Rancho Cucamonga, CA 91701	Manager
Zeizaf Ibrahim Mother		Archiblad Ave., Rancho Cucamonga, CA 91701	Home Maker
Fayez Mousa Kozman Father-in-Law*		Mohamad Abdalla St., Cairo, Egypt	Public Relations Manager
Kamilia Abdelsayed Mother-in-Law		Lion St., Rancho Cucamonga, CA 91730	Home Maker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Sameh Awad Spouse		Elder Eastwood Ave., Orange, CA 92689	Business Owner
Maria Botrous		Elder Eastwood Ave., Orange, CA 92689	Home Maker
N/A Spouse			
N/A Spouse			
N/A Spouse			
N/A Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School College Patriarcal	Egypt	1981-1990	Yes ☒ No ☐
High School College De La Salle	Egypt	1990 - 1993	Yes ☒ No ☐
College University Helwan University	Egypt	1994 - 1998	Yes ☒ No ☐
Other N/A			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Commerce & Business Administration

College or university where obtained Helwan University

Applicant's initial WA Page 3

5 MILITARY INFORMATION:

2014

A. Have you ever served in any armed forces? Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/AN/AN/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/AN/AN/A

Applicant's initial WA Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
09/2012 - Present	██████ Lion St.,	Rancho Cucamonga,	CA 91730
01/2007 - 08/2012	8837 Grove Ave., #1403,	Rancho Cucamonga,	CA 91730
02/2005 - 12/2006	8722 Lomita Dr., #B,	Alta Loma,	CA 91701
02/2003 - 01/2005	10040 Placer St., #D,	Rancho Cucamonga,	CA 91730
06/2002 - 01/2003	271 Brevoort St.,	Kew Gardens,	NY 11415
01/2002 - 05/2002	83-33 118th St.,	Kew Gardens,	NY 11415
04/2001 - 12/2001	83-09 Talbot St., #PH-6E,	Kew Gardens,	NY 11415
01/2001 - 03/2001	9427 Cameron Ave.,	Rancho Cucamonga,	CA 91729
01/2000 - 12/2000	3730 Pacific Ave.,	Riverside,	CA 92509
10/1999 - 12/1999	1010 W. Badillo St.,	West Covina,	CA 91790
12/1994 - 09/1999	13 Kaitbay St.,	Heliopolis,	Cairo, Egypt

Applicant's initial WA

8. EMPLOYMENT:

2016

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.

06/2001 - Present	Delta Airlines - 1 World Way, Los Angeles, CA 90045	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Flight Attendant	Guide and assist the safety and comfort of passengers	Jesse Rhodes
Title	Description of Duties	Name of Supervisor
12/2010 - Present	Miracle Medical Industries, Inc. - 1701 S. Vineyard Ave., #E, Ontario, CA 91761	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Importing and Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
09/2013 - 12/2014	Delicare Medical Supplies - 2132 S. Grove Ave., #6, Ontario, CA 91761	Closure of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President	Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
03/2005 - 12/2010	Valero - 01 W. 6th St., Corona, CA 92882	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2003 - 02/2005	Valero - 5700 Atlantic Blvd., Maywood, CA 90270	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2000 - 05/2001	Mobil - 6824 Valley Way, Riverside, CA 92509	Hired at Delta Airlines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Managing employees and daily operations	Nagy Attalla
Title	Description of Duties	Name of Supervisor
06-1999 - 09/1999	Delta Bank - 1191 Komich El Nile, Downtown, Cairo, Egypt.	Immigrated to USA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Accountant	Process letter of credits to receive and send internationally	Tarek
Title	Description of Duties	Name of Supervisor
08/1998 - 05-1999	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial WA

Page 6

9. CHARACTER REFERENCES:

2017

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 Adel Ebeid	Home	Church St., Apt 106, Rancho Cucamonga	CA	91730		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Ramy Barsoum	Home	Shelby P., Apt 136 Rancho Cucamonga, CA	91739			5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Philip Youssef	Home	Melbourne Pl.,	Riverside	CA 92508		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Marianna Tadros	Home	Spyglass Dr.,	Corona, CA	92883		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Michael Tadros	Home	Spyglass Dr.,	Corona, CA	92883		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial WA

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 ☒ 2018

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 06/20/20

Applicant's initial WA

STATE OF California

2019

ss.

COUNTY OF San Bernardino

I, WAEEL N. ANWAR

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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



Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

See Attached
Notarial Certificate

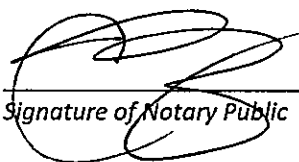
Applicant's initial WA

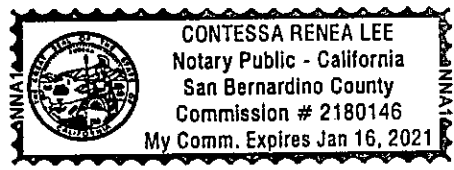
CALIFORNIA JURAT
(CALIFORNIA GOVERNMENT CODE § 8202)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
 COUNTY OF San Bernardino

Subscribed and sworn to (or affirmed) before me on this 14 day of July, 2020,
 by Wael Nab.1 Annal, proved to me on the basis of
 (Name of Signer(s))
 satisfactory evidence to be the person(s) who appeared before me.


 Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Personal History Document Date: 7/14/2020
 Number of Pages: 10 Signer(s) Other Than Named Above: N/A
 Additional Information: N/A

N/A

Applicant's initial

WA

UNITED STATES DEPARTMENT OF HOMELAND SECURITY

No. [REDACTED]

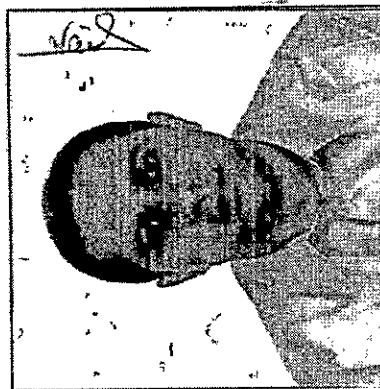
NEW YORK, NEW YORK

AO46835842

CIS Registration No.

Personal description of holder
as of date of naturalization:

Date of birth: [REDACTED]

Sex: **MALE**Height: **5 feet 7 inches**Marital status: **SINGLE**Country of former nationality:
EGYPT

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Securityat: **LOS ANGELES, CALIFORNIA**

The Secretary having found that:

WAEEL NABIL ANWARthen residing in the United States, intends to reside in the United States when so
required by the Naturalization Laws of the United States, and had in all other
respects complied with the applicable provisions of such naturalization laws and
was entitled to be admitted to citizenship, such person having taken the oath of
allegiance in accordance with the laws of the United States.

US DISTRICT COURT CENTRAL DISTRICT

at: **POMONA, CALIFORNIA**on: **JULY 22, 2005**

that such person is admitted as a citizen of the United States of America.

Michael Schmitt

Director, U.S. Citizenship and Immigration Services

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF HOMELAND SECURITY

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 07-16-2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy STE-110
 Nature of License STE-110
The Medicine Shoppe Retail Pharmacy - 5801 Craig Dr., Unit B, Las Vegas, NV 89130
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Valencia Chad Alexander
 Last Name First Name Middle Name
N/A

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

Sardinia Sands Dr., Las Vegas, NV 89141
 Present Residence Address-Street or RFD City State/Zip

6432 Beckman Glen Ct., Las Vegas, NV 89141 Dates 10/2019 - Present
 Present Business Address City State/Zip

Data Analyst/Scientist, Consultant Dates 10/2019 - Present
 Occupation

Phone: Residence [REDACTED]
 Business (626) 672-6902

Whitter, Los Angeles, CA
 Date of Birth 37 Place of Birth (City, County, State)

37 [REDACTED] Male
 Age Social Security Number Sex

Brown Black Tan 220lbs Large 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 W

MARITAL INFORMATION-Continued

A. Current Marriage.....

Spouse's full name (Maiden)..... Date..... City, County and State..... 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
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:**A. Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial W

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Arturo Valencia		Sardinia Sands Dr., Las Vegas, NV 89141	Business Development

Father

Cristina Enrile		Sardinia Sands Dr., Las Vegas, NV 89141	Accountant
-----------------	--	---	------------

Mother

N/A			
-----	--	--	--

Father-in-Law

N/A			
-----	--	--	--

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Robert Valencia		Sardinia Sands Dr., Las Vegas, NV 89141	Teacher

Spouse

N/A			
-----	--	--	--

N/A			
-----	--	--	--

Spouse

N/A			
-----	--	--	--

N/A			
-----	--	--	--

Spouse

N/A			
-----	--	--	--

N/A			
-----	--	--	--

Spouse

N/A			
-----	--	--	--

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	GSE / Suzanne Middle School	Walnut, CA	09/1991 - 06/1996	Yes ☒ No ☐
High School	Walnut High School	Walnut, CA	09/1997 - 06/2000	Yes ☒ No ☐
College University	UCLA	Los Angeles, CA	09/2000 - 06/2003	Yes ☒ No ☐
Other				Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science, Mathematics-EconomicsCollege or university where obtained University of California, Los AngelesApplicant's initial W

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>Art Valencia</u>	<u>Father</u>	<u>Immigration Fraud</u>	<u>Los Angeles, CA</u>	<u>2008</u>
<u>N/A</u>				
<u>N/A</u>				

Applicant's initial CV

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
10/2019 - Present	██████████	Sardinia Sands Dr., Las Vegas, NV	89141
09/2018 - 10/2019	39-20 52nd St., Apr. 3F,	Woodside, NY	11377
03/2013 - 09/2018	4657 Laurel Ridge Dr.,	Riverside, CA	92509
09/2012 - 03/2013	11027 Sardinia Sands Dr.,	Las Vegas, NV	89141
09/2009 - 09/2012	6432 Beckman Glen Ct.,	Las Vegas, NV	89141
01/2007 - 09/2009	4657 Laurel Ridge Dr.,	Riverside, CA	92509
09/2005 - 01/2007	39-20 52nd St., Apr. 3F,	Woodside, NY	11377
06/2003 - 09/2005	304 Muirfield Ln.,	Walnut, CA	91789
06/2002 - 06/2003	535 Gayley Ave.,	Los Angeles, CA	90024
09/2000 - 06/2002	350 De Neve Dr.,	Los Angeles, CA	90024
12/1994 - 09/2000	304 Muirfield Ln.,	Walnut, CA	91789

Applicant's initial

CV

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.

05/2019 - 12/2019	Noble Desktop - 185 Madison Ave., New York, NY 10016	Moved to Las Vegas
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Zach Cohen
Title	Description of Duties	Name of Supervisor
05/2018 - 05/2019	Codecademy - 575 Broadway, New York, NY 10012	Moved to New York
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Tracy Teague
Title	Description of Duties	Name of Supervisor
10/2017 - Present	Freelance Data Scientist	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Data Scientist	Independent Data Projects	Self
Title	Description of Duties	Name of Supervisor
10/2004 - 09/2017	Owl Homecare Pharmacy - 13851 Garvey Ave Suite A Baldwin Park, CA 91706	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Analyst	Billing Analysis and Consulting	Cristina Valencia
Title	Description of Duties	Name of Supervisor
10/2001 - 10/2004	Unemployed	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
10/2000 - 10/2001	UCLA Access Control - 330 De Neve Dr, Los Angeles, California 90024	Focus on graduating
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Volunteer	Access Monitor Security for Droms	Junji Toshima
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

CV

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 Jane Lagunilla	Home	White Sands Way,	Arverne,	NY 11692		15
Employer Memorial Sloan Kettering	Business	16 E. 60th St.,	New York,	NY 10022	(646) 888-6001	
Name Theresa Francisco	Home	White Sands Way,	Arverne,	NY 11692		30
Employer Retired	Business	N/A				
Name Tony Chou	Home	Walnut Canyon Rd.,	Walnut,	CA 91789		25
Employer LA-USC	Business	2051 Marengo St.,	Los Angeles,	CA 90033	(323) 409-1000	
Name David Aure	Home	Scotch Pine Ridge,	Yorba Linda,	CA 92886		25
Employer Realtor	Business	5685 Scotch Pine Ridge,	Yorba Linda,	CA 92886	(714) 944-2933	
Name Brandon Nichols	Home	Overland St.,	Riverside,	CA 92503		10
Employer Self-Employed	Business	3822 Overland St.,	Riverside,	CA 92503	(951) 999-0339	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial

CV

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

2030

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH



Date of photograph 07-14-2020

Applicant's initial W

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 ☒

STATE OF Nevada SS.COUNTY OF Clark

I, CHAD VALENZUELA, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

Original Signature of Applicant

Subscribed and Sworn to before me this 16th day ofJuly 2020

 Notary Public
Applicant's initial W

ADDITIONAL INFORMATION

N/A

Applicant's initial



APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date

7/14/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
 Nature of Pharmacy or Wholesaler STE 110
The Medicine Shoppe Retail Pharmacy - 5801 Craig Dr. Unit A, Las Vegas, NV 89130
 Name and Address of Business for Which Designated Representative Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Anisco Jed Lester Bartolome
 Last Name First Name Middle Name

N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Kings Dominion Ct., Henderson, NV 89052
 Present Residence Address-Street or RFD City State/Zip

2011 E. Lake Mead Blvd., North Las Vegas, NV 89030 Dates 07/01/2020 - Present

Present Business Address City State/Zip

Pharmacist-In-Charge Dates 07/01/2020 - Present

Present Position with the Pharmacy or Wholesaler Phone: Residence [REDACTED]

[REDACTED] Mandaluyong City, Philippines Business (702) 649-1991
 Date of Birth Place of Birth (City, County, State)

26 [REDACTED] M
 Age Social Security Number Sex

Black Black Dark 160lbs Slim 6'0"
 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 [REDACTED] Date 05/26/2017

Place Las Vegas, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JL

MARITAL INFORMATION-Continued

A. **Current Marriage** N/A

Spouse's full name (Maiden) N/A ^{Date} N/A ^{City, County and State} N/A
 S.S. No. N/A

Date of Birth N/A Place of Birth N/A

Resident address N/A
 Street City State Zip

Telephone: Residence N/A Business N/A

Spouse's employer N/A Occupation N/A

Address of employer N/A
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				
<u>N/A</u>				
<u>N/A</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>N/A</u>			
<u>N/A</u>			
<u>N/A</u>			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial JLA

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Amador Anisco		Kings Dominion Ct., Henderson, NV 89052	Dialysis Patient Care Technician
Father			

Lalaine Bartolome		Kings Dominion Ct., Henderson, NV 89052	Registered Nurse
Mother			

N/A			
Father-in-Law			

N/A			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Jeremie Luis Anisco		Kings Dominion Ct., Henderson, NV 89052	Registered Nurse
Spouse			

N/A			
-----	--	--	--

Lian June Anisco		Kings Dominion Ct., Henderson, NV 89052	Student
Spouse			

N/A			
-----	--	--	--

N/A			
Spouse			

N/A			
-----	--	--	--

N/A			
Spouse			

N/A			
-----	--	--	--

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Colegio De La Purisima Concepcion	Roxas City, Philippines	2003-2009	Yes ☒ No ☐
High School Coronado High School	Henderson, NV	2009-2012	Yes ☒ No ☐
College University Nevada State College	Henderson, NV	2012-2015	Yes ☐ No ☒
Other Roseman University of Health Sciences	Henderson, NV	2015-2018	Yes ☒ No ☐

Type of degree obtained, if any Doctor of Pharmacy (Pharm D)College or university where obtained Roseman University of Health SciencesApplicant's initial JH

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Clark State NV Date registered 01/03/2012

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor-traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				
<u>N/A</u>				
<u>N/A</u>				

Applicant's initial JLA

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
07/2012 - Present	██████	Kings Dominion Ct., Henderson, NV 89052	
08/2009 - 07/2012	2305 W. Horizon Ridge Pkwy., Unit 3112,	Henderson, NV 89052	
05/2009 - 08/2009	1655 E. Sahara Ave., Apt. 1079,	Las Vegas, NV 89104	
05/2003 - 05/2009	Brqy Culasi, Roxas City, Capiz	5800, Philippines	
08/1993 - 05/2003	Unit 138, Bldg 1, Phase 1, Sikatuna Bliss,	Diliman, Quezon City, Philippines	
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

Applicant's initial JL

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.

09/2018 - Present	CVS Pharmacy - 8116 S. Las Vegas Blvd., Las Vegas, NV 89123	4000
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Pharmacist	Final check of prescriptions and perform patient consultations	Lauren Naft / Shanela Blas-Catacutan
Title	Description of Duties	Name of Supervisor
10/2015 - 9/2018	CVS Pharmacy - 2830 Bicentennial Pkwy., Henderson, NV 89052	1500
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Intern Pharmacist	Stock, prepare and verify prescriptions and medications	Marilu Caudal / Kyle Folk
Title	Description of Duties	Name of Supervisor
02/2015 - 10/2015	CVS Pharmacy - 2830 Bicentennial Pkwy., Henderson, NV 89052	600
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Tech-In-Training	Receive prescriptions and verify insurance	Marilu Caudal
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial JLA

Mark I. Sedar

From: Lanz, Luis J. <Luis.Lanz@quarles.com>
Sent: Tuesday, January 26, 2021 5:11 PM
To: Mark I. Sedar
Cc: Morris, Roger N.
Subject: RE: The Medicine Shoppe Pharmacies: Request for Temporary Permit [QBLLP-ACTIVE.FID41317955]

Mark, I just confirmed with Mr. Anisco that the employment dates for CVS Pharmacy – 2830 Bicentennial Pkwy., Henderson, NV are 10/2015 - 09/2018.

Please let me know if you have any additional questions or concerns. Thank you!

Luis

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Sent: Tuesday, January 26, 2021 5:38 PM
To: Lanz, Luis J. (PHX x3331) <Luis.Lanz@quarles.com>
Cc: Morris, Roger N. (PHX x3269) <Roger.Morris@quarles.com>
Subject: RE: The Medicine Shoppe Pharmacies: Request for Temporary Permit [QBLLP-ACTIVE.FID41317955]

The tech-in-trainee hours are counted, however the dates on the form that are confusing which would result in the hours not being accurate.

Mark Sedar
 Chief Operating Officer
 Nevada State Board of
 Pharmacy
 (775) 850-1440
msedar@pharmacy.nv.gov



[bing.com]

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: Lanz, Luis J. <Luis.Lanz@quarles.com>
Sent: Tuesday, January 26, 2021 4:24 PM
To: Mark I. Sedar <msedar@pharmacy.nv.gov>

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 Marilu Caudal	Home	████	Alder Center Dr., Apt. 16108, Henderson, NV 89052		██████████	5
Employer CVS	Business		2011 E. Lake Mead Blvd., N. Las Vegas, NV 89030		(702) 649-1991	
Name Glecille Salonga	Home	████	Duck Harbor Ave., North Las Vegas, NV 89031		██████████	5
Employer Honor Health	Business		10200 N. 92nd, Ste. 140, Scottsdale, AZ 85258		(480) 583-4000	
Name Isabel Ibanez	Home	████	Stone Valley Dr., Apt. 4203, Reno, NV 89523		██████████	5
Employer VA	Business		975 Kirman Ave., Reno, NV 89502		(844) 698-2311	
Name Aira Joy Canlapan	Home	████	Longshot Dr., Las Vegas, NV 89122		██████████	5
Employer VA	Business		6900 N. Pecos Rd., North Las Vegas, NV 89086		(702) 791-9000	
Name Christian Sy	Home	████	Stone Valley Dr., Apt. 4203, Reno, NV 89523		██████████	5
Employer Renown	Business		21 Locust St., Reno NV 89502		(775) 982-5000	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

N/A

Applicant's initial JLA

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 7/14/2020

Applicant's initial JLA

STATE OF NEVADA

ss.

COUNTY OF CLARK

I, JED LESTER BARTOLOME ANISCO, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby.

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

Jed Lester Bartolome Anisco
Original Signature of Applicant

Subscribed and Sworn to before me this 14 day of

JULY 2020 JED LESTER BARTOLOME ANISCO

Chris Manolidis
Notary Public

(seal)



Applicant's initial JLA

Applicant's initial JL4



No. [REDACTED]

DEPARTMENT OF HOMELAND SECURITY

NATIONALITY AND CITIZENSHIP

Personal description of holder
as of date of naturalization:

USCIS Registration No: A059824113

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

Date of birth: [REDACTED]

Sex: MALE

Height: 6 feet 0 inches

Marital status: SINGLE

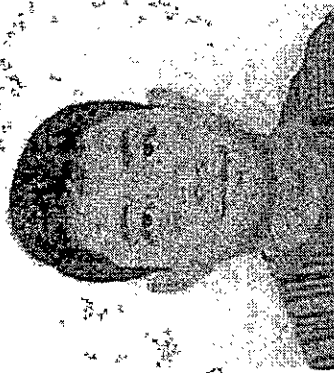
Country of former nationality: LAS VEGAS, NEVADA
PHILIPPINES

(Complete and true signature of holder)

Best known that pursuant to an application filed with the Secretary of
Homeland Security

The Secretary having found that:

JED LESTER BARTOLOME ANISCO
residing at: HENDERSON, NEVADA



having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

US DISTRICT COURT, DISTRICT OF NEVADA
at: LAS VEGAS, NEVADA on: MAY 26, 2017

such person is admitted as a citizen of the United States of America.

ALTERATION OR MISUSE OF THIS DOCUMENT
IS A FEDERAL OFFENSE AND PUNISHABLE BY LAW

James D. McConat

U. S. Citizenship and Immigration Services

DEPARTMENT OF HOMELAND SECURITY

13

RECEIVED

7-23-2020

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

- ☒ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
 Check box below for type of ownership and complete all required forms. **If LLC use Non Public Corporation or Partnership.
- ☐ Publicly Traded Corporation - Pages 1,2,3,10,11a&b ☐ Partnership - Pages 1,2,6,10,11a&b
☒ Non Publicly Traded Corporation - Pages 1,2,4,10,11a&b ☐ Sole Owner - Pages 1,2,8,10,11a&b

GENERAL INFORMATION to be completed by all types of ownershipPharmacy Name: The Medicine Shoppe LTC PharmacyPhysical Address: 5801 Craig Dr., Ste. 130City: Las Vegas, NV State: Zip Code: 89130 Telephone: (702) 268-8808Fax: (702) 268-8848 Toll Free Number: N/AE-mail: 2169@medicineshoppe.comWebsite: www.medicineshoppe.comManaging Pharmacist: Lacie Taketa License Number: 20359**TYPE OF PHARMACY AND****SERVICES PROVIDED**

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Mariana A. S.

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

Mariana Tadros

Print Name of Authorized Person

7/17/2020

Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: NevadaParent Company if any: N/AMailing Address: 11027 Sardinia Sands Dr.City: Las Vegas State: NV Zip: 89141Telephone: (702) 268-8808 Fax: (702) 268-8848Contact Person: Mariana Tadros

For any corporation non publicly traded, disclose the following:

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

a) Mariana Tadros - [REDACTED] Spyglass Dr., Corona, CA 92883

Name

Business Address

b) Wael Anwar - [REDACTED] Lion St., Rancho Cucamonga, CA 91730

Name

Business Address

c) Chad Valencia - [REDACTED] Sardinia, Las Vegas NV 89141

Name

Business Address

d) N/A

Name

Business Address

2) Provide the number of shares issued by the corporation. 5,0003) What was the price paid per share? \$0.00

List any physician shareholders and percentage of ownership.

Name: N/A %: N/AName: N/A %: N/A**Hours of Operation for the pharmacy:**Monday thru Friday 09:00 am 09:00 pmSaturday N/A am N/A pmSunday N/A am N/A pm24 Hours N/AA Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: NV20191561333

Include with the application for a non publicly traded corporation continued

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

List of officers and directors

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, Mariana Tadros

Responsible Person of The Medicine Shoppe LTC 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.

Mariana AS

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

Mariana Tadros

Print Name of Authorized Person

7/17/2020

Date

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Riverside)

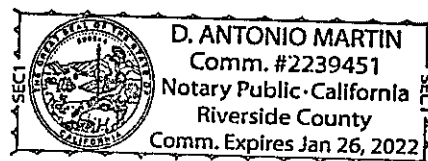
On July 17, 2020 before me, D. Antonio Martin Notary Public
(insert name and title of the officer)

personally appeared Mariana Tadros,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they executed the same in
his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the
person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing
paragraph is true and correct.

WITNESS my hand and official seal.

Signature D. Antonio Martin (Seal)



Managing Pharmacist

Pharmacist Name: Jed Lester AniscoLicense #: 19983Pharmacy Name: The Medicine Shoppe LTC 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.



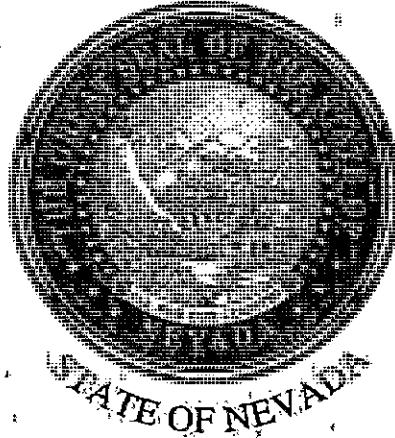
Signature

April 5, 2021

Date

NAME OF STOCKHOLDER	PLACE OF RESIDENCE	TIME BECAME OWNER	CERTIFICATES ISSUED		FROM WHOM SHARES WERE TRANSFERRED (If Original Issue Enter As Such)	AMOUNT PAID THEREON	DATE OF TRANSFER OF SHARES	TO WHOM SHARES ARE TRANSFERRED	CERTIFICATES SURRENDERED	
			CERTIF. NOS.	NO. SHARES					CERTIF. NOS.	NO. SHARES
Mariana Tadros	██████████ Spyglass Dr. Corona, CA 92883	9/6/19	1	2000	Original					
Wael Anwar	██████████ Lion Street Rancho Cucamonga CA 91730	9/6/19	2	2000	Original					
Arturo I. Valencia	██████████ Sardinia Sands Dr., Las Vegas, NV 89141	9/6/19	3	1000	Original		07/15/20	Chad Valencia	3	1000
Chad Valencia	██████████ Sardinia Sands Dr. Las Vegas, NV 89141	07/15/20	4	1000	Arturo Valencia	\$1.00				

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, Barbara K. Cegavske, the duly qualified and elected Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporations sole, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada standing Revised Statutes which are either presently in a status of good standing or were in good for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ALLIED HEALTH CARE SOLUTIONS, INC.**, as a DOMESTIC CORPORATION (78) duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 08/26/2019, and is in good standing in this state.

I further certify that the above DOMESTIC CORPORATION (78) has its formation document and no amendments on file in this office as of the date of this certificate.

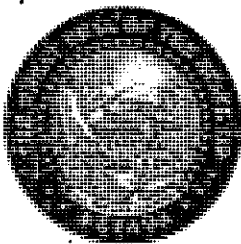
IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/29/2020.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B20200629891248

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



List of officers and directors

President	Mariana Tadros
Secretary	Mariana Tadros
Treasurer	Mariana Tadros
Director	Mariana Tadros

Date 7/17/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
 Nature of License STE. 130
The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr. Unit B, Las Vegas, NV 89130
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tadros Mariana Awni Al Fakhouri
 Last Name First Name Middle Name
Maiden name: "Mariana Alfakhouri"
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

██████████ Spyglass Dr., Corona, CA 92833
 Present Residence Address-Street or RFD City State/Zip

9194 Magnolia Ave., Riverside, CA 92503 Dates 04/2015 - Present
 Present Business Address City State/Zip

Administration/Manager Dates 04/2018 - Present
 Occupation

Phone:
 Residence ██████████
 Business (951) 977-8667

██████████ Al Salt, Amman, Jordan
 Date of Birth Place of Birth (City, County, State)

33 ██████████ Female
 Age Social Security Number Sex

Brown Black Light 119lbs Slim 5'4"
 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 10/14/2015

Place Los Angeles, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial M.T

A. **Current Marriage** 11/10/2013 Pasadena, Los Angeles, CA
Date City, County and State
 Spouse's full name (Maiden) Michael Tadros [REDACTED]
S.S. No.
 Date of Birth [REDACTED] Place of Birth Cairo, Egypt
 Resident address [REDACTED] Spyglass Dr., Corona, CA 92833
Street City State Zip
 Telephone: Residence [REDACTED] Business (909) 542-9365
 Spouse's employer The Medicine Shoppe Occupation Pharmacist / Pharmacy Owner
 Address of employer 9675 Monte Vista Ave., Ste. A, Montclair, CA 91763
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Edward Tadros	[REDACTED]	Newport Beach, CA	[REDACTED] Spyglass Dr., Corona, CA 92833
Ethan Tadros	[REDACTED]	Newport Beach, CA	[REDACTED] Spyglass Dr., Corona, CA 92833
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's Initial MT

FAMILY INFORMATION-Continued

2060

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
Awni Alfakhouri Father		Spyglass Dr., Corona, CA 92833	Clerk
Raghda Alfakhouri Mother		Spyglass Dr., Corona, CA 92833	Home maker
Edward Tadros (deceased) Father-in-Law		Cairo Egypt	Teacher
Nariman Hanna Mother-in-Law		Spyglass Dr., Corona, CA 92833	Teacher

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Hisham Alfakhouri Spouse		Alsalt, Jordan	Sales Representative
Rita Dawoud Spouse		Alsalt, Jordan	Medical Assistant
Hussam Alfakhouri Spouse		Alsalt, Jordan	Sales Representative
Mera Fakhoury Spouse		Alsalt, Jordan	Preschool Principle
N/A Spouse			
N/A Spouse			
N/A Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School N/A	N/A	N/A	Yes ☐ No ☐
High School Granite Hills	Apple Valley, CA	2002 - 2004	Yes ☒ No ☐
College University La Sierra University	Riverside, CA	2007 - 2010	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Biology

College or university where obtained La Sierra University

Applicant's initial M.T

5 MILITARY INFORMATION:

2061

- A. Have you ever served in any armed forces? Yes
- ☐
- No
- ☒

Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes
- ☐
- No
- ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

- A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes
- ☐
- No
- ☒
- If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

- B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				
<u>N/A</u>				
<u>N/A</u>				

Applicant's initial M.T.

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
04/2015 - Present	████████ Spyglass Dr.,	Corona, CA	92883
09/2013 - 03/2015	2494 Dakin Dr.,	Corona, CA	92882
04/2008 - 09/2013	7024 Miami St.,	Riverside, CA	92506
05/2002 - 04/2008	16421 Apple Valley Rd., #4,	Apply Valley, CA	92307
07/1995 - 05/2002	Alsalt, Jordan		
N/A			
N/A			
N/A			
N/A			
N/A			
N/A			

Applicant's Initial M-T

8. EMPLOYMENT:

2063

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.

04/2018 - Present	The Medicine Shoppe - 9194 Magnolia Ave., Riverside, CA 92503	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Administration and Management	Self
Title	Description of Duties	Name of Supervisor
06/2015 - 04/2018	The Medicine Shoppe - 10237 Magnolia Ave., Riverside, CA 92503	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Human Resources Associate	Assist with employee training, relations, benefits, compensation	Michael Tadros
Title	Description of Duties	Name of Supervisor
12/2013 -	Allergan - 2525 Dupont Dr, Irvine, CA 92612	Laid off
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettais
Title	Description of Duties	Name of Supervisor
07/2013 - 12/2013	Adecco Medical Sciences - 2525 Dupont Dr, Irvine, CA 92612	Hired at Allergan
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Compounding Management Associate	Compound inventory, preparation, and data entry	Nady Mettais
Title	Description of Duties	Name of Supervisor
09/2010 - 08/2012	LLVare - 710 Brookside Ave, Redlands, CA 92373	Personal Reasons
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Research Technician	Isolation of RNA & DNA, measurements of mRNA & pre-mRNA	Yossouf Amaar
Title	Description of Duties	Name of Supervisor
01/2009 - 06/2010	La Sierra University - 4500 Riverwalk Pkwy, Riverside, CA 92505	Contract Ended
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Teacher Assistant	Assistance in office & lab classes for Physics & Biology	Eugene Joseph
Title	Description of Duties	Name of Supervisor
10/2004 - 01/2009	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial M.T

9. CHARACTER REFERENCES:

2064

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 Rindala Obeid	Home	Loma Linda, CA	92354			12
Employer Kaiser	Business	9961 Sierra Ave, Fontana, CA	92335		(833) 574-2273	
Name Miriam Nagoulat	Home	San Bernardino, CA	92346			13
Employer Loma Linda University	Business	25455 Barton Rd., Loma Linda, CA	92354		(909) 558-4000	
Name Uyan Azia	Home	Eastvale, CA	92880			11
Employer Riverside University Health System	Business	4065 County Circle Dr., Riverside, CA	92503		(951) 358-5000	
Name Dina Wasef	Home	Corona, CA	92882			11
Employer Kaiser	Business	10800 Magnolia Ave, Riverside, CA	92505		(833) 574-2273	
Name Hamsa Azar	Home	Upland, CA	91784			10
Employer Kaiser	Business	Sierra Ave, Fontana, CA	92335		(833) 574-2273	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Liquor - Irvine, CA - 2019

N/A

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

(Pharmacy; 04/2018 - Present; The Medicine Shoppe; 9194 Magnolia Ave., Riverside, CA 92503; California State Board of Pharmacy)

(Pharmacy; 02/2019 - Present; The Medicine Shoppe; 31946 Mission Trl., Ste. A-1, Lake Elsinore, CA 92530; California State Board of Pharmacy)

Partner - Fady Mosaad - 3100 Van Buren Blvd., #924, Riverside, CA 92503)

(Restaurant; 11/2014 - Present ; Cafe 350 - 350 Commerce, Unit 150, Irvine, CA 92602

Partner - Gerges 704 Pointe Vista Ln., Corona, CA 92881)

Applicant's initial M.T

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 ☐

A1



Date of photograph 7/2/2020

Applicant's initial M.T

COUNTY OF Riverside

I, Mariana Tadros, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

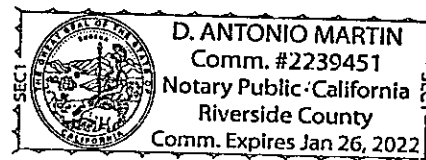
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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

Mariana A. Tadros
Original Signature of Applicant

Subscribed and Sworn to before me this 17 day of

July 2020
D. Antonio Martin
Notary Public

(seal)



3/1

Applicant's initial M-T
Page 9

N/A

UNITED STATES DEPARTMENT OF JUSTICE

CHIEF OF POLICE



UNITED STATES DEPARTMENT OF JUSTICE

No. [REDACTED]

Department of Justice, Office of the Chief of Police

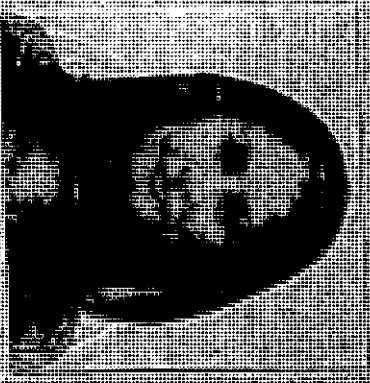
Office of the Chief of Police

Office of the Chief of Police

Office of the Chief of Police

Office of the Chief of Police

Office of the Chief of Police



Office of the Chief of Police

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Office of the Chief of Police

Office of the Chief of Police

Office of the Chief of Police

Office of the Chief of Police

Date 07/16/2020

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
 Nature of License STE. 130
The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr., Unit B, Las Vegas, NV 89130
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Anwar Wael Nabil
 Last Name First Name Middle Name
N/A

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

██████████ Lion St., Rancho Cucamonga, CA 91730
 Present Residence Address-Street or RFD City State/Zip

1 World Way, Los Angeles, CA 90045 Dates 09/2012 - Present
 Present Business Address City State/Zip

Flight Attendant Dates 06/2001 - Present
 Occupation

Phone:
 Residence ██████████
 Business (800) 693-3582

██████████ Cairo, Egypt
 Date of Birth Place of Birth (City, County, State)

43 ██████████ Male
 Age Social Security Number Sex

Brown Black Light 185lbs 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 07/22/2005

Place Pomona, CA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial WA

A. **Current Marriage** 05/21/2006 Mississauga, ON, Canada
Date City, County and State
 Spouse's full name (Maiden) Maria F. Kozman [REDACTED]
S.S. No.
 Date of Birth [REDACTED] Place of Birth Cairo, Egypt
 Resident address [REDACTED] Lion St., Rancho Cucamonga, CA 91730
Street City State Zip
 Telephone: Residence [REDACTED] Business N/A
 Spouse's employer Self Occupation Homemaker
 Address of employer [REDACTED] Lion St., Rancho Cucamonga, CA 91730
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
Paul Anwar	[REDACTED]	Glendora, CA	[REDACTED] Lion St., Rancho Cucamonga, CA 91730
Mina Anwar	[REDACTED]	Glendora, CA	[REDACTED] Lion St., Rancho Cucamonga, CA 91730
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial WA

FAMILY INFORMATION-Continued

2071

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
Nabil Awad Father		Archiblad Ave., Rancho Cucamonga, CA 91701	Manager
Zeizaf Ibrahim Mother		Archiblad Ave., Rancho Cucamonga, CA 91701	Home Maker
Fayez Mousa Kozman Father-in-Law		Mohamad Abdalla St., Cairo, Egypt	Public Relations Manager
Kamilia Abdelsayed Mother-in-Law		Lion St., Rancho Cucamonga, CA 91730	Home Maker

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Sameh Awad Spouse		Elder Eastwood Ave., Orange, CA 92689	Business Owner
Maria Botrous		Elder Eastwood Ave., Orange, CA 92689	Home Maker
N/A Spouse			
N/A Spouse			
N/A Spouse			
N/A Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School College Patriarcal	Egypt	1981-1990	Yes ☒ No ☐
High School College De La Salle	Egypt	1990 - 1993	Yes ☒ No ☐
College University Helwan University	Egypt	1994 - 1998	Yes ☒ No ☐
Other N/A			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science - Commerence & Business Administration

College or university where obtained Helwan University

Applicant's initial WA

5 MILITARY INFORMATION:

2072

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>N/A</u>				
<u>N/A</u>				
<u>N/A</u>				

Applicant's initial WA Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
09/2012 - Present	██████ Lion St.,	Rancho Cucamonga,	CA 91730
01/2007 - 08/2012	8837 Grove Ave., #1403,	Rancho Cucamonga,	CA 91730
02/2005 - 12/2006	8722 Lomita Dr., #B,	Alta Loma,	CA 91701
02/2003 - 01/2005	10040 Placer St., #D,	Rancho Cucamonga,	CA 91730
06/2002 - 01/2003	271 Brevoort St.,	Kew Gardens,	NY 11415
01/2002 - 05/2002	83-33 118th St.,	Kew Gardens,	NY 11415
04/2001 - 12/2001	83-09 Talbot St., #PH-6E,	Kew Gardens,	NY 11415
01/2001 - 03/2001	9427 Cameron Ave.,	Rancho Cucamonga,	CA 91729
01/2000 - 12/2000	3730 Pacific Ave.,	Riverside,	CA 92509
10/1999 - 12/1999	1010 W. Badillo St.,	West Covina,	CA 91790
12/1994 - 09/1999	13 Kaitbay St.,	Heliopolis,	Cairo, Egypt

Applicant's initial WA

8. EMPLOYMENT:

2074

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.

06/2001 - Present	Delta Airlines - 1 World Way, Los Angeles, CA 90045	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Flight Attendant	Guide and assist the safety and comfort of passengers	Jesse Rhodes
Title	Description of Duties	Name of Supervisor
12/2010 - Present	Miracle Medical Industries, Inc. - 1701 S. Vineyard Ave., #E, Ontario, CA 91761	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Importing and Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
09/2013 - 12/2014	Delicare Medical Supplies - 2132 S. Grove Ave., #6, Ontario, CA 91761	Closure of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President	Distribution of Medical Supplies	Self
Title	Description of Duties	Name of Supervisor
03/2005 - 12/2010	Valero - 01 W. 6th St., Corona, CA 92882	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2003 - 02/2005	Valero - 5700 Atlantic Blvd., Maywood, CA 90270	Sale of Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
President/Officer	Manage, own, and operate gas station	Self
Title	Description of Duties	Name of Supervisor
01/2000 - 05/2001	Mobil - 6824 Valley Way, Riverside, CA 92509	Hired at Delta Airlines
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Manager	Managing employees and daily operations	Nagy Attalla
Title	Description of Duties	Name of Supervisor
06-1999 - 09/1999	Delta Bank - 1191 Kornich El Nile, Downtown, Cairo, Egypt.	Immigrated to USA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Accountant	Process letter of credits to receive and send internationally	Tarek
Title	Description of Duties	Name of Supervisor
08/1998 - 05-1999	N/A	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Unemployed		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial WA

9. CHARACTER REFERENCES:

2075

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 Adel Ebeid	Home	Church St., Apt 106,	Rancho Cucamonga	CA 91730		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Ramy Barsoum	Home	Shelby P., Apt 136	Rancho Cucamonga,	CA 91739		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Philip Youssef	Home	Melbourne Pl.,	Riverside	CA 92508		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Marianna Tadros	Home	Spyglass Dr.,	Corona,	CA 92883		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		
Name Michael Tadros	Home	Spyglass Dr.,	Corona,	CA 92883		5
Employer The Medicine Shoppe	Business	9194 Magnolia ave	Riverside	CA, 92503		

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A
N/A
N/A

12. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A
N/A
N/A

Applicant's initial WA

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 ☒ 2076

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 06/20/20

Applicant's initial WA

STATE OF California

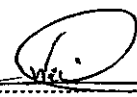
SS.

2077

COUNTY OF San Bernardino

I, WAEEL N. ANWAR, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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


Original Signature of Applicant

Subscribed and Sworn to before me this _____ day of

Notary Public

(seal)

See Attached
Notarial Certificate

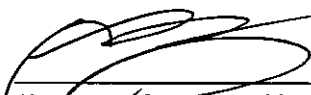
Applicant's initial WA
Page 9

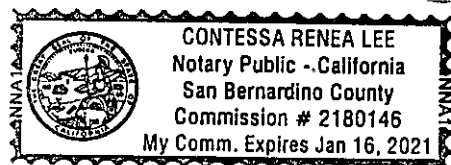
CALIFORNIA JURAT
(CALIFORNIA GOVERNMENT CODE § 8202)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA
COUNTY OF San Bernardino

Subscribed and sworn to (or affirmed) before me on this 16 day of July, 2020,
by Wael Nabil Anwar, proved to me on the basis of
(Name of Signer(s))
satisfactory evidence to be the person(s) who appeared before me.


Signature of Notary Public



(Notary Seal)

ADDITIONAL OPTIONAL INFORMATION

Description of Attached Document

Title or Type of Document: Personal History Document Date: 7/16/2020
Number of Pages: 10 Signer(s) Other Than Named Above: N/A
Additional Information: N/A

N/A

UNITED STATES OF AMERICA

OBTAINED FROM THE

NATURALIZATION SERVICE

No. [REDACTED]

CIS Registration No.

A046835842

Personal description of holder
as of date of naturalization:

Date of birth: [REDACTED]

Sex: **MALE**Height: **5 feet 7 inches**Marital status: **SINGLE**

Country of former nationality:

EGYPT

I certify that the description given is true, and that the photograph affixed hereto is a likeness of me.

(Complete and true signature of holder)

It is known that, pursuant to an application filed with the Secretary of Homeland Security

at **LOS ANGELES, CALIFORNIA**

The Secretary having found that:

WAEI NABIL ANWAR

then residing in the United States, intends to reside in the United States when so required by the Naturalization laws of the United States, and had in all other respects complied with the applicable provisions of such naturalization laws and was entitled to be admitted to citizenship, such person having taken the oath of allegiance in accordance with the

US DISTRICT COURT CENTRAL DISTRICT

at **POMONA, CALIFORNIA**

on:

JULY 22, 2005

that such person is admitted as a citizen of the United States of America.

Michael J. Smith

Director, U. S. Citizenship and Immigration Services

IT IS PUNISHABLE BY U. S. LAW TO COPY,
PRINT OR PHOTOGRAPH THIS CERTIFICATE,
WITHOUT LAWFUL AUTHORITY.

DEPARTMENT OF HOMELAND SECURITY

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 07-16-2020

GENERAL INSTRUCTIONS

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All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Pharmacy
 Nature of License STE 130
The Medicine Shoppe LTC Pharmacy - 5801 Craig Dr. Unit B, Las Vegas, NV 89130
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Valencia Chad Alexander
 Last Name First Name Middle Name
N/A
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Sardinia Sands Dr., Las Vegas, NV 89141
 Present Residence Address-Street or RFD City State/Zip

6432 Beckman Glen Ct., Las Vegas, NV 89141 Dates 10/2019 - Present
 Present Business Address City State/Zip

Data Analyst/Scientist, Consultant Dates 10/2019 - Present
 Occupation

Whitter, Los Angeles, CA
 Date of Birth Place of Birth (City, County, State)
37 Male
 Age Sex

37 Male
 Age Sex

Brown Black Tan 220lbs Large 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 Cv

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 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
N/A				
N/A				
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
N/A					
N/A					
N/A					

3. FAMILY INFORMATION:**A. Children and Dependents:**List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
N/A			
N/A			
N/A			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SV

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Arturo Valencia Father		Sardinia Sands Dr., Las Vegas, NV 89141	Business Development

Cristina Enrile Mother		Sardinia Sands Dr., Las Vegas, NV 89141	Accountant
----------------------------------	--	---	------------

N/A

Father-in-Law

N/A

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Robert Valencia Spouse		Sardinia Sands Dr., Las Vegas, NV 89141	Teacher

N/AN/A

Spouse

N/AN/A

Spouse

N/AN/A

Spouse

N/A**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School GSE / Suzanne Middle School	Walnut, CA	09/1991 - 06/1996	Yes ☒ No ☐
High School Walnut High School	Walnut, CA	09/1997 - 06/2000	Yes ☒ No ☐
College University UCLA	Los Angeles, CA	09/2000 - 06/2003	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any Bachelor's of Science, Mathematics-EconomicsCollege or university where obtained University of California, Los AngelesApplicant's initial CV

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge N/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					
<u>N/A</u>					
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☒ No ☐ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>Art Valencia</u>	<u>Father</u>	<u>Immigration Fraud</u>	<u>Los Angeles, CA</u>	<u>2008</u>

N/AN/AApplicant's initial h

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				
N/A				
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		
N/A		
N/A		
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
10/2019 - Present	██████████	Sardinia Sands Dr., Las Vegas, NV	89141
09/2018 - 10/2019	39-20 52nd St., Apr. 3F,	Woodside, NY	11377
03/2013 - 09/2018	4657 Laurel Ridge Dr.,	Riverside, CA	92509
09/2012 - 03/2013	11027 Sardinia Sands Dr.,	Las Vegas, NV	89141
09/2009 - 09/2012	6432 Beckman Glen Ct.,	Las Vegas, NV	89141
01/2007 - 09/2009	4657 Laurel Ridge Dr.,	Riverside, CA	92509
09/2005 - 01/2007	39-20 52nd St., Apr. 3F,	Woodside, NY	11377
06/2003 - 09/2005	304 Muirfield Ln.,	Walnut, CA	91789
06/2002 - 06/2003	535 Gayley Ave.,	Los Angeles, CA	90024
09/2000 - 06/2002	350 De Neve Dr.,	Los Angeles, CA	90024
12/1994 - 09/2000	304 Muirfield Ln.,	Walnut, CA	91789

Applicant's initial *CW*

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.

05/2019 - 12/2019	Noble Desktop - 185 Madison Ave., New York, NY 10016	Moved to Las Vegas
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Zach Cohen
Title	Description of Duties	Name of Supervisor
05/2018 - 05/2019	Codecademy - 575 Broadway, New York, NY 10012	Moved to New York
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Instructor	Taught data science courses	Tracy Teague
Title	Description of Duties	Name of Supervisor
10/2017 - Present	Freelance Data Scientist	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Data Scientist	Independent Data Projects	Self
Title	Description of Duties	Name of Supervisor
10/2004 - 09/2017	Owl Homecare Pharmacy - 13851 Garvey Ave Suite A Baldwin Park, CA 91706	Business Closure
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Analyst	Billing Analysis and Consulting	Cristina Valencia
Title	Description of Duties	Name of Supervisor
10/2001 - 10/2004	Unemployed	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A	N/A	N/A
Title	Description of Duties	Name of Supervisor
10/2000 - 10/2001	UCLA Access Control - 330 De Neve Dr. Los Angeles, California 90024	Focus on graduating
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Volunteer	Access Monitor Security for Drooms	Junji Toshima
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial

CV

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 Jane Lagunilla	Home	White Sands Way,	Arverne, NY	11692		15
Employer Memorial Sloan Kettering	Business	16 E. 60th St.,	New York, NY	10022	(646) 888-6001	
Name Theresa Francisco	Home	White Sands Way,	Arverne, NY	11692		30
Employer Retired	Business	N/A				
Name Tony Chou	Home	Walnut Canyon Rd.,	Walnut, CA	91789		25
Employer LA-USC	Business	2051 Marengo St.,	Los Angeles, CA	90033	(323) 409-1000	
Name David Aure	Home	Scotch Pine Ridge,	Yorba Linda, CA	92886		25
Employer Realtor	Business	5885 Scotch Pine Ridge,	Yorba Linda, CA	92886	(714) 944-2933	
Name Brandon Nichols	Home	Overland St.,	Riverside, CA	92503		10
Employer Self-Employed	Business	3822 Overland St.,	Riverside, CA	92503	(951) 999-0339	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
N/A			
N/A			
N/A			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

N/A

N/A

N/A

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

N/A

N/A

N/A

Applicant's initial

ay

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH



Date of photograph 07-16-2020

Applicant's initial CW

STATE OF Nevada

SS.

COUNTY OF Clark

I, Chad Valencia, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant ☒ has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent, ☐ and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

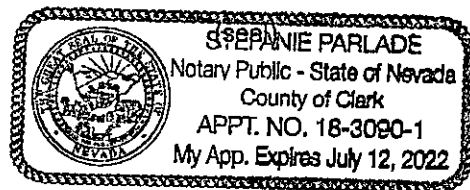
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their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



Original Signature of Applicant

Subscribed and Sworn to before me this 16th day ofJuly 2020


Notary Public

Applicant's initial C

ADDITIONAL INFORMATION

N/A

Form with horizontal lines for additional information.

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE
for a Pharmacy or Wholesaler located in Nevada

2091

Date April 5, 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 hereon is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Designated Representative for The Medicine Shoppe
Nature of Pharmacy or Wholesaler
The Medicine Shoppe 5801 W. Craig Rd. #130 Las Vegas, NV 89130
Name and Address of Business for Which Designated Representative Is Requested
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Taketa Lucie Keiko
Last Name First Name Middle Name
N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
E Starr Ave. #185 Las Vegas NV / 89183
Present Residence Address-Street or RFD City State/Zip
N/A
Present Business Address Dates City State/Zip
N/A
Present Position with the Pharmacy or Wholesaler Phone:
Residence
Business N/A
 Hilo, Hawaii, HI
Date of Birth Place of Birth (City, County, State)
33 Female
Age Social Security Number or ITIN Sex
Dark brown Dark brown Fair 120 lbs. Normal 5'1"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Back & ankle tattoo

Are you a citizen of the United States? ☒ Yes ☐ No ☐ If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

☒ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged

Applicant's initial UT

FAMILY INFORMATION-Continued

2092

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	Lance Taketa	[REDACTED]	Manana St. #102 Hilo, HI 96720	VP Real Estate Appraiser
Mother	Lisa Toyofuku	[REDACTED]	Iwawani St. Hilo, HI 96720	Court Clerk to Judge Greg K. Nakamura
Father-in-Law	N/A			
Mother-in-Law	N/A			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

	Name (Maiden)	Birth Date	Address	Occupation
Spouse	Landon Taketa (brother)	[REDACTED]	Kanunu St. #1519 Honolulu, HI 96814	Ford Safety Specialist
Spouse	N/A			
Spouse	Lyndee Taketa (sister)	[REDACTED]	Spreckels Lane Redondo Beach, CA 90278	Psychologist
Spouse	Daniel Mendoza-Corner	[REDACTED]	" "	Personal Trainer Event Promotor
Spouse				
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Waikanaewa/Waikana Intermediate	Hilo, HI	1994-2002	☒ Yes ☐ No
High School	Waikana High School	Hilo, HI	2002-2006	☒ Yes ☐ No
College University	University of Hawaii at Hilo	Hilo, HI	2006-2012	☒ Yes ☐ No
Other	Roseman University of Health Sciences College of Pharmacy	Henderson, NV	2016-2019	☒ Yes ☐ No

Type of degree obtained, if any Bachelor of Arts in Biology, Doctor of Pharmacy

College or university where obtained University of Hawaii at Hilo, Roseman University of Health Sciences, College of Pharmacy

Applicant's initial LT

- 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
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N/A

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
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March 1988 - Feb 2016	563 Ivalani St.	Hilo	HI
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Feb 2016 - Sept. 2020	1290 W. Horizon Ridge Pkwy #2427 Henderson		NV
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Sept. 2020 - Present	██████ E Starr Ave #185	Las Vegas	NV
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Applicant's initial VT

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
May 2017	Walgreens Pharmacy 4300 W. Sahara Ave, Las Vegas, NV 89117	160 hours
Title	Description of Duties	Name of Supervisor
Intern Pharmacist	Took in new prescription orders, blood pressure screenings, administered immunizations, assisted with inventory	Monna Valle
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Oct. 2016	CVS Pharmacy 7265 N. Aliante Pkwy, North Las Vegas, NV 89084	136 hours
Title	Description of Duties	Name of Supervisor
Intern Pharmacist	Processed, filled, & transferred prescriptions, follow up doctor or patient phone calls.	Jessica Lochner
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
July 2016	Smith's Food & Drug Pharmacy 10616 S. Eastern Ave, Henderson, NV 89052	~ 2500 hours
Title	Description of Duties	Name of Supervisor
Tech in training/Intern	Administered immunizations, patient counseling, transferred & took in new prescriptions	Star Rusario
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Feb. 2013	CVS Pharmacy 555 Kilauea Ave, Hilo, HI 96720	~ 4160 hours
Title	Description of Duties	Name of Supervisor
Pharmacy Technician	Processed & filled prescription orders, trained new employees, assisted in inventory control	Ann Togashi
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 VT

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 April 8, 2021

Applicant's initial UT

I was involved in a traffic accident on Aug. 15, 2010. Based on the arresting officer's initial suspicion, an investigation for Negligent Injury 2nd was initiated, however, I was never charged thereafter.

On March 30, 2016, I completed and mailed an application to the Hawaii Criminal Justice Data Center, Department of the Attorney General, Expungement Section.

I have attached a copy of the Hawaii Criminal Justice Data Center Criminal background check indicating no conviction.

Applicant's initial

U

Page 10

eCrim Certified Record

Data Generated: 03/30/2016

Validation Code: RH4HzCP1yEbw.l

<https://ecrim.ehawaii.gov/ahewa/validate.do>

Search Criteria: Last Name = TAKETA, First Name = LACIE, Soc Sec No = ***-**-6226, Date of Birth = **/**/1988, Sex = Female

No Criminal Convictions Found.

* IMPORTANT: The information furnished is based upon the descriptive information you have provided. Therefore it is your responsibility to carefully verify the information returned and match it against your search criteria. Furthermore, the search is limited to conviction data and data relating to cases in which the defendant is acquitted, or charges are dismissed, by reason of physical or mental disease, disorder or defect, under chapter 704, HRS, as maintained by the Hawaii Criminal Justice Data Center and does not include data maintained by the FBI or other states.

Because the criminal history records are constantly being updated, a new criminal history record check should be obtained for each subsequent use. Every effort is made to insure the accuracy of this information. Any disputes should be addressed separately with the Hawaii Criminal Justice Data Center.

This eCrim record has a unique validation number located on the top of the report. Records can be validated for up to sixty days from the date of purchase by visiting (free of charge) the validation service (<https://ecrim.ehawaii.gov/ahewa/validate.do>) and enter the validation number in the appropriate box.

14

14A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

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

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: Allivet

Physical Address: 9882 East 121st Street Fishers IN 46037

Mailing Address: 14540 NW 60th AVE

City: Miami Lakes State: Florida Zip Code: 33014

Telephone: 877-500-9944 Fax: 877-500-9955

Toll Free Number: 877-500-9944 (Required per NAC 639.708)

E-mail: lriera@allivet.com Website: www.allivet.com

Managing Pharmacist: Mitchell A Manor License Number: 26027021A

Stuart Tolman

18916 - Nevada

TYPE OF PHARMACY AND SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Peter Bat

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

Peter Batushansky

Print Name of Authorized Person

05/01/2021
Date

Page 2

Board Use Only

Date Processed: _____

Amount: *check # 1193713151*

processed 7/1/21

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Florida

Parent Company if any: Agropec Trading LLC

Mailing Address: 14540 NW 60th AVE

City: Miami Lakes State: Florida Zip: 33014

Telephone: 305-999-5738 Fax: 877-500-9955

Contact Person: Luis A Riera

For any corporation non publicly traded, disclose the following:

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

a) Peter Batushansky ██████████ Brickell AVE ██████████ Miami FL 33131
Name Address

b) Khaled Abdalla SW 12th AVE Ft. laurerdale FL 33312
Name Address

c) _____

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

d) _____

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

- 2) Provide the number of shares issued by the corporation. _____

- 3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %:

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 05:00 pm

Saturday 09:00 am 02:00 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: _____

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: Allivet Inc.
 Business Name: Allivet
 Current Business Address: 14540 NW 60th AVE
 City: Miami Lakes State: Florida Zip Code: 33014
 Telephone: 877-500-9944 Fax: 877-500-9955

List any physician shareholders and percentage of ownership.

Name: N/A %: _____
 Name: _____ %: _____
 Name: _____ %: _____
 Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday 09:00 am 05:00 pm Saturday 09:00 am 02:00 pm
 Sunday Closed am _____ pm 24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Peter Batushansky

Responsible Person of Allivet

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.

Peter Bat

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

Peter Batushansky

Print Name of Authorized Person

05/01/2021

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Florida)
Miami Dade) ss.
COUNTY)

I, Mitchell A Manor, 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 Allivet (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.

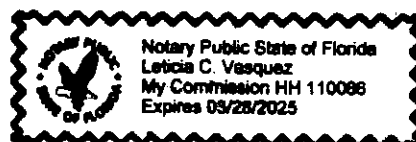
4. I certify that if the Pharmacy ever decides to sell or ship any compounded sterile product into Nevada, the Pharmacy, through an authorized representative, will first notify the Board and obtain written approval to sell and ship such products into Nevada.

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, Mitchell A Manor, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

[Signature]
Name



SUBSCRIBED AND SWORN TO
before me, a notary public this
01 day of May, 2022.
[Signature]
NOTARY PUBLIC



June 16th, 2021

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy
Suite 206
Reno, NV 89521
Att: Maria Herrera
Licensing Specialist

Dear Nevada Board of Pharmacy

Ms. Herrera

Attached you will find the documents that were missing on our application for licensing for Out-of-State Pharmacy.

We would like to indicate that Allivet, is solely a farm and companion animal pharmacy which does not compound nor dispenses controlled substances nor drugs needing DEA permits.

We would also like to indicate that our web site www.allivet.com is part of the NABP .Pharmacy Verified Website Program and our Miami Lakes FL facility is a Verified Pharmacy through the NABP VPP program.

Please do accept our apologies for the missing documentation and consider these to complete our licensing process.

Do not hesitate in contacting me should you need any additional information.

Best regards

Sincerely

Luis A Riera
Compliance Analyst
Phone: 305-999-5738
Email: lreria@allivet.com

Policy and Procedures for Nevada Application

a) Normal delivery Protocols and times:

All approved prescription items will be delivered using the method of shipment chosen by the customer. All cold ship items are shipped next day air using UPS Next Day Air.

Pharmacy will also be equipped with refrigerator used to store temperature sensitive products like insulin or other products requiring refrigeration.

- In the event that that pharmacy refrigerator fails, all refrigerated items will be transported to the warehouse refrigeration unit and categorized into a separate section until the necessary repairs are made or a replacement unit is installed.
- In the event that electric power is cut off for any length of time that will hinder the storage of temperature restricted products, a gas generator will be used to power the refrigeration units and, if needed, specified air control (AC) areas of the pharmacy and/or warehouse.
- All products requiring refrigeration will be shipped by express overnight service, and packed in an insulated Styrofoam box, with minimum of 3 lbs of ice packs, to insure the safe arrival of the temperature sensitive medications.
- Any product compromised during the shipping process, as deemed by the PIC after being made aware by the customer, will be replaced for the customer and a return label will be provided so that the damaged product is returned.

b, c, d) Shipment delay

Delay in shipment due to stock issues

- If the shipment of the prescription item is delayed beyond normal delivery times due to lack of stock or backorder, the customer is immediately informed of this delay and is given the option of transferring the item to another prescription or advised to visit their veterinarian for an interim dosage. Once the item is back in stock, the customer has the option to have the package sent overnight.

Lost Packages

- Packages shipped ground by the USPS or FedEx are considered lost after 7 business days of shipment with no updated tracking information.
- Packages shipped by FedEx Express 2day or overnight, are guaranteed to be delivered in that time frame and are considered lost after the day it is scheduled to be delivered.

If a package is considered lost, the Customer Service Representative will:

1. Initiate and investigation with the appropriate carrier, documenting the investigation number and noting the circumstances in detail on the order.
2. After the investigation is complete, if it is determined that the customer does not have the package, a replacement will be sent out.
3. A follow up will be done with the carrier two weeks after the start of the investigation. If the package has already been reshipped and it is determined that the initial order was found and also delivered, the customer service representative is responsible for contacting the customer and ensuring that the package returns. If the package has been reshipped and the initial order was found but has still not been delivered, the customer service representative is responsible for providing the carrier with instructions to have to package returned to sender.

If the customer does not wish to wait until the completion of the investigation for the package to be reshipped, he/she has the option to pay for another order to be shipped. We will later refund or credit if needed, according to the results of the investigation. **If the item in question requires a prescription, reshipment will be done pending veterinary approval.**

Damaged Packages

If a package is considered damaged, the customer service representative will:

1. File a claim with the appropriate carrier if the damages occurred during transit.
2. Place an order for the reshipment of the product.
3. Forward claim information to Accounting Department to follow up on funds being returned.

If the product itself is damaged and considered unusable for risk of endangering the health of the pet, a replacement order will be sent with a return label to receive the damaged product back. The shipping department manager and /or pharmacist will determine if the product is to be disposed of appropriately or if it will be returned to the manufacturer for additional investigation.



Search for Your Products Here...

The .Pharmacy Verified Website Program

.Pharmacy Verified Website Program by the National Association of Boards of Pharmacy

Online veterinary pharmacy services

Allivet successfully completed the NABP's rigorous verification process ensuring quality pharmacy practices are continuously offered to our clients.

For more information about the .**Pharmacy** program, please visit the NABP .Pharmacy website at <https://www.safe.pharmacy/buying-safely/#USvets>. By displaying the .Pharmacy seal, Allivet proudly demonstrates to our clients the pharmacy's strong commitment to high quality pharmacy practices and excellence in pharmaceutical care for your pets.

Click the seal below to verify that Allivet is a .Pharmacy Verified Pharmacy:





TOP OF PAGE

2111

Chat or Call us at:

1-877-500-9944

SIGN UP FOR EXCLUSIVE SALES AND OFFERS

Email Address

Sign up

Company Info



Resources



Be Social With Us



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 LIVE CHAT

Allivet

9882 E 121st Street

Fishers IN 46037

State	Permit #	Exp. Date	Obtained
Alabama	115046	12/31/2022	4/6/2021
Alaska	170228	6/30/2022	1/13/2021
Arizona	Y008600	10/31/2022	3/25/2021
Colorado	OSP.0007515	10/31/2022	12/11/2020
Connecticut	PCN.0003912	8/31/2021	2/3/2021
Delaware	A9-0012622	9/30/2022	2/25/2021
District of Columbia	DM2100007	2/28/2022	2/12/2021
Florida	PH33347	2/28/2023	5/17/2021
Georgia	PHNR002076	6/30/2023	3/9/2021
Hawaii	PMP-1749	12/31/2021	12/11/2020
Idaho	61181MS	12/31/2021	3/11/2021
Illinois	054021841	3/31/2022	1/22/2021
Indiana	60006794A	12/31/2021	11/12/2020
Kansas	22-113703	6/30/2022	6/7/2021
Kentucky	IN2739	6/30/2022	2/17/2021
Maine	MO4002949	12/31/2021	3/18/2021
Maryland	P08369	5/31/2022	12/18/2020
Michigan	5301012574	1/19/2023	1/19/2021
Minnesota	266252	6/30/2022	12/18/2020
Mississippi	18290/7.1	12/31/2023	2/8/2021
Missouri	2020042691	10/30/2021	12/29/2020
Montana	IA-MOP-LIC-745	11/30/2021	10/29/2020

Allivet

9882 E 121st Street

Fishers IN 46037

State	Permit #	Exp. Date	Obtained
Nebraska	1444	7/1/2021	1/22/2021
New Hampshire	NR2070	12/31/2023	1/4/2021
New Mexico	PH00005182	12/31/2022	4/22/2021
New York	038803	4/30/2024	5/28/2021
North Carolina	14615	12/31/2021	2/1/2021
North Dakota	Phar1773	6/30/2022	12/15/2020
Ohio	0240000228	3/31/2023	12/21/2020
Oklahoma	99-8948	4/30/2022	4/30/2021
Oregon	RP-0003674	3/31/2022	3/10/2021
Rhode Island	PHN12036	9/30/2021	12/14/2020
South Dakota	400-2182	6/30/2022	12/10/2020
Tennessee	00007008	3/31/2023	3/10/2021
Utah	12087669-1708	9/30/2023	1/29/2021
Vermont	036.0134454	7/31/2021	1/22/2021
Virginia	0214002392	3/31/2022	3/23/2021
Washington	4NR.FO.6113936	5/31/2022	2/19/2021
West Virginia	MO0561601	6/30/2023	12/16/2020
Wisconsin	2636-43	5/31/2022	1/5/2021
Wyoming	NR-51940	6/30/2022	1/18/2021



Dear Nevada Board of Pharmacy

May this letter serve as an introduction to our Out of State/ Non-Resident Pharmacy application to your Board.

As we are extending operations, we are applying to your Board to obtain licensure for our Fishers, Indiana facility. License No. 60006794A, which will serve as a fulfillment center allowing us to better serve our clients.

Currently we hold licensure in your state for our Miami Lakes, Florida facility. License No PH02568

We are solely a farm and companion animal, non-compounding, non-dispensing of controlled substances nor drugs pharmacy, providing quality verified and certified medications at the lowest prices through our online platform. We hold a ". pharmacy" verification from the National Boards of Pharmacy Association (NABP) as well as being part of "Verified Pharmacy Program".

We are maintaining the ownership and organizational structure as the one already on your files for us. Should there be any changes these will be notified to the board accordingly. Additionally, disciplinary packet attached represent the history of action received at the Miami Lakes FL facility

Please accept the application that follows along with the supporting documentation as required on the application. Do not hesitate in letting us know should there be additional information needed to complete the application process.

Sincerely

Luis A Riera
Compliance Analyst
Phone: 305-999-5738
Email: lriera@allivet.com

**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: Allivet

Nevada license number: _____

Websites in use or intended to be used: www.allivet.com

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

VIPPS CERTIFICATION

Is the pharmacy VIPPS (Verified Internet Pharmacy Practice Sites administered by NABP) certified? Please provide a copy with application. Yes ☐ No ☒

If yes, please sign and date page 3 and you will not need to answer questions 1 through 8.

PHARMACIES LACKING VIPPS CERTIFICATION

1. Is the pharmacy licensed in each state in which the pharmacy will practice pharmacy Yes ☒ No ☐

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

2. Does the pharmacy maintain and enforce policies and procedures that ensure the following:

A) That the pharmacy will establish the authenticity of each prescription that the pharmacy receives?

Yes ☒ No ☐

B) That the pharmacy will not fill any prescription which has been previously filled by another pharmacy?

Yes ☒ No ☐

C) That for each pharmacy the pharmacy fills the prescription cannot be filled by another pharmacy?

Yes ☒ No ☐

D) That the pharmacy will authenticate the identity of each patient and prescribing practitioner?

Yes ☒ No ☐

E) That the prescriptions will be filled in compliance with all applicable federal and state laws?

Yes ☒ No ☐

F) That a patient or the caregiver of the patient may make a complaint to the pharmacy regarding a prescription?

Yes ☒ No ☐

G) That if a complaint is made, the complaint will be investigated thoroughly and that the results of the investigation will be communicated to the patient or caregiver?

Yes ☒ No ☐

H) That if the investigation of a complaint reveals that the operations of the pharmacy resulted in an error in the processing or filling of the prescription, appropriate remedial action was taken by the pharmacy?

Yes ☒ No ☐

I) That the pharmacy will communicate to a patient or a prescribing practitioner any delay that might jeopardize or alter the drug therapy of the patient with respect to delivering the prescribed drug or device?

Yes ☒ No ☐

J) That the pharmacy will communicate to a patient information regarding recalls of drugs and the appropriate means to dispose of expired, damaged or unusable drugs or devices?

Yes ☒ No ☐

3. Does the pharmacy obtain and maintain patient information necessary to facilitate review of drug utilization and counseling of patients pursuant to any applicable statutes?

Yes ☒ No ☐

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

PLEASE ATTACH A COPY OF YOUR POLICIES AND PROCEDURES.

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

Pete Boel
Signature of Owner

06/17/2021
Date

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

AGROPEC TRADING LLC DBA ALLIVET

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on August 01, 2020, and was in existence or authorized to transact business in the State of Indiana on June 16, 2021.

I further certify this Foreign Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 16, 2021

HOLLI SULLIVAN
SECRETARY OF STATE

202008011408415 / 20212068747

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on July 16, 2021.



Indiana Professional Licensing Agency
 Indiana Board of Pharmacy
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006794A	12/31/2021

Allivet

Eric J. Holcomb
 Governor
 State of Indiana

Deborah J. Frye
 Executive Director
 Indiana Professional Licensing Agency



Indiana Professional Licensing Agency
 402 W. Washington Street, W072
 Indianapolis, IN 46204

Pharmacy

License Number	Expire Date
60006794A	12/31/2021

Allivet

Signature _____



STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: Allivet

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

<https://secure.in.gov/apps/pla/search/verify/>

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate.

You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

A handwritten signature in cursive script that reads "Deborah J. Frye".

Deborah J. Frye, Executive Director

Fri Dec 04 08:49:55 AM EST 2020

BUSINESS INFORMATION
HOLLI SULLIVAN
INDIANA SECRETARY OF STATE
07/09/2021 08:16 AM

INC

Business Name: **AGROPEC TRADING LLC DBA ALLIVET** Business ID: **202008011408415**
Entity Type: **Foreign Limited Liability Company** Business Status: **Active**
Creation Date: **08/01/2020** Inactive Date:
Principal Office Address: **14540 NW 60th Ave, Miami Lakes, FL, 33014, USA** Expiration Date: **Perpetual**
Jurisdiction of Formation: **Florida** Business Entity Report Due Date: **08/31/2022**
Original Formation Date: **02/22/2017** Years Due:

Title	Name	Address
President	Peter Batushansky	14540 NW 60th Ave, Miami Lakes, FL, 33014, USA
Manager	Khaled Abdalla	14540 NW 60th Ave, Miami Lakes, FL, 33014, USA

Type: **Business Commercial Registered Agent**
Name: **INCORP SERVICES, INC.**
Address: **200 Byrd Way , Suite 205 , Greenwood, IN, 46143, USA**

**STATE OF INDIANA****Eric J. Holcomb**

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

**Official Proof of Licensure
Digitally Certified Record****Personal Information**

Facility Name: Allivet
Address: 9882 E 121st St
Fishers, IN 46037

Owner Name:

License Information

Number Issued: 60006794A
License Type: Pharmacy - Closed Door (III)
Status: Active
Issue date: 11/12/2020
Expiration Date: 12/31/2021
Obtained By: Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Fri Dec 04 08:49:55 AM EST 2020

Indianapolis, IN 46204

FACILITY

Allivet
9882 E 121st Street
Fishers IN 46037
Phone: 8775009944
Owner:
Ownership Type:

LICENSE

License No: 60006794A
Profession: Pharmacy
License Type: Pharmacy
9882 E 121st Street
Fishers IN 46037
Phone: 8775009944

Inspection Type:	Pharmacy Inspection
Inspection Date:	3/15/2021
Result:	Pass

Remarks:03-17-21 first day to ship.

Checklist Results
Pharmacy General Information
Absence of Pharmacist
Staff/Personnel
Pharmacy Equipment/Security
References
Automated Medication Systems & Automatic Counting
AMS Automated Packaging Systems
Drug storage/labeling/destruction
Dispensing/Records Retention
Fax/e-prescribing/Transfers
Remote Order Entry and Centralized Processing
Generic Substitution
Controlled Substances
DEA Forms
INSPECT
Sterile Compounding: Policies and Procedures
Sterile Compounding: Engineering Controls
Sterile Compounding: Personnel
Sterile Compounding: Labeling/Documentation
Non-sterile Compounding

Patient Confidentiality (HIPAA)

Prescription Audit

As the undersigned representative of the licensee, I affirm that the information provided during the inspection is true and accurate to the best of my knowledge. I understand that the licensee is responsible for the legal operations of the facility and I am executing this inspection form as, or on behalf of the licensee.

The alleged violator has voluntarily entered into an Opportunity to Correct Plan with the Indiana Professional Licensing Agency (PLA). Pursuant to IC 4-21.5-2.5-7, the alleged violator enters into a written Corrective Plan to correct the alleged violation(s) set forth above before the agency institutes an enforcement action which may include the filing of a Consumer Complaint with the Office of the Indiana Attorney General. Upon notice that the alleged violation(s) has been corrected, this Agency shall re-inspect not more than thirty (30) days after to determine if you have substantially complied with the applicable rule or state statute. If subsequent inspection identifies a failure to address previous violations the facility will "fail" the inspection and additional enforcement actions may be initiated against licensure.

In order to avoid additional enforcement action, the alleged violator must submit the Corrective Plan within five (5) business days after the initial inspection. A plan of corrective action can be either emailed to PLACompliance@pla.in.gov, or mailed to: Indiana Professional Licensing Agency, Attn: Compliance Division, 402 W. Washington St. RM W072, Indianapolis, IN 46204.



Signature of Inspector

3/15/2021 10:06:52 AM

Date/Time



Signature of Owner/Representative



Trusted Pet Pharmacy Since 1992

14540 NW 60th Ave. Miami Lakes, FL 33014

Phone 877 500 9944 Fax 877 500 9950

Officers, Directors and Members/Shareholders of various entities
Dear Board of Pharmacy,

Below are details of the officers, directors and members/shareholders of the various entities:

Agropec Trading, LLC dba Allivet 59-3214707

Directors: Peter Batushansky, Khaled Abdalla

Officers: Peter Batushansky – President, Khaled Abdalla – Secretary/Treasurer

Members: Allivet, Inc. (a Delaware Corporation)

Allivet, Inc. 81-4380507

Directors: Peter Batushansky, Khaled Abdalla

Officers: Peter Batushansky – President, Khaled Abdalla – Secretary/Treasurer

Shareholders: Allivet, LLC (a Delaware Limited Liability Company)

Allivet, LLC 81-4376579

Directors: Peter Batushansky, Khaled Abdalla

Officers: Peter Batushansky – President, Khaled Abdalla – Secretary/Treasurer

Members:

Shansky Pet Holdings, LLC (Peter Batushansky Investment Entity)

LK Trust Trust Holding, Inc. (Khaled Abdalla Investment Entity)

The Peninsula Fund VI Limited Partnership (Peninsula Capital Partners Investment Entity)

Peter Batushansky

SSN# [REDACTED]

DOB: [REDACTED]

Address: [REDACTED] Brickell Ave [REDACTED] Miami, FL 33131

Driver's License: [REDACTED]

Phone: [REDACTED]

Email: peter@allivet.com

Khaled Abdalla

SSN# [REDACTED]

DOB: [REDACTED]

Address: [REDACTED] SW 12 Ave Fort Lauderdale, FL 33312

Phone: [REDACTED]

Email: kal@allivet.com

Regards,
Allivet



9888 East 121st Street Indianapolis IN 46037
 Phone: (877) 500-9944
 Fax: (877) 500-9950
 Www.Allivet.com

Nevada Board of Pharmacy

Attached you will find Agropec Trading LLC dba Allivet disciplinary actions by date. Please see below for consolidated explanations for each action.

1. Oregon – 2008-0097 12/09/08
 - i. The Case with the state of Oregon was opened on Dec 9th 2008, and settled with a consent order dated Feb 18th 2009. There was a civil fine of \$750 due to Allivet shipping to Oregon in early 2008 without an out of state license. This was an unintentional oversight as Allivet was a new pharmacy and was in the process of obtaining all licenses. Allivet has an active license and is in good standing with the state of Oregon.

2. Indiana – 2011 IBP 0053 09/28/11
 - i. The order from the state of Indiana dated Sept 28th 2011 was to stop shipping to Indiana while Allivet's application was in process, which was submitted many months prior. Allivet received its Out of State Pharmacy license from the state of Indiana in Dec 2011, which was within 60 days of the order. There have not been disciplinary actions or sanctions against our pharmacy from the Indiana Board of Pharmacy. Allivet has an active license and is in good standing with the state of Indiana.

3. Colorado – CO-2013-534 12/19/13
 - i. Isoxsuprine is a vital and staple medication which was on manufacturer backorder in 2011 at the time of the incident. Allivet had the product in stock in preparation of such situations where these medications might become scarce to pet owners. In 2011, we were contacted by a vet urgently requiring this medicine for his pet owners in Colorado. Allivet felt the need to help the Doctor, in order to enable him to continue to serve the equine community in Colorado. Allivet was fined \$1,100 by Colorado for dispensing medication without a wholesale license. This was a one-time situation and Allivet does not sell any products via wholesale regardless of the circumstances. Allivet has an active license and is in good standing with the state of Colorado.

4. Alabama – AL-2015-001 10/10/15
 - i. This case is due to a misunderstanding between the Board and Allivet. Alabama passed a law requiring all nonresident pharmacies to have an Alabama licensed PIC on staff. Allivet submitted an application for its PIC to be licensed in Alabama on November 10, 2014. A phone call was made to the Board when the Board was to meet with the PIC in person, scheduled for February 24, 2015, which was after the Renewal period of 12/31/2014. The conversation consisted of inquiring if the pharmacy license could be extended while the PIC was waiting for the Board meeting. Susan Alverson, Executive Secretary at the Board, confirmed the license would remain in good standing. Allivet continued to monitor the Board website which showed the license as Active with an expiration date of 12/31/2016. Allivet continued to ship under the presumptions mentioned herein. Later, the Board asked Allivet if it shipped into the state between 12/31/2014 and 02/24/2015. Allivet's response was we did ship into the state as we were under the understanding we were allowed to do so. However, Alabama decided to fine Allivet \$500 for shipping into the state without a license. Allivet has an active license and is in good standing with the state of Alabama.
5. Arkansas – AR-2015-049 10/13/15
 - i. Allivet has systems in place to ensure prescription items are not shipped into states where it does not hold active licenses. There was a glitch in our system, which has been repaired, which allowed orders placed over the phone to be processed. Allivet has an active license and is in good standing with the state of Arkansas.
 - ii.
6. Alabama – 16-L-0130 02/28/17
 - i. This action was a derivative action referencing the following disciplinary actions:
 1. Oregon – 2008-0097 12/09/08
 2. Indiana – 2011 IBP 0053 09/28/11
7. Alabama – 17-L-0050 05/18/17
 - i. This action was a derivative action referencing the following disciplinary action:
 - I. Arkansas – AR-2015-049 10/13/15

8. Michigan – 53-17-148216 06/25/18 (PENDING ORDER)

i. Action I:

This action was a derivative action referencing the following disciplinary actions:

- | | |
|---------------------------|----------|
| 1. Oregon – 2008-0097 | 12/09/08 |
| 2. Alabama – AL-2015-001 | 10/10/15 |
| 3. Arkansas – AR-2015-049 | 10/13/15 |

ii. Action II:

Allivet did not report change of location to the Board. In late 2008 Allivet changed locations from 8001 W 26th Ave to 480 West 83rd Street. Allivet failed to report the change of location within 30 days. This was an unintentional oversight as Allivet had just opened its pharmacy in 2007. At the following renewal date, Allivet noted the new address and did so every year after for the next 10 years. Florida, Allivet's home state, has inspected the new location multiple times since the move. Allivet has an active license and is in good standing with the state of Michigan.

9. Texas – K-17-031 07/09/18

i. Action I:

This action was a derivative action referencing the following disciplinary actions:

- | | |
|----------------------------|----------|
| 1. Oregon – 2008-0097 | 12/09/08 |
| 2. Colorado – CO-2013-534 | 12/19/13 |
| 3. Indiana – 2011 IBP 0053 | 09/28/11 |

ii. Action II:

In early 2016, Texas enacted a new law requiring non-resident pharmacies to have a Texas licensed pharmacist on staff. As soon as Allivet learned of this new requirement, we submitted one of our pharmacists to be licensed in Texas. Unfortunately, the pharmacist licensing process took longer than expected. Allivet believed that if it had a pharmacist licensed in Texas prior to the next Texas renewal date it would be compliant. As of May 2017, Allivet had a Texas licensed pharmacist on its staff and Allivet's renewal application in Texas was approved prior to expiration. However, because Allivet did not have a Texas licensed pharmacist on staff as of September 2016, it was disciplined by the Texas Board of Pharmacy. Allivet has an active license and is in good standing with the state of Texas.

10. Colorado – 2018-6062 08/13/18

- i. This action was a derivative action referencing the following disciplinary action:
1. Arkansas – AR-2015-049 10/13/15

11. Illinois – 021930788 (11/05/2019)

- i.- This action was a derivative action referencing the following disciplinary actions
- 1-Oregon – 2008-0097 12/09/08
 - 2- Colorado – CO-2013-534 12/19/13
 - 3- Indiana – 2011IBP 0053 09/28/11
 - 4- Alabama – AL- 2015-001 10/15/15
 - 5- Arkansas – AR-205-049 10/13/15
 - 6- Michigan – 53-17-1481216 06/25/18
 - 7- Texas – K-17-031 07/09/18
- ii. Approval in full, from the Acting Director of the Illinois Dept. of Financial & Professional Regulations on 11/05/2019

12. Hawaii – RICO Case No. PHA 2019-79-L (12/26/2019)

- i.- This action is a derivative action referencing the following disciplinary actions
- 1- Texas – K-17-031 07/09/18
 - 2- Michigan – 53-17-1471246 06/25/18
- Settlement Agreement approved by Board of Pharmacy

13. Hawaii – RICO Case No. PHA 2020-168-L (Pending)

- i. This action is al derivative action referencing the following disciplinary actions
- 1- Michigan – 53-17-1481216 06/25/18
 - 2- Texas – K-17-031 07/09/18
 - 3- Colorado – CO-2013-534 12/19/13
 - 4- Illinois - 021930788 11/05/19

Please feel free to call me with any questions or concerns at 305-999-5738.

Thank you.

Best Regards,

Luis A Riera
Compliance Analyst



Trusted Pet Pharmacy Since 1992
 14540 NW 60th Ave. Miami Lakes, FL 33014
 Phone 877 500 9944 Fax 877 500 9950

Officers, Directors and Members/Shareholders of various entities
 Dear Board of Pharmacy,

Below are details of the officers, directors and members/shareholders of the various entities:

Agropec Trading, LLC dba Allivet 59-3214707

Directors: Peter Batushansky, Khaled Abdalla
 Officers: Peter Batushansky – President, Khaled Abdalla – Secretary/Treasurer
 Members: Allivet, Inc. (a Delaware Corporation)

Allivet, Inc. 81-4380507

Directors: Peter Batushansky, Khaled Abdalla
 Officers: Peter Batushansky – President, Khaled Abdalla – Secretary/Treasurer
 Shareholders: Allivet, LLC (a Delaware Limited Liability Company)

Allivet, LLC 81-4376579

Directors: Peter Batushansky, Khaled Abdalla
 Officers: Peter Batushansky – President, Khaled Abdalla – Secretary/Treasurer
 Members:
 Shansky Pet Holdings, LLC (Peter Batushansky Investment Entity)
 LK Trust Trust Holding, Inc. (Khaled Abdalla Investment Entity)
 The Peninsula Fund VI Limited Partnership (Peninsula Capital Partners Investment Entity)

Peter Batushansky

SSN# 209-70-7010
 DOB: 12/30/1982
 Address: 1080 Brickell Ave #3000 Miami, FL 33131
 Driver's License: PA 26 390 631
 Phone: 215-570-6999
 Email: peter@allivet.com

Khaled Abdalla

SSN# 155-90-5251
 DOB: 07/22/1968
 Address: 800 SW 12 Ave Fort Lauderdale, FL 33312
 Phone: 877-500-9944
 Email: kal@allivet.com

Regards,
 Allivet



Ownership Information

Agropec Trading, LLC dba Allivet 59-3214707

Directors: Peter Batushansky, Khaled Abdalla

Officers: Peter Batushansky – President, Khaled Abdalla – Secretary/Treasurer

Members: Allivet, Inc. (a Delaware Corporation)

Peter Batushansky

SSN# [REDACTED]

DOB: [REDACTED]

Address: [REDACTED] Brickell Ave [REDACTED] Miami, FL 33131

Driver's License: [REDACTED]

Phone: [REDACTED]

Email: peter@allivet.com

Khaled Abdalla

SSN# [REDACTED]

DOB: [REDACTED]

Address: [REDACTED] SW 12 Ave Fort Lauderdale, FL 33312

Phone: [REDACTED]

Email: kai@allivet.com

Allivet
 Trusted Pet Pharmacy Since 1992

14540 NW 60th AVE Miami Lakes FL 33014
 Phone: (877) 500-9944
 Fax: (877) 500-9950
 Www.Allivet.com

State Board of Pharmacy

Attached you will find Allivet's disciplinary actions by date. Please see below for consolidated explanations for each action.

1. Oregon — 2008-0097

12/09/08

- i. The Case with the state of Oregon was opened on Dec 9th 2008, and settled with a consent order dated Feb 18th 2009. There was a civil fine of \$750 due to Allivet shipping to Oregon in early 2008 without an out of state license. This was an unintentional oversight as Allivet was a new pharmacy and was in the process of obtaining all licenses. Allivet has an active license and is in good standing with the state of Oregon.

2. Indiana — 2011 IBP 0053

09/28/11

- i. The order from the state of Indiana dated Sept 28th 2011 was to stop shipping to Indiana while Allivet's application was in process, which was submitted many months prior. Allivet received its Out of State Pharmacy license from the state of Indiana in Dec 2011, which was within 60 days of the order. There have not been disciplinary actions or sanctions against our pharmacy from the Indiana Board of Pharmacy. Allivet has an active license and is in good standing with the state of Indiana.

3. Colorado — CO-2013-534

12/19/13

- i. Isoxsuprine is a vital and staple medication which was on manufacturer backorder in 2011 at the time of the incident. Allivet had the product in stock in preparation of such situations where these medications might become scarce to pet owners. In 2011, we were contacted by a vet urgently requiring this medicine for his pet owners in Colorado. Allivet felt the need to help the Doctor, in order to enable him to continue to serve the equine community in Colorado. Allivet was fined \$1,100 by Colorado for dispensing medication without a wholesale license. This was a one-time situation and Allivet does not sell any products via wholesale regardless of the circumstances. Allivet has an active license and is in good standing with the state of Colorado.

4. Alabama – AL-2015-001

10/10/15

- i. This case is due to a misunderstanding between the Board and Allivet. Alabama passed a law requiring all nonresident pharmacies to have an Alabama licensed PIC on staff. Allivet submitted an application for its PIC to be licensed in Alabama on November 10, 2014. A phone call was made to the Board when the Board was to meet with the PIC in person, scheduled for February 24, 2015, which was after the Renewal period of 12/31/2014. The conversation consisted of inquiring if the pharmacy license could be extended while the PIC was waiting for the Board meeting. Susan Alverson, Executive Secretary at the Board, confirmed the license would remain in good standing. Allivet continued to monitor the Board website which showed the license as Active with an expiration date of 12/31/2016. Allivet continued to ship under the presumptions mentioned herein. Later, the Board asked Allivet if it shipped into the state between 12/31/2014 and 02/24/2015. Allivet's response was we did ship into the state as we were under the understanding we were allowed to do so. However, Alabama decided to fine Allivet \$500 for shipping into the state without a license. Allivet has an active license and is in good standing with the state of Alabama.

5. Arkansas – AR-2015-049

10/13/15

- i. Allivet has systems in place to ensure prescription items are not shipped into states where it does not hold active licenses. There was a glitch in our system, which has been repaired, which allowed orders placed over the phone to be processed. Allivet has an active license and is in good standing with the state of Arkansas.
- ii.

~~6. Alabama – 16-L-0130~~~~02/28/17~~

- i. This action was a derivative action referencing the following disciplinary actions:
 1. Oregon – 2008-0097 12/09/08
 2. Indiana – 2011 IBP 0053 09/28/11

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05/18/17

- i. This action was a derivative action referencing the following disciplinary action:
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8. Michigan – 53-17-148216 06/25/18

i. Action I:

This action was a derivative action referencing the following disciplinary actions:

- | | |
|---------------------------|----------|
| 1. Oregon – 2008-0097 | 12/09/08 |
| 2. Alabama – AL-2015-001 | 10/10/15 |
| 3. Arkansas – AR-2015-049 | 10/13/15 |

ii. Action II:

Allivet did not report change of location to the Board. In late 2008 Allivet changed locations from 8001 W 26th Ave to 480 West 83rd Street. Allivet failed to report the change of location within 30 days. This was an unintentional oversight as Allivet had just opened its pharmacy in 2007. At the following renewal date, Allivet noted the new address and did so every year after for the next 10 years. Florida, Allivet's home state, has inspected the new location multiple times since the move. Allivet has an active license and is in good standing with the state of Michigan.

9. Texas – K-17-031 07/09/18

i. Action I:

This action was a derivative action referencing the following disciplinary actions:

- | | |
|----------------------------|----------|
| 1. Oregon – 2008-0097 | 12/09/08 |
| 2. Colorado – CO-2013-534 | 12/19/13 |
| 3. Indiana – 2011-IBP-0053 | 09/28/11 |

ii. Action II:

In early 2016, Texas enacted a new law requiring non-resident pharmacies to have a Texas licensed pharmacist on staff. As soon as Allivet learned of this new requirement, we submitted one of our pharmacists to be licensed in Texas. Unfortunately, the pharmacist licensing process took longer than expected. Allivet believed that if it had a pharmacist licensed in Texas prior to the next Texas renewal date it would be compliant. As of May 2017, Allivet had a Texas licensed pharmacist on its staff and Allivet's renewal application in Texas was approved prior to expiration. However, because Allivet did not have a Texas licensed pharmacist on staff as of September 2016, it was disciplined by the Texas Board of Pharmacy. Allivet has an active license and is in good standing with the state of Texas.

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 i.- This action is a derivative action referencing the following disciplinary actions
 1- Texas – K-17-031 07/09/18
 2- Michigan – 53-17-1471246 06/25/18

Please feel free to call me with any questions or concerns at 305-999-5738.

Thank you.

Best Regards.

Luis A Riera
 Compliance Analyst

Oregon

2008-0097

12/09/08

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

RECEIVED

MAR 02 2009

OREGON BOARD OF PHARMACY

In the Matter of the) Case No. 2008-0097
Drug Outlet Registration of)
AGROPEC TRADING INC dba:) CONSENT ORDER
ALLIVET PHARMACY)
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the civil penalty as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of \$750 (\$10,000 civil penalty with \$9,250 stayed pending no further violations of ORS 689.305). \$750 civil penalty is to be paid in three consecutive monthly payments of \$250 each. First payment of \$250 shall be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

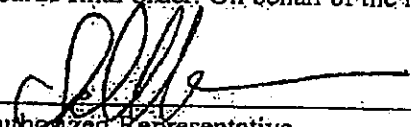
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CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order. On behalf of the registrant I agree to the Board entering the Consent Order.



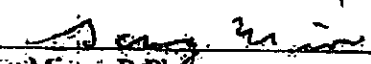
Authorized Representative
AGROPEC TRADING INC dba
Allivet Pharmacy
Registrant (Reg. No. RP-0002488)

Date

2/18/09

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON



Gary Miner, R.Ph.
Compliance Director

Date

3/3/09

Indiana

2011 IBP 0053

09/28/11

BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER 2011-BP-0053

IN THE MATTER OF THE)
UNLICENSED PRACTICE OF:)
ALLIVET PHARMACY.)

FILED

SEP 28 2011

Indiana Professional
Licensing Agency

(PENDING APPLICATION FOR NON-RESIDENT PHARMACY)

CEASE AND DESIST ORDER

The State of Indiana ("Petitioner"), by the Office of the Attorney General, by Darren R. Covington, Deputy Attorney General and Allivet Pharmacy ("Respondent") signed a Proposed Order which purports to resolve all issues involved in the action by the Petitioner and the Indiana Board of Pharmacy ("Board") regarding the Respondent's unlicensed practice, and which Proposed Order has been submitted to the Board for approval.

The Board after reviewing the Proposed Order at the September 12, 2011 meeting now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Proposed Order as if fully set forth herein and approves and adopts in full the Proposed Order as a resolution of this matter. The Board approved this Proposed Order by a vote of 7-0-0. The Board hereby issues the following Cease and Desist Order:

FINDINGS OF FACT

1. The Board is charged with the responsibility of regulating the practice of pharmacy in the State of Indiana pursuant to Ind. Code art. 25-26.
2. Respondent is a licensed pharmacy in Florida with a mailing address of 480 West 83rd Street, Hialeah, Florida 33014.

3. Since May 18, 2011, Respondent has had a pending application for a non-resident pharmacy registration with the Board.
4. Between February 10, 2010 and March 31, 2011, Respondent shipped orders for Rimadyl, Vetprofen, Iverhart, Metacam, Deramaxx, Revolution, Sentinel, and Comfortis to sixteen customers in Indiana.
5. Rimadyl, Vetprofen, Metacam, and Deramaxx are prescription-only, non-steroidal anti-inflammatory drugs (NSAIDs), for use in animals.
6. Iverhart and Sentinel are prescription-only drugs used to treat heartworm in animals.
7. Revolution and Comfortis are prescription-only drugs used to treat parasite infections in animals.
8. Pursuant to Ind. Code § 25-26-13-2, the "practice of pharmacy" means, in part, "(2) the compounding, labeling, administering, dispensing, or selling of drugs and devices, including radioactive substances, whether dispensed under a practitioner's prescription or drug order or sold or given directly to the ultimate consumer."
9. Pursuant to Ind. Code § 25-26-17-2, a "nonresident pharmacy" is defined as "a pharmacy located outside Indiana that dispenses drugs or devices through the United States Postal Service or other delivery services to patients in Indiana."
10. Pursuant to Ind. Code § 25-26-17-3, a nonresident pharmacy must register with the Board.
11. Respondent is a pharmacy located outside Indiana that has dispensed drugs to patients in Indiana, without being registered with the Board.

ULTIMATE FINDINGS OF FACT

Respondent has engaged in activities for which a license is required under Ind. Code § 25-26-17-3 in that Respondent dispensed legend drugs to consumers in Indiana without holding a nonresident pharmacy registration.

CONCLUSIONS OF LAW

Respondent's actions are cause for a Cease and Desist Order to be issued pursuant to Ind. Code § 25-1-7-14.

ORDER

Based upon the above Findings of Fact, Ultimate Findings of Fact and Conclusions of Law, the Board issues the following Order:

1. Respondent shall immediately CEASE AND DESIST any and all activities that constitute the unlicensed practice of pharmacy pursuant to Ind. Code art. 25-26, including, but not limited to, dispensing legend drugs to consumers in Indiana without a nonresident pharmacy registration.

ORDERED this 28 day of September, 2011.

INDIANA BOARD OF PHARMACY

By:


 Frances L. Kelly
 Executive Director
 Indiana Professional Licensing Agency

Colorado

CO-2013-534

12/19/13

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2013-534

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 ALLIVET PHARMACY, REGISTRATION NO. OSP 5887,

Respondent Pharmacy

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Allivet Pharmacy ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2013-534, 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 provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2012).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about May 10, 2010, being issued registration number OSP 5887, 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 480 West 83rd Street, Hialeah, Florida 33014.

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents (\$1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
12. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release. In any request for discharge it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms and conditions of this Final Agency Order. The requirements of this Final Agency Order shall continue until formally discharged by the Board or its designated authority.
13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;

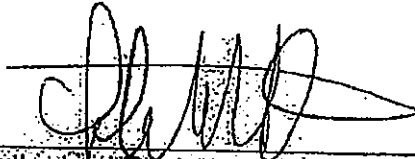
- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

14. **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.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

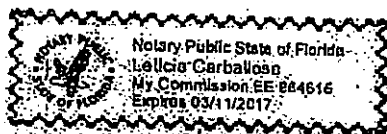
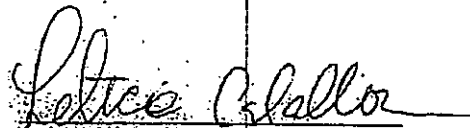
Respondent Pharmacy



Authorized Representative / Title

Dated: 2/11/13

Subscribed and sworn to before me in the County of Dade,
 State of Florida, this 11 day of February, 2013, by
Khaled Abdalla, in his/her capacity as
 an authorized agent of Allivet Pharmacy.



 Notary Public

My commission expires:

3/11/17

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 28th day of February, 2013.

State Board of Pharmacy

BY:



Chris Gassen

Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 20th day of February, 2013, addressed as follows:

Allivet Pharmacy
Attn: Pharmacist Manager
480 West 83rd Street
Hialeah, FL 33014


Agent of the Board

Alabama

AL-2015-001

10/10/15

IN THE MATTER OF:

ALLIVET PHARMACY
Non- Resident Pharmacy
Permit #113812/201940

) BEFORE THE ALABAMA STATE
)
)
) BOARD OF PHARMACY

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALLIVET PHARMACY (hereinafter referred to as "ALLIVET") 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) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, ALLIVET pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That ALLIVET is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.

2. That ALLIVET shall pay to the Board simultaneously with the

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and ALLIVET shall not attempt to discharge the same in any bankruptcy proceeding.

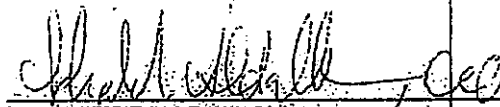
3. By execution of this Consent Order ALLIVET hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALLIVET expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against ALLIVET. ALLIVET 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.

5. That ALLIVET agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

6. That ALLIVET acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. ALLIVET acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 10th day of October, 2015.


ALLIVET PHARMACY

DONE this the _____ day of _____, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY: _____

Arkansas

AR-2015-049

10/13/15

ARKANSAS STATE
BOARD OF PHARMACY

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY SEP 01 2015

IN THE MATTER OF
AGROPEC TRADING, INC., dba ALLIVET PHARMACY
480 West 83rd Street
Hialeah, Florida 33014

RECEIVED

Case No. 2015-049

CONSENT AGREEMENT

The Arkansas State Board of Pharmacy (hereafter "the Board") having obtained information indicating that Agropec Trading, Inc., dba Allivet Pharmacy (hereafter "Respondent") is subject to a hearing regarding certain acts and practices and it appearing that Respondent is willing to enter into a Consent Order to resolve the pending controversy;

IT IS HEREBY agreed by and between Respondent and the Executive Director of the Board that:

1. Respondent now holds a retail pharmacy license, but did not hold a retail pharmacy license at the instigation of this action and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

2. Respondent has read the proposed Consent Order, acknowledges its right to consult with counsel and voluntarily agrees to enter into this Consent Order on its own volition and without any reliance upon any representations by the Board or any officer, employee, agent or other representative thereof, other than expressly set forth herein.

3. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review and the right to otherwise challenge or contest the validity of this Consent Order.

4. Respondent executes this Consent Order for the purpose of resolving the pending matter without further administrative action. In this regard, Respondent agrees that the Board

will review and determine whether to approve this Consent Order. Furthermore, should this Consent Order not be approved by the Board, Respondent agrees that the presentation and consideration of this Consent Order by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation in, consideration or resolution of the matters set forth herein.

5. Respondent fully understands and agrees that approval and entry of this Consent Agreement shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. This agreement shall not become a valid and enforceable order of this Board unless and until it is accepted and approved by the Board at an official meeting and executed by the President of the Board or his designee.

7. This Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 *et seq.*

FINDINGS OF FACT

F-1. Respondent was not licensed by the Board to ship prescriptions in the State of Arkansas, but was and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

F-2. Based on information provided by Respondent, pursuant to a subpoena, from June 1, 2013 through June 22, 2015, Respondent shipped prescription drugs into the State of Arkansas without holding a valid out of state retail pharmacy license pursuant to Ark. Code Ann. § 17-92-902. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without a valid out of state retail pharmacy license.

F-3. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without an Arkansas licensed pharmacist on staff and designated as the Arkansas Pharmacist in Charge as required by Arkansas Law.

CHARGES

C-1 Each order processed and delivered into the State of Arkansas by Respondent without an out of state retail pharmacy permit described in Paragraph F-2 and F-3 constitutes a separate violation of Ark. Code Ann. § 17-92-903(b), Ark. Code Ann. § 17-92-401, and Board Regulation 04-04-0001.

ORDER

IT IS THEREFORE ORDERED that:

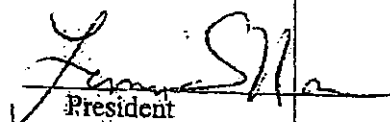
1. Subject to the Board's approval of this Consent Order, Respondent shall pay a monetary penalty in the amount of \$5,000.00 in U.S. Dollars to the Board by December 31, 2015. Should Respondent fail to pay said penalty on or before December 31, 2015, Respondent's retail pharmacy permit shall then be suspended until the penalty is received by the Board.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction of this matter for the purposes of implementing and enforcing this Consent Order and that Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A. § 17-92-311(a)(7).

IT IS SO ORDERED this 13th day of October, 2015.

ARKANSAS STATE BOARD OF PHARMACY

by:


President

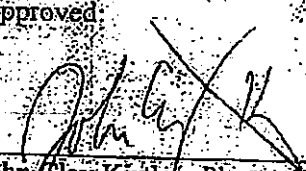
Approved:

RESPONDENT


President

Attorney for Respondent (optional)

Approved:


John Clay Kirtley, Pharm. D.
Executive Director
Arkansas State Board of Pharmacy

Michigan

53-17-148216

06/25/18

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ALLIVET
License No. 53-01-008685,
Respondent.

File No. 53-17-148216

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency established by the Public Health Code, MCL 333.1101 *et seq.* Pursuant to MCL 333.7311, MCL 333.16226, and MCL 333.17768, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed as a pharmacy in the state of Michigan.

3. In 2008, Respondent moved from its location at 8001 W. 26th Street, Hialeah, Florida, to its current address at 480 W. 83rd Street, Hialeah, Florida. Respondent failed to report the change of address to the Department within 30 days after

the change of address. In addition, Respondent failed to apply to the Department and be approved for a new license before moving to its new location.

4. Oregon

- a. On December 9, 2008, the Board of Pharmacy of the State of Oregon (Oregon Board) issued a Notice of Proposed Disciplinary Action against Respondent based on Respondent shipping medication from September 2006 through June 2008 into Oregon without registering as a drug outlet. A copy of the Notice, marked Exhibit A, is attached and incorporated.
- b. On March 3, 2009, in resolution of the matter, the Oregon Board executed a Consent Order ordering Respondent to pay a fine. A copy of the Consent Order, marked Exhibit B, is attached and incorporated.

5. Arkansas

- a. On July 20, 2015, the Arkansas State Board of Pharmacy (Arkansas Board) issued an Order and Notice of Hearing against Respondent based, in part, on Respondent shipping prescription drugs into Arkansas from June 1, 2013, through June 22, 2015, without holding a valid out-of-state retail pharmacy license and without an Arkansas licensed pharmacist on staff and designated as the Arkansas pharmacist in charge. A copy of the Order, marked Exhibit C, is attached and incorporated.
- b. On October 13, 2015, in resolution of the matter, the Arkansas Board entered into a Consent Agreement with Respondent ordering Respondent to pay a \$5,000.00 fine. A copy of the Consent Agreement, marked Exhibit D, is attached and incorporated.

6. Alabama

- a. On September 30, 2015, the Alabama Board of Pharmacy (Alabama Board) issued Respondent a notice of charges related to Respondent engaging in the selling, offering for sale, compounding or dispensing of drugs during the year

2015 without a permit. A copy of the notice, marked Exhibit E, is attached and incorporated.

- b. On October 26, 2015, in resolution of the matter, the Alabama Board executed a Consent Order fining Respondent \$500.00. A copy of the Consent Order, marked Exhibit F, is attached and incorporated.

7. Respondent failed to notify the Department of the Oregon December 9, 2008 Notice of Proposed Disciplinary Action; the Arkansas July 20, 2015 Order and Notice of Hearing; and the Alabama September 30, 2015 notice within 30 days of knowledge of the complaint or investigation.

COUNT I

The disciplinary actions by Oregon, Arkansas, and Alabama, as set forth above, evidence a pharmacy, manufacturer, or wholesale distributor that has had its license or federal registration limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty, in violation of MCL 333.17768(2)(d).

COUNT II

Respondent's conduct, as set forth above, evidences failure to notify the Department of the Oregon December 9, 2008 Notice of Proposed Disciplinary Action; the Arkansas July 20, 2015 Order and Notice of Hearing; and the Alabama September 30, 2015 notice within 30 days of knowledge of the complaint or investigation, contrary to MCL 333.17748a(5), in violation of MCL 333.17768(1).

COUNT III

Respondent's conduct, as set forth above, evidences a failure to report to the Department a change in location not later than 30 days after the change occurs, contrary to MCL 333.17748(4), in violation of MCL 333.17768(1).

COUNT IV

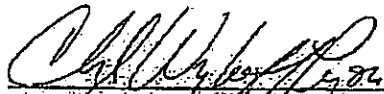
Respondent's conduct, as set forth above, evidences a failure to apply to the Department and be approved for a new license before moving to a new location, contrary to Mich Admin Code, R 338.477(2), in violation of MCL 333.16221(h).

This Administrative Complaint is based on files and records maintained by the Department and the attached Affidavit of Terri Schrauben.

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 4/30/18


Cheryl Wykon, Pezon, Acting Director
Bureau of Professional Licensing

Attachments

dm

STATE OF MICHIGAN
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

Allivet
a.k.a. Agropec Trading Inc.
License Number: 53-01-008685

STATE OF MICHIGAN)
) ss
COUNTY OF INGHAM)

AFFIDAVIT OF TERRI SCHRAUBEN

Terri Schrauben (Affiant), who, after first being duly sworn and upon oath, states on information and belief as follows:

Affiant is a Departmental Analyst in the Investigations and Inspections Division, Bureau of Professional Licensing, Department of Licensing & Regulatory Affairs (Department) and in this capacity is responsible for obtaining certified copies of records of final adverse administrative actions taken by other states against health professionals licensed to practice a health profession in the state of Michigan.

On October 17, 2017, Affiant received certified records of administrative action indicating that Allivet a.k.a. Agropec Trading Inc. (Respondent Pharmacy) was the recipient of a Notice of Proposed Disciplinary Action; Answer Required (Complaint) from the Oregon Board of Pharmacy dated December 9, 2008.

Affiant:
Allivet a.k.a. Agropec Trading Inc.

On October 23, 2017, Affiant received certified records of administrative action indicating that Respondent Pharmacy was the recipient of a Statement of Charges and Notice of Hearing (Complaint) from the Alabama Board of Pharmacy dated May 18, 2017.

On February 1, 2018, Affiant received certified records of administrative action indicating that Respondent Pharmacy was the recipient of a Letter (Complaint) from the Alabama Board of Pharmacy dated September 30, 2015.

On February 16, 2018, Affiant received certified records of administrative action indicating that Respondent Pharmacy was the recipient of an Order and Notice of Hearing (Complaint) from the Arkansas Board of Pharmacy dated July 20, 2015.

Upon checking the Department's records relative to Michigan licensure, Affiant learned that Respondent Pharmacy is holds an active license in the state of Michigan.

Affiant has not been notified by Respondent Pharmacy of the December 9, 2008, Complaint in the state of Oregon, or the July 20, 2015, Complaint in the state of Arkansas, or the September 30, 2015, and May 18, 2017, Complaints in the state of Alabama within 30 days of the date of the Complaints.


Terri Schrauben

Subscribed and sworn to before me
this 23rd day of March, 2018


Marcie M. Anderson, Notary Public
County of Clinton
Acting in Ingham County, Michigan
My commission expires June 13, 2020.

Texas

K-17-031

07/09/18

AGREED BOARD ORDER #K-17-031

RE: IN THE MATTER OF
ALLIVET
(PHARMACY LICENSE #25561)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25561 issued to Allivet (Respondent), 480 West 83rd Street, Hialeah, Florida 33014.

By letter dated July 9, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); 565.002(a)(3) and (10); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.8(c)(3); and 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

PREVIOUS HISTORY IN OTHER JURISDICTIONS

- (1) On or about March 3, 2009, the Oregon Board of Pharmacy entered a Consent Order against Allivet (operating in Oregon as Agropec Trading, Inc., d/b/a Allivet Pharmacy). The Order was based on allegations that the pharmacy engaged in the distribution of drugs into Oregon without an Oregon drug outlet registration. The Order imposed a \$750 penalty.
- (2) On or about September 28, 2011, the Indiana Board of Pharmacy entered a Cease and Desist Order against Allivet (operating in Indiana as Allivet Pharmacy). The Order was based on allegations that the pharmacy dispensed prescription drugs into Indiana without an Indiana nonresident pharmacy registration. The Order ordered the pharmacy to cease and desist any and all activities that constitute the unlicensed practice of pharmacy in Indiana.
- (3) On or about February 28, 2013, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the Colorado non-resident prescription drug outlet registration number QSP 5887 held by Allivet (licensed in Colorado as Allivet Pharmacy). The Order was based on stipulations that on three occasions, the pharmacy distributed prescription drugs to an individual practitioner without a valid, patient-specific prescription order. The Order imposed a \$1,000 fine.

Agreed Board Order #K-17-031
Allivet
Page 2

COUNTS

- (1) On or about July 10, 2009, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (2) On or about April 21, 2011, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (3) On or about April 3, 2013, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Indiana Board of Pharmacy as described in Previous History (2) and the Colorado State Board of Pharmacy as described in Previous History (3).
- (4) On or about September 1, 2016, through on or about May 21, 2017, Allivet, 480 West 83rd Street, Hialeah, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

By letter dated July 9, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Peter Batushansky, Corporate President, Agropec Trading, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

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

- (1) Respondent shall pay an administrative penalty of four thousand dollars (\$4,000) due one hundred twenty (120) days after the entry of this Order.

Agreed Board Order #K-17-031

Allivet

Page 3.

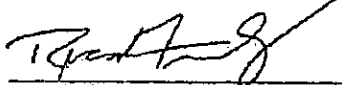
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

Agreed Board Order #K-17-031
Allivet
Page 4

And it is so ORDERED.

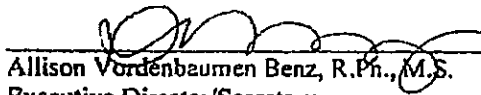
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.



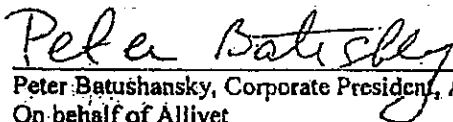
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Peter Batushansky, Corporate President, Agropec Trading, LLC
On behalf of Allivet

APPROVED AS TO FORM:



Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

Colorado

2018-6062

08/13/18



COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

State Board of Pharmacy

LETTER OF ADMONITION

August 13, 2018

Allivet
Attn: Pharmacist Manager
480 W 83rd St
Hialeah, FL 33014

And via email to: jeticia@allivet.com

RE: Case 2018-6062

Dear Pharmacist Manager:

The Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration, the Board determined that you failed to report a disciplinary action issued by Arkansas on 9/21/15. Board Rule 9.00.10(b) requires licensees and registrants to notify the Board in writing within 30 days of any disciplinary action against them in another state.

Therefore, pursuant to Board Policy 30-14, the Board hereby admonishes you for violating the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules. This admonishment shall be a permanent public record and reportable as a disciplinary action. It may also be considered as an aggravating factor if a future violation occurs.

You have the right to request, in writing, within twenty days after receipt of this letter, formal disciplinary proceedings to adjudicate the propriety of the conduct upon which this letter of admonition is based. If such a request is made, this letter will be vacated and the Board will process the matter by means of formal disciplinary proceedings in accordance with sections 24-4-104 and 105, C.R.S.

FOR THE COLORADO STATE BOARD OF PHARMACY

Joseph Liber
Interim Program Director



CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **LETTER OF ADMONITION** upon all parties herein by depositing copies of same in the United States mail, certified, postage prepaid, at Denver, Colorado this 13th day of August 2018, addressed as follows:

Allivet
480 W. 83rd St
Hialeah, FL 33014

Linda Stanio



BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

RECEIVED

MAR 02 2009

OREGON BOARD OF PHARMACY

In the Matter of the) Case No. 2008-0097
Drug Outlet Registration of)
AGROPEC TRADING INC dba:) CONSENT ORDER
ALLIVET PHARMACY)
Registrant)

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the registrant in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the registrant as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the registrant admits that the facts alleged in the above-noted Notice are true, that legal cause exists pursuant to ORS 689.405 and ORS 689.445 for disciplinary action and imposition of a civil penalty by the Board; and

WHEREAS, the registrant consents to the civil penalty as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

1. The registrant shall pay the Board a civil penalty in the amount of \$750 (~~\$10,000~~ civil penalty with ~~\$9,250~~ stayed pending no further violations of ORS 689.305). \$750 civil penalty is to be paid in three consecutive monthly payments of \$250 each. First payment of \$250 shall be made within ten days from the date this Consent Order becomes final.

2. Failure of the registrant to pay the civil penalty as required under this Consent Order may, after notice and hearing, result in further disciplinary action.

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CONSENT

I hereby acknowledge that I am the authorized representative of registrant. On behalf of the registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order. On behalf of the registrant I agree to the Board entering the Consent Order.

Authorized Representative
AGROPEC TRADING INC dba
Allivet Pharmacy
Registrant (Reg. No. RP-0002488)

Date

2/18/09

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

Date

3/3/09

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

In the Matter of the	)	Case No. 2008-0097
Drug Outlet Registration	)	
	)	
AGROPEC TRADING INC dba:	)	NOTICE OF PROPOSED
ALLIVET PHARMACY	)	DISCIPLINARY ACTION;
	)	ANSWER REQUIRED
Registrant :	)	

Under the authority granted pursuant to ORS 689.135, 689.145, 689.335, 689.405 and 689.445, the Oregon Board of Pharmacy proposes to take disciplinary action against your Certificate of Registration No. RP-0002488 because Allivet Pharmacy violated the Oregon Pharmacy Act and the Board of Pharmacy rules as set forth below:

From on or about September 2006 through June 2008, Allivet Pharmacy located in Florida shipped medications into Oregon without registering with the Oregon Board of Pharmacy as a drug outlet in violation of OAR 855-041-0300, ORS 689.305, and ORS 689.335 which is grounds for imposition of a civil penalty pursuant to ORS 689.832(1), 689.335(1), 689.405(1)(e)(B), and 689.445.

Based on these alleged violations, the Board proposes to impose a civil penalty in an amount of \$10,000 per violation.

HEARING RIGHTS

The corporation is entitled to a hearing as provided by the Administrative Procedures Act (ORS chapter 183). An attorney must represent the corporation. If the corporation wishes to have a hearing, the corporation's attorney must file a written request for hearing with the Board within 21 days from the date this notice was mailed. The corporation's attorney may send or deliver a request for hearing to:

Oregon Board of Pharmacy
800 NE Oregon Street, Suite 150
Portland, OR 97232
Fax: (971) 673-0002

If a request for hearing is not received within this 21-day period, the corporation's right to a hearing shall be considered waived.

If the corporation requests a hearing, the corporation's attorney will be notified of the time and place of the hearing. Before the commencement of the hearing, the corporation will be given information on the procedures, right of representation and other rights of parties relating to the conduct of the hearing.

If the corporation does not request a hearing within 21 days, or if it withdraws a hearing request, notifies the Board or Administrative Law Judge that it will not appear, or fails to appear at a scheduled hearing, the Board may issue a final order by default imposing discipline. If the Board issues a final order by default, it designates its file on this matter as the record.

ANSWER REQUIRED

Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing you must also provide, within 21 days from the date this contested case notice was served, a written answer to the allegations set forth in this contested case notice. Your written answer must include an admission or denial of each factual matter alleged in the notice and a short and plain statement of each relevant affirmative defense you may have. Except for good cause, factual matters alleged in the notice and not denied in the answer shall be presumed admitted; failure to raise a particular defense in the answer will be considered a waiver of such defense; new matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and evidence shall not be taken on any issue not raised in the notice and the answer.

Hearing Request and Answers: Consequences of Failure to Answer 855-001-0015

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

- (a) An admission or denial of each factual matter alleged in the notice;
- (b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause;

- (a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;
- (b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;
- (c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and
- (d) Evidence shall not be taken on any issue not raised in the notice and the answer.

BOARD OF PHARMACY
FOR THE STATE OF OREGON

Gary Miner, R.Ph.,
Compliance Director

Date

12/9/08

DATE OF MAILING

12/9/2008

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

January 16, 2019

Indiana Professional Licensing Agency
Attn: Board of Pharmacy
402 West Washington Street, W072
Indianapolis, Indiana 46204

DOH Consumer Services

MAR 04 2019

DOH Reference Number: 201901172
Subject: Agropec Trading LLC d.b.a. Allivet

Dear Sir or Madam:

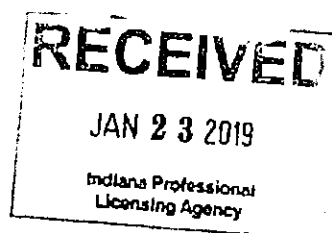
The Consumer Services Unit is reviewing disciplinary action taken by your state against the above Florida licensed health care provider. Please provide **certified copies** of the following information:

- * The Administrative Complaint/Charging Document for 2011 IBP 0053
- * The Final Order/Disposition Document for 2011 IBP 0053

Sincerely,

Adam Blahut
Government Analyst I

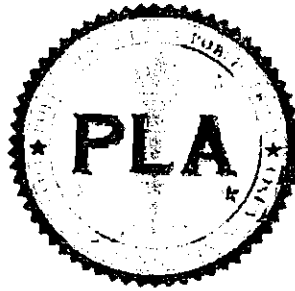
In addition, if you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridahhs.gov/licensing-and-regulation/enforcement/survey.html>.



Florida Department of Health
Division of Medical Quality Assurance- Bureau of Enforcement
4052 Bald Cypress Way, Bin C-75 • Tallahassee, FL 32399-3275
PHONE: (850) 245-4339 • FAX: (850) 488-0796

PHAB Accredited Health Department
Public Health Accreditation Board

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

February 25, 2019

Adam Blahut
Government Analyst
Florida Department of Health
Division of Medical Quality Assurance/ Bureau of Enforcement
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32999-3275

Dear Mr. Blahut

RE: Agropec Trading LLC dba Allivet,
License #: 64001256A

This letter serves as written acknowledgement of the Indiana Professional Licensing Agency's receipt of your letter request we mail/email to you the supporting documentation for Administrative Complaint/Charging Documentation and Final Order/Disposition Documentation. The Pharmacist Cause # is 2011 IBP 0053.

" We regret to inform you that we are unable to comply with your request for the following reason(s):"

According to: IC 5-14-3-4 (7) Records and recordings exempted from disclosure; time limitations; destruction of records:

- Could not locate this file requested.

If you need additional information, please contact our office via telephone at (317) 234-1988 or via email at pla4@pla.in.gov. You may also find information of use to you at our web site: www.pla.IN.gov.

Sincerely,

Nathaniel Black, Litigation Specialist
INDIANA BOARD OF PHARMACY



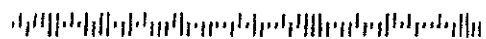
STATE OF INDIANA
PROFESSIONAL LICENSING AGENCY
402 W WASHINGTON ST RM W072
INDIANAPOLIS, IN 46204-2298

SF 19380 (R6 / 4-15)

02/26/1991

Adam Blahut
Florida Department of Health
Division of Medical Quality Assurance/
Bureau of Enforcement
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

241 AMJAN58 32311



21103**BEFORE THE STATE BOARD OF PHARMACY****STATE OF COLORADO****Case No. 2013-534**

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 ALLIVET PHARMACY, REGISTRATION NO. OSP 5887,

Respondent Pharmacy.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Allivet Pharmacy ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2013-534, 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 provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2012).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about May 10, 2010, being issued registration number OSP 5887, 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 480 West 83rd Street, Hialeah, Florida 33014.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. On or about May 3, 2011, May 18, 2011 and June 5, 2011, Respondent Pharmacy distributed a prescription drug to an individual practitioner in Colorado without a valid, patient-specific prescription order.
6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Pharmacy shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00) Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of One Thousand One Hundred Dollars and No Cents (\$1,100.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.

9. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
- a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
12. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release. In any request for discharge it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms and conditions of this Final Agency Order. The requirements of this Final Agency Order shall continue until formally discharged by the Board or its designated authority.
13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;

- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Pharmacy freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

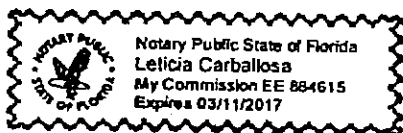
14. **Acknowledgments.** The undersigned Authorized Representative of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Pharmacy understands the legal consequences 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.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

[Signature] Dated: 2/11/14
 Authorized Representative / Title

Subscribed and sworn to before me in the County of Dade,
 State of Florida, this 11 day of February, 2013 by
Khaled Abdalla, in his/her capacity as
 an authorized agent of Allivet Pharmacy.



[Signature]
 Notary Public

My commission expires:

3/11/17

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 28th day of February, 2013.

State Board of Pharmacy

BY: [Signature]

Chris Gassen
 Program Director

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the Healthiest State in the Nation

January 16, 2019

Alabama Board of Pharmacy
111 Village Street
Birmingham, AL 35242

JAN 2 - 2019

DOH Reference Number: 201901172
Subject: Agropec Trading LLC d.b.a. Allivet

Dear Sir or Madam:

The Consumer Services Unit is reviewing disciplinary action taken by your state against the above Florida licensed health care provider. Please provide *certified copies* of the following information:

- The Administrative Complaint/Charging Document
- The Final Order/Disposition Document

Sincerely,

Adam Blahut
Government Analyst I

In addition, if you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridhealth.gov/licensing-and-regulation/enforcement/survey.html>

Donna C. Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com

ALABAMA BOARD OF PHARMACY



MEMBERS 2018

David Darby, R.Ph.
President

Kenny Sanders, R.Ph.
Vice President

Ralph Sorrell, R.Ph.
Treasurer

Brenda Denson, PharmD

Chris Phung, R.Ph.

January 17, 2019

TO WHOM IT MAY CONCERN:

RE: **AGROPEC TRADING, LLC**

NON-RESIDENT PHARMACY PERMIT #113812

This is to certify that the undersigned is the duly elected executive officer of the Alabama State Board of Pharmacy. I am in charge of the Board office and all records are made and kept under my direct supervision.

This is to further, certify that the enclosed records are exact copies of those appearing on file regarding **AGROPEC TRADING, LLC**.

Donna C Yeatman

Donna Yeatman, R.Ph.
Secretary

Subscribed and sworn before me this Thursday, January 17, 2019, at Birmingham, Alabama, County of Shelby.

Rhonda Coker

Rhonda Coker
Notary Public
State-at-Large

RHONDA COKER
Notary Public, Alabama State At Large
My Commission Expires Dec. 16, 2020

IN THE MATTER OF:	)	
	)	
AGROPEC TRADING, INC./ALLIVET	)	BEFORE THE ALABAMA STATE
PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	
Permit Number: 113812	)	CASE NO: 17-L-0050

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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, Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy's permit, including, but not limited to revocation.

6. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 09 of SEPTEMBER, 2017.

AGROPEC TRADING, INC./ALLIVET
PHARMACY

BY: [Signature]

ITS: Ward & Wilson, LLC

DONE this the _____ of 9/14/2017, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

By: [Signature]
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	
AGROPEC TRADING, INC./ALLIVET	)	BEFORE THE ALABAMA STATE
PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	CASE NO: 17-L-0050
Permit Number: 113812	)	

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Agropec Trading, Inc./
Allivet Pharmacy
480 W 83rd Street
Hialeah, Florida 33014

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975) §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on August 15th, 2017 at 8:00 a.m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Agropec Trading, Inc./Allivet Pharmacy (ALLIVET) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that ALLIVET has been guilty of the following, to-wit:

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Consent Agreement entered by the Arkansas State Board of Pharmacy on October 13, 2015

attached hereto as Exhibit "A" and/or from on or about June 1, 2015 through June 22, 2015 shipping prescription drugs into the State of Arkansas without a valid permit to do so as described in the referenced Agreement.

The board alleges each instance of shipping prescription drugs is a separate and distinct violation.

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Count One above.

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et. seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT THREE

Violating Code of Alabama (1975), §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq., said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

Notice is further given that in the event you are found guilty of the allegations

contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Orders entered by the Board on April 27, 2017, said document being attached hereto and made a part hereof as Exhibit "B".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the 18th day of May 2017.

ALABAMA STATE BOARD OF PHARMACY

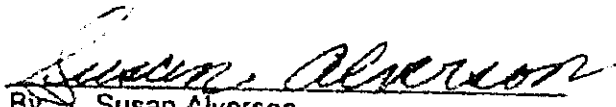

By: Susan Alverson
Secretary

EXHIBIT A

ARKANSAS STATE
BOARD OF PHARMACY

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY SEP 01 2015

IN THE MATTER OF
AGROPEC TRADING, INC., dba ALLIVET PHARMACY
480 West 83rd Street
Hialeah, Florida 33014

RECEIVED

Case No. 2015-049

CONSENT AGREEMENT

The Arkansas State Board of Pharmacy (hereafter "the Board") having obtained information indicating that Agropec Trading, Inc., dba Allivet Pharmacy (hereafter "Respondent") is subject to a hearing regarding certain acts and practices and it appearing that Respondent is willing to enter into a Consent Order to resolve the pending controversy;

IT IS HEREBY agreed by and between Respondent and the Executive Director of the Board that:

1. Respondent now holds a retail pharmacy license, but did not hold a retail pharmacy license at the instigation of this action, and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.
2. Respondent has read the proposed Consent Order, acknowledges its right to consult with counsel and voluntarily agrees to enter into this Consent Order on its own volition and without any reliance upon any representations by the Board or any officer, employee, agent or other representative thereof, other than expressly set forth herein.
3. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review and the right to otherwise challenge or contest the validity of this Consent Order.
4. Respondent executes this Consent Order for the purpose of resolving the pending matter without further administrative action. In this regard, Respondent agrees that the Board

will review and determine whether to approve this Consent Order. Furthermore, should this Consent Order not be approved by the Board, Respondent agrees that the presentation and consideration of this Consent Order by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation in, consideration or resolution of the matters set forth herein.

5. Respondent fully understands and agrees that approval and entry of this Consent Agreement shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. This agreement shall not become a valid and enforceable order of this Board unless and until it is accepted and approved by the Board at an official meeting and executed by the President of the Board or his designee.

7. This Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 *et seq*.

FINDINGS OF FACT

F-1. Respondent was not licensed by the Board to ship prescriptions in the State of Arkansas, but was and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

F-2. Based on information provided by Respondent, pursuant to a subpoena, from June 1, 2013 through June 22, 2015, Respondent shipped prescription drugs into the State of Arkansas without holding a valid out of state retail pharmacy license pursuant to Ark. Code Ann. § 17-92-902. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without a valid out of state retail pharmacy license.

F-3. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without an Arkansas licensed pharmacist on staff and designated as the Arkansas Pharmacist in Charge as required by Arkansas Law

CHARGES

C-1 Each order processed and delivered into the State of Arkansas by Respondent without an out of state retail pharmacy permit described in Paragraph F-2 and F-3 constitutes a separate violation of Ark. Code Ann. § 17-92-903(b), Ark. Code Ann. § 17-92-401, and Board Regulation 04-04-0001.

ORDER

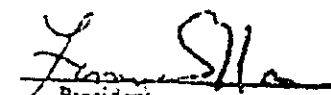
IT IS THEREFORE ORDERED that:

1. Subject to the Board's approval of this Consent Order, Respondent shall pay a monetary penalty in the amount of \$5,000.00 in U.S. Dollars to the Board by December 31, 2015. Should Respondent fail to pay said penalty on or before December 31, 2015, Respondent's retail pharmacy permit shall then be suspended until the penalty is received by the Board.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction of this matter for the purposes of implementing and enforcing this Consent Order and that Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A. § 17-92-311 (a)(7).

IT IS SO ORDERED this 13th day of October, 2015

ARKANSAS STATE BOARD OF PHARMACY

by: 
President

Approved:

RESPONDENT

 President

Attorney for Respondent (optional)

Approved:

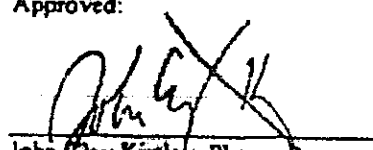

John Clay Kirtley, Pharm. D.
Executive Director
Arkansas State Board of Pharmacy

EXHIBIT "B"

IN THE MATTER OF:

AGROPEC TRADING, INC./ALLIVET
PHARMACYNon-Resident Pharmacy
Permit Number: 113812BEFORE THE ALABAMA STATE
BOARD OF PHARMACY

CASE NO: 16-L-0130

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy has violated the provisions of law based upon the conduct set out in all Counts of the Statement.

2. Agropec Trading, Inc./Allivet Pharmacy shall pay an administrative fine in the amount of Three Thousand Dollars (\$3,000.00) within thirty (30) days of the effective date of this consent order that being the day the same is signed on behalf of the Board. This payment shall not be subject to discharge in bankruptcy nor shall either pharmacy attempt to discharge the same.

3. Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy 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, Agropec Trading, Inc./Allivet Pharmacy 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. Agropec Trading, Inc./Allivet Pharmacy 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 Agropec Trading, Inc./Allivet Pharmacy's permit, including, but not limited to revocation.

6. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it has read this Consent Order and that it fully understand the terms, conditions and contents of the same. Agropec Trading, Inc./Allivet Pharmacy acknowledges and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 28th of February, 2017

AGROPEC TRADING INC /ALLIVET
PHARMACY

BY Khaled Abdalla

ITS President

DONE this the 27th of April, 2017

ALABAMA STATE BOARD OF PHARMACY

By: Buddy Bunch
Buddy Bunch, R.Ph., President

By: James S. Ward
James S. Ward,
Attorney for the Alabama State
Board of Pharmacy

OF COUNSEL:
WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, AL 35209
(205) 871-5404

EXHIBIT "A"

IN THE MATTER OF:	)	
	)	
AGROPEC TRADING, INC./ALLIVET	)	BEFORE THE ALABAMA STATE
PHARMACY	)	BOARD OF PHARMACY
	)	
Non-Resident Pharmacy	)	
Permit Number: 113812	)	CASE NO: 16-L-0130

STATEMENT OF CHARGES AND NOTICE OF HEARING

TO: Agropec Trading, Inc./
Allivet Pharmacy
480 W 83rd Street
Hialeah, Florida 33014

Pursuant to the provisions of Code of Alabama (1975), § 34-23-34 and § 34-23-92(12), Code of Alabama (1975), §20-2-213(e) and Code of Alabama (1975), § 41-22-12, you are hereby notified and requested to appear before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on _____, 2017 at _____ m., at the State Board of Pharmacy Conference Room, 111 Village Street, Birmingham, Alabama 35242, and from time to time thereafter as may be required by the Board for the purpose of a hearing to determine why the permit to operate Agropec Trading, Inc./Allivet Pharmacy (ALLIVET) should not be revoked, suspended or placed on probation or a monetary penalty imposed in that it is alleged that ALLIVET has been guilty of the following, to-wit

COUNT ONE

Violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose on your application for renewal of your non-resident pharmacy permit for 2013/2014 when

required to do so the entry of a Cease and Desist Order by the Indiana Board of Pharmacy on September 28, 2011 relating to you dispensing legend drugs into Indiana without a registration to do so and as a result thereof obtaining the referenced renewal

COUNT TWO

Violating Code of Alabama (1975), § 34-23-33(2) based upon the Indiana State Board of Pharmacy discipline set out in Count One above

COUNT THREE

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of the preceding Counts

COUNT FOUR

Violating Code of Alabama (1975), § 34-23-33(1) in that you failed to disclose on your initial application for a non-resident pharmacy permit and/or on your renewal for 2013/2014 when required to do so an Order entered by the Oregon State Board of Pharmacy relating to you dispensing drugs into Oregon without having a valid registration to do so and as a result obtaining your initial permit and/or the referenced renewal.

COUNT FIVE

Violating Code of Alabama (1975) § 34-23-33(2) based upon the Oregon State Board of Pharmacy Order set out in Count Four above

COUNT SIX

Violating Code of Alabama (1975), § 34-23-33(13) in that you violated Board Rule 680-X-2.22(2)(d) based upon any or all of the allegations of Counts Four and Five

Further, pursuant to the provisions of Code of Alabama, (1975), §20-2-53 and §41-22-12, you are hereby notified and requested to appear before the Board at the aforesaid time and place and from time to time thereafter as may be requested by the Board for the purpose of a hearing to determine why your registration to manufacture, dispense or distribute controlled substances enumerated in Schedules II, III, IV and V of the Alabama Uniform Controlled Substances Act, Code of Alabama (1975), §20-2-1, et seq., issued pursuant to Code of Alabama (1975), §20-2-52, should not be suspended or revoked in that it is alleged that you have been guilty of the following:

COUNT SEVEN

Violating Code of Alabama (1975) §20-2-54(a)(4) by violating the provisions of Code of Alabama (1975), §34-23-1 et seq. said violation being based upon any or all of the allegations contained in the preceding Counts of this Statement of Charges and Notice of Hearing.

Notice is further given that in the event you are found guilty of the allegations contained in any or all of the preceding Counts contained in this Statement of Charges and Notice of Hearing, the Board may consider in assessing punishment the Consent Order entered by the Board on October 26, 2015, said document being attached hereto and made a part hereof as Exhibit "A".

At the aforesaid time and place and from time to time thereafter as may be directed by the Board, you may be represented by an attorney, if you so desire, cross-examine all witnesses who testify against you and present such evidence in your own behalf in response to these charges as you consider necessary and appropriate.

Dated this the _____ day of _____, 2017.

ALABAMA STATE BOARD OF PHARMACY

By: Susan Alverson
Secretary

EXHIBIT "A"

IN THE MATTER OF	)	BEFORE THE ALABAMA STATE
	)	
ALLIVET PHARMACY	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #113812/201940	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALLIVET PHARMACY (hereinafter referred to as "ALLIVET") 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) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, ALLIVET pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1 That ALLIVET is guilty of violating Code of Alabama (1975) §34-23-33(7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30

2 That ALLIVET shall pay to the Board simultaneously with the

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and ALLIVET shall not attempt to discharge the same in any bankruptcy proceeding.

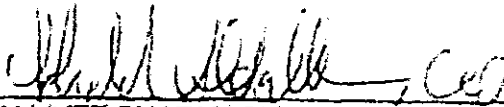
3. By execution of this Consent Order ALLIVET hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALLIVET expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against ALLIVET. ALLIVET 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) §41-22-16.

5. That ALLIVET agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

6. That ALLIVET acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. ALLIVET acknowledges, stipulates and agrees that they voluntarily and of their own free will accept the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

DONE this the 10th day of October, 2015

, CEO
ALLIVET PHARMACY

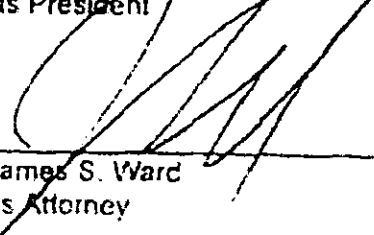
DONE this the 26 day of Oct, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY:


Dan McConaghy, R.Ph.
Its President

BY:


James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404

AGROPEC TRADING, INC
480 W 83rd St
Hialeah, FL 33014-3608

WELLS FARGO
63-761021
MIAMI, FLORIDA

021268

8/22/2017

PAY TO THE ORDER OF Alabama Board of Pharmacy
Five Thousand And 00/100 Only

\$ 5,000.00

Alabama Board of Pharmacy
Birmingham, AL 35242-0000

DOLLARS

CASE NO: 17-L-0050

MEMO



⑈021268⑈ ⑆063107513⑆ 7172801040⑈

AGROPEC TRADING, INC

021268

Document Code Document Date Invoice Code
BILL-0029486 8/22/2017 082217

Reference

Balance	Outstanding	Allocated	Discount
5,000.00	0.00	5,000.00	0.00

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
ALLIVET PHARMACY	)	
Non- Resident Pharmacy	)	BOARD OF PHARMACY
Permit #113812/201940	)	

CONSENT ORDER

THIS case came before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against ALLIVET PHARMACY (hereinafter referred to as "ALLIVET") 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) as more specifically set forth in Exhibit "A" hereto:

Prior to a hearing in this case, ALLIVET pled guilty to violating Code of Alabama (1975) §34-23-33(7), based upon engaging in the selling, offering for sale, compounding or dispensing of drugs during the year 2015 without first having your permit with the Board by evidenced by your execution of Exhibit "A". Accordingly, pursuant to Code of Alabama (1975) §§ 34-23-33 and 41-22-12(e), the matters at issue have been resolved informally by the parties and the parties have agreed that this Consent Order can be entered and include the following terms:

1. That ALLIVET is guilty of violating Code of Alabama (1975) §34-23-33 (7) by engaging in the selling, offering for sale, compounding or dispensing drugs during the year 2015 without first having renewed your permit with the Board in violation of Code of Alabama (1975) §34-23-30.
2. That ALLIVET shall pay to the Board simultaneously with the

execution of this Consent Order a fine in the amount of Five Hundred Dollars (\$500.00). This obligation of payment to the Board shall not be dischargeable in bankruptcy and ALLIVET shall not attempt to discharge the same in any bankruptcy proceeding.

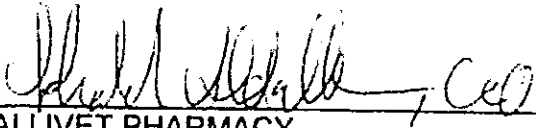
3. By execution of this Consent Order ALLIVET hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

4. That ALLIVET expressly waives their rights pursuant to the Alabama Pharmacy Practice Act, Code of Alabama (1975) §34-23-1 et seq., and the Alabama Administrative Procedure Act, Code of Alabama (1975) §41-22-1 et seq., including but not limited to Code of Alabama (1975) §§§§34-23-34, 34-23-92(7) and (12), 34-23-94, 41-22-12 and 41-22-20, and including but not limited to a statement or notice of charges and the opportunity for a hearing before the Board in connection with any charges against ALLIVET. ALLIVET 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.

5. That ALLIVET agrees that any future violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against their license.

6. That ALLIVET acknowledges, stipulates and agrees that they have read this Consent Order and that they fully understand the terms, conditions and contents of the same. ALLIVET acknowledges, stipulates and agrees that they voluntarily and of their own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress or threats or pursuant to any promises.

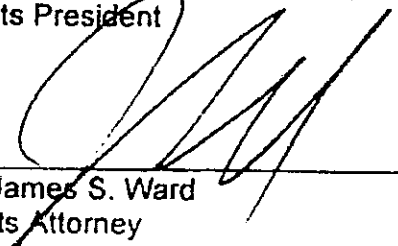
DONE this the 10th day of October, 2015.


ALLIVET PHARMACY

DONE this the 26 day of Oct, 2015.

ALABAMA STATE BOARD OF
PHARMACY

BY: 
Dan McConaghy, R.Ph.
Its President

BY: 
James S. Ward
Its Attorney

WARD & WILSON, LLC
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205)871-5404



Alabama State Board of Pharmacy
111 VILLAGE STREET
BIRMINGHAM, ALABAMA 35242



US POSTAGE
\$01.94
First-Class



Florida Department of Health
Division of Medical Quality Assurance
Bureau of Enforcement
4052 Bald Cypress Way
Bin C-75
Tallahassee, FL 32399-3275
Attn: Adam Blahut

ARKANSAS STATE BOARD OF PHARMACY

LENORA NEWSOME, P.D.

President, Snackover

DEBORAH MACK, P.D.

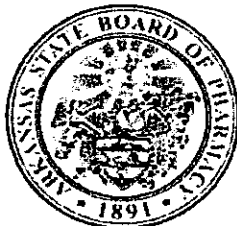
Vice President/Secretary, Bentonville

STEVE BRYANT, P.D.

Member, Batesville

REBECCA MITCHELL, Pharm.D.

Member, Greenbrier



KENNETH LANCASTER, P.D.

Member, Arkadelphia

LYNN CROUSE, Pharm.D.

Member, Lake Village

CAROL RADER, RN

Public Member, Fort Smith

AMY FORE, MHSA, FACMPE, FACHE

Public Member, Fort Smith

JOHN CLAY KIRTLEY, Pharm.D.

EXECUTIVE DIRECTOR

January 23, 2019

Adam Blahut
Florida Department of Health
4052 Bald Cypress Way
Bin C-75
Tallahassee, FL 32399

Jan 23 2019

RE: Request for Documents on Agropec Trading LLC

Dear Mr. Blahut:

Enclosed is the documentation that you requested. There is not an administrative complaint/charging document because the matter was resolved with a consent agreement prior to formal charges being filed.

Please let me know if you have any questions.

Sincerely,

Luke Daniel
General Counsel
Arkansas State Board of Pharmacy

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Ron DeSantis
ARKANSAS STATE
BOARD OF PHARMACY

JAN 23 2019

RECEIVED

January 16, 2019

Arkansas Board of Pharmacy
322 South Main Street, Suite 600
Little Rock, AR 72201

DOH Reference Number: 201901172

Subject: Agropec Trading LLC d.b.a. Allivet

Dear Sir or Madam:

The Consumer Services Unit is reviewing disciplinary action taken by your state against the above Florida licensed health care provider. Please provide *certified copies* of the following information:

- The Administrative Complaint/Charging Document for 2015-049
- The Final Order/Disposition Document for 2015-049

Sincerely,

Adam Blahut
Government Analyst I

In addition, if you have any concerns or suggestions about our complaint process, please fill out our Customer Concerns or Suggestions form at <http://www.floridahealth.gov/licensing-and-regulation/enforcement/survey.html>.



ARKANSAS STATE
BOARD OF PHARMACY

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY SEP 01 2015

IN THE MATTER OF
AGROPEC TRADING, INC., dba ALLIVET PHARMACY
480 West 83rd Street
Hialeah, Florida 33014

RECEIVED

Case No. 2015-049

CONSENT AGREEMENT

The Arkansas State Board of Pharmacy (hereafter "the Board") having obtained information indicating that Agropec Trading, Inc., dba Allivet Pharmacy (hereafter "Respondent") is subject to a hearing regarding certain acts and practices and it appearing that Respondent is willing to enter into a Consent Order to resolve the pending controversy;

IT IS HEREBY agreed by and between Respondent and the Executive Director of the Board that:

1. Respondent now holds a retail pharmacy license, but did not hold a retail pharmacy license at the instigation of this action, and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.
2. Respondent has read the proposed Consent Order, acknowledges its right to consult with counsel and voluntarily agrees to enter into this Consent Order on its own volition and without any reliance upon any representations by the Board or any officer, employee, agent or other representative thereof, other than expressly set forth herein.
3. Respondent hereby waives any further procedural steps including, without limitation, the right to a hearing and all rights to seek judicial review and the right to otherwise challenge or contest the validity of this Consent Order.
4. Respondent executes this Consent Order for the purpose of resolving the pending matter without further administrative action. In this regard, Respondent agrees that the Board

will review and determine whether to approve this Consent Order. Furthermore, should this Consent Order not be approved by the Board, Respondent agrees that the presentation and consideration of this Consent Order by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation in, consideration or resolution of the matters set forth herein.

5. Respondent fully understands and agrees that approval and entry of this Consent Agreement shall in no way preclude additional proceedings by the Board against the Respondent for acts or omissions not specifically set forth herein.

6. This agreement shall not become a valid and enforceable order of this Board unless and until it is accepted and approved by the Board at an official meeting and executed by the President of the Board or his designee.

7. This Consent Order and the Board's records in regard to this proceeding are public records that are available to the public pursuant to and subject to the exceptions of the Freedom of Information Act, A.C.A. § 25-19-101 *et seq.*

FINDINGS OF FACT

F-1. Respondent was not licensed by the Board to ship prescriptions in the State of Arkansas, but was and is subject to the jurisdiction of the Board at all times relevant to this Consent Order.

F-2. Based on information provided by Respondent, pursuant to a subpoena, from June 1, 2013 through June 22, 2015, Respondent shipped prescription drugs into the State of Arkansas without holding a valid out of state retail pharmacy license pursuant to Ark. Code Ann. § 17-92-902. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without a valid out of state retail pharmacy license.

F-3. Respondent engaged in the shipping and processing of legend drugs into the State of Arkansas without an Arkansas licensed pharmacist on staff and designated as the Arkansas Pharmacist in Charge as required by Arkansas Law.

CHARGES

C-1 Each order processed and delivered into the State of Arkansas by Respondent without an out of state retail pharmacy permit described in Paragraph F-2 and F-3 constitutes a separate violation of Ark. Code Ann. § 17-92-903(b), Ark. Code Ann. § 17-92-401, and Board Regulation 04-04-0001.

ORDER

IT IS THEREFORE ORDERED that:

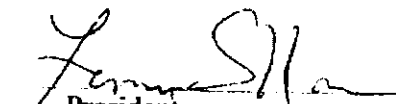
1. Subject to the Board's approval of this Consent Order, Respondent shall pay a monetary penalty in the amount of \$5,000.00 in U.S. Dollars to the Board by December 31, 2015. Should Respondent fail to pay said penalty on or before December 31, 2015, Respondent's retail pharmacy permit shall then be suspended until the penalty is received by the Board.

IT IS FURTHER ORDERED that the Board shall retain jurisdiction of this matter for the purposes of implementing and enforcing this Consent Order and that Respondent's failure to comply with any provision herein shall constitute gross unprofessional or dishonorable conduct for which the Board may impose disciplinary action pursuant to A.C.A. § 17-92-311 (a)(7).

IT IS SO ORDERED this _____ day of October, 2015.

ARKANSAS STATE BOARD OF PHARMACY

by:


President

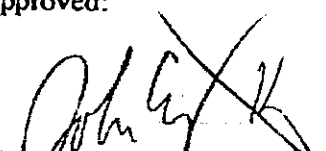
Approved:

RESPONDENT


President

Attorney for Respondent (optional)

Approved:


John Clay Kirtley, Pharm. D.
Executive Director
Arkansas State Board of Pharmacy

AGREED BOARD ORDER #K-17-031

RE: IN THE MATTER OF
ALLIVET
(PHARMACY LICENSE #25561)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25561 issued to Allivet (Respondent), 480 West 83rd Street, Hialeah, Florida 33014.

By letter dated July 9, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); 565.002(a)(3) and (10); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.8(c)(3); and 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

PREVIOUS HISTORY IN OTHER JURISDICTIONS

- (1) On or about March 3, 2009, the Oregon Board of Pharmacy entered a Consent Order against Allivet (operating in Oregon as Agropec Trading, Inc., d/b/a Allivet Pharmacy). The Order was based on allegations that the pharmacy engaged in the distribution of drugs into Oregon without an Oregon drug outlet registration. The Order imposed a \$750 penalty.
- (2) On or about September 28, 2011, the Indiana Board of Pharmacy entered a Cease and Desist Order against Allivet (operating in Indiana as Allivet Pharmacy). The Order was based on allegations that the pharmacy dispensed prescription drugs into Indiana without an Indiana nonresident pharmacy registration. The Order ordered the pharmacy to cease and desist any and all activities that constitute the unlicensed practice of pharmacy in Indiana.
- (3) On or about February 28, 2013, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the Colorado non-resident prescription drug outlet registration number OSP 5887 held by Allivet (licensed in Colorado as Allivet Pharmacy). The Order was based on stipulations that on three occasions, the pharmacy distributed prescription drugs to an individual practitioner without a valid, patient-specific prescription order. The Order imposed a \$1,000 fine.

Agreed Board Order #K-17-031

Allivet

Page 2

COUNTS

- (1) On or about July 10, 2009, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (2) On or about April 21, 2011, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (3) On or about April 3, 2013, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Indiana Board of Pharmacy as described in Previous History (2) and the Colorado State Board of Pharmacy as described in Previous History (3).
- (4) On or about September 1, 2016, through on or about May 21, 2017, Allivet, 480 West 83rd Street, Hialeah, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

By letter dated July 9, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Peter Batushansky, Corporate President, Agropec Trading, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

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

- (1) Respondent shall pay an administrative penalty of four thousand dollars (\$4,000) due one hundred twenty (120) days after the entry of this Order.

Agreed Board Order #K-17-031

Allivet

Page 3

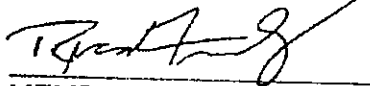
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

Agreed Board Order #K-17-031
Allivet
Page 4

And it is so ORDERED.

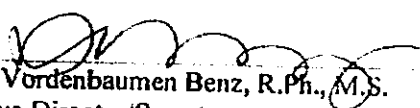
THIS ORDER IS A PUBLIC RECORD.

SIGNED AND ENTERED ON THIS 6th day of November, 2018.



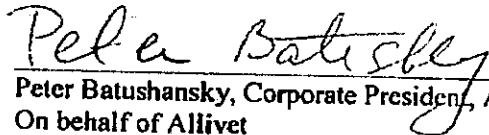
MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:



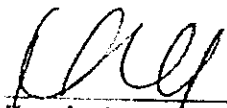
Allison Vordenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:



Peter Batushansky, Corporate President, Agropec Trading, LLC
On behalf of Allivet

APPROVED AS TO FORM:



Kerstin Arnold, General Counsel
Texas State Board of Pharmacy



COLORADO
Department of
Regulatory Agencies

DOH Consumer Services

DOH Consumer Services

APR 29 2019

APR 29 2019

LETTER OF ADMONITION

Consumer Services

August 13, 2018

4 16 2019

Allivet



And via email to: [REDACTED]

RE: Case 2018-6062

Dear Pharmacist Manager:

The Colorado State Board of Pharmacy ("Board") reviewed the above-referenced complaint. After careful consideration, the Board determined that you failed to report a disciplinary action issued by Arkansas on 9/21/15. Board Rule 9.00 10(b) requires licensees and registrants to notify the Board in writing within 30 days of any disciplinary action against them in another state.

Therefore, pursuant to Board Policy 30-14, the Board hereby admonishes you for violating the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and Board Rules. This admonishment shall be a permanent, public record and reportable as a disciplinary action. It may also be considered as an aggravating factor if a future violation occurs.

You have the right to request, in writing, within twenty days after receipt of this letter, formal disciplinary proceedings to adjudicate the propriety of the conduct upon which this letter of admonition is based. If such a request is made, this letter will be vacated and the Board will process the matter by means of formal disciplinary proceedings in accordance with sections 24-4-104 and 105, C.R.S.

FOR THE COLORADO STATE BOARD OF PHARMACY

Joseph Liber
Interim Program Director

CERTIFIED DOCUMENT

Ximela Stanku



COLORADO

Department of
Regulatory Agencies

[illegible]

FORWARDING SERVICE REQUESTED

Florida Department of Health
Division of Medical Quality Assurance
Bureau of Enforcement
Attn: Adam Blahut
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

CIT-TAB 32399





ILLINOIS

2019-03078

2019

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE
DEPARTMENT OF FINANCIAL AND PROFESSIONAL
REGULATION,

Complainant,

v.

AGROPEC TRADING, LLC, DBA ALLIVET,
License No. 054.020270,

Respondent.

Case No. 2019-03078

CONSENT ORDER

The Division of Professional Regulation of the Illinois Department of Financial and Professional Regulation ("Department"), by attorney Paula McGee, and Respondent Agropec Trading, LLC, DBA Allivet ("Respondent") agree to the following:

STIPULATIONS

Respondent holds Illinois pharmacy license no. 054 020270 pursuant to the Pharmacy Practice Act, 225 ILCS 85/et seq. ("Act"), which is presently in active status. Respondent non-resident pharmacy is located in Florida and dispenses veterinary prescription medication to consumers. Respondent pharmacy was previously owned by a single owner prior to a change of ownership in 2017. In January of 2019, the Department received a self-report of prior sister-state discipline not previously disclosed to the Department under prior ownership. In February of 2019, the Department received Respondent's application for a change of address. The Act at 225 ILCS 85/30(a)(8) and (24) sets forth that the Department may refuse to issue or renew, or may revoke a license, or may suspend, place on probation, fine, or take any disciplinary or non-disciplinary action as the Department may deem proper, including fines not to exceed \$10,000.00 per violation, with regard to any licensee for adverse action taken by another state or jurisdiction that is the same or substantially equivalent to those set forth in the Act and failing to report within sixty (60) days to the Department any adverse final action taken against a pharmacy by another licensing jurisdiction in any other state for acts or conduct similar to acts or conduct that would constitute grounds for discipline under the Act.

In January of 2019, Respondent disclosed to the Department the following sister-state disciplines: (1.) On or about February 18, 2009, Respondent was fined \$750.00 by the Board of Pharmacy of the State of

Oregon due to shipping to the state in early 2008 without an active license in Oregon case no. 2008-0097. Respondent was in the process of obtaining state licenses at the time, and the action resulted from an unintentional oversight. Respondent has had no subsequent disciplinary history in Oregon; (2.) On or about September 28, 2011, the Indiana Board of Pharmacy ordered Respondent, at the time pending application approval for a non-resident pharmacy license, to cease and desist shipping to Indiana without an active license in Indiana case no. 2011 IBP 0053. Within sixty (60) days of the Indiana Order, Respondent received an Indiana license and has had no subsequent disciplinary history in Indiana; (3.) On or about December 19, 2013, Respondent was fined \$1,100.00 by the State Board of Pharmacy of the State of Colorado due to dispensing without a wholesale license in Colorado case no. CO-2013-534. Respondent shipped a medication to a veterinarian in Colorado in 2011 who had been unable to obtain the medication from the manufacturer due to back-order. Respondent does not sell any products via wholesale and this was a one-time occurrence; (4.) On or about October 10, 2015, Respondent was fined \$500.00 by the Alabama State Board of Pharmacy due to shipping to the state without a valid license in Alabama case no. AL-2015-001. In 2014, Respondent submitted an application for its pharmacist-in-charge ("PIC") to be licensed in Alabama, due to a new law requiring all non-resident pharmacies have an Alabama licensed PIC on staff. Respondent mistakenly believed they could continue to ship to Alabama while the application was pending; (5.) On or about October 13, 2015, Respondent was fined \$5,000.00 by the Arkansas State Board of Pharmacy due to shipping to the state without a valid license in Arkansas case no. AR-2015-049; (6.) On or about February 28, 2017, Respondent was disciplined in Alabama due to the sister-state actions in Oregon and Indiana in Alabama case no. 16-I.-0130; (7.) On or about May 18, 2017, Respondent was disciplined in Alabama due to the sister-state action in Arkansas in Alabama case no. 17-L-0050; (8.) On or about June 25, 2018, Respondent was disciplined by the Michigan Board of Pharmacy due to the sister-state actions in Oregon, Alabama, and Arkansas, and for having failed to report a change of location to Michigan within thirty (30) days in 2008 in Michigan case no. 53-17-148216; (9.) On or about July 9, 2018, Respondent was disciplined by the Texas State Board of Pharmacy due to the sister-state actions in Oregon, Colorado, and Indiana, and for failing to have a Texas-licensed pharmacist on staff. In 2016, Respondent submitted an application for its pharmacist to be licensed in Texas, upon a new requirement that

all non-resident pharmacies have a Texas licensed pharmacist on staff, however Respondent did not have a Texas-licensed pharmacist on staff as of September of 2016 and was fined \$4,000.00 in Texas case no. K-17-031; and (10.) On or about August 13, 2018, Respondent was disciplined in Colorado due to the sister-state action in Arkansas in Colorado case no. 2018-6062.

For the purposes of this Consent Order, Respondent admits the following: (1.) Adverse action was taken against Respondent relating to the practice of pharmacy in the states of Oregon, Indiana, Colorado, Alabama, Arkansas, Michigan, and Texas; (2) No other adverse final actions, other than those set forth in this Consent Order, have been taken against Respondent in any jurisdiction; and (3.) Respondent failed to report within sixty (60) days the adverse final actions set forth in this Consent Order. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8) and (24). Pursuant to 68 IAC 1130.300(b), the following factors are considered in mitigation: (1.) Respondent is currently in good standing in all states where Respondent is licensed; (2.) Respondent's lack of disciplinary history by the Department; (3.) The age of the underlying offenses; (3) Respondent's self-report to the Department and demonstration of accountability under new ownership; and (4.) Respondent's small size and specialized pharmacy services Respondent provides to Illinois consumers.

Respondent admits that the information recited herein is accurate and complete. At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, the right to an attorney, 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 Consent Order. Such waiver ceases if this Consent Order is rejected by the State Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be

requested to communicate with the Board or Director in furtherance of the approval of this Consent Order. Respondent has been informed that this Consent Order will be presented to the Director. If this Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Consent Order. Respondent understands that this Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent agree.

- A. Respondent's Illinois pharmacy license no. 054 020270 shall be reprimanded.
- B. Respondent shall pay a fine of five thousand dollars (\$5,000.00) within sixty (60) days of the effective date of this Consent Order. The fine shall be paid by personal check, cashier's check, or personal money order. In the notation portion of the check, this Case No. 2019-03078 and license no 054.020270 shall be noted. Said check shall be made payable to:

Illinois Department of Financial and Professional Regulation
SSC – ACCOUNTS Receivable Section - Fines
P.O. Box 7086
Springfield, IL 62791

- C. Failure by Respondent to comply fully with the terms and conditions of this Consent Order shall be grounds for the Director of the Illinois Department of Financial and Professional Regulation to issue an Order mandating the immediate and automatic indefinite suspension of Respondent's pharmacy license. Respondent may file an appropriate Petition within thirty (30) days from date the order was entered to contest the underlying factual basis of the indefinite suspension. Respondent shall be

afforded a hearing on the merits following the filing of the Petition. Respondent waives any statute of limitations defense in any hearing on the suspension.

- D. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public.
- E. This Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page

10/10/2019

Date

Pete Bdr

Respondent Agropec Trading, LLC, DBA Allivet

10/15/2019

Date

Paul McGee

Department Attorney Paula McGee

10/23/19

Date

Donise Scarpelli

Board of Pharmacy Member

The foregoing Consent Order is approved in full.

Dated this 5th day of November, 2019.ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGANCecilia Abundis
CECILIA ABUNDIS, ACTING DIRECTOR
Division of Professional RegulationCase No. 2019-03078
License No. 054.020270

ILLINOIS

2019-03078

2019

STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
DIVISION OF PROFESSIONAL REGULATION

DIVISION OF PROFESSIONAL REGULATION OF THE	)	
DEPARTMENT OF FINANCIAL AND PROFESSIONAL	)	
REGULATION,	)	
	)	
v.	)	
AGROPEC TRADING, LLC, DBA ALLIVET,	)	Case No. 2019-03078
License No. 054.020270,	)	
Respondent.	)	

CONSENT ORDER

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In January of 2019, Respondent disclosed to the Department the following sister-state disciplines: (1.) On or about February 18, 2009, Respondent was fined \$750.00 by the Board of Pharmacy of the State of

Oregon due to shipping to the state in early 2008 without an active license in Oregon case no. 2008-0097. Respondent was in the process of obtaining state licenses at the time, and the action resulted from an unintentional oversight. Respondent has had no subsequent disciplinary history in Oregon; (2.) On or about September 28, 2011, the Indiana Board of Pharmacy ordered Respondent, at the time pending application approval for a non-resident pharmacy license, to cease and desist shipping to Indiana without an active license in Indiana case no. 2011 IBP 0053. Within sixty (60) days of the Indiana Order, Respondent received an Indiana license and has had no subsequent disciplinary history in Indiana; (3.) On or about December 19, 2013, Respondent was fined \$1,100.00 by the State Board of Pharmacy of the State of Colorado due to dispensing without a wholesale license in Colorado case no. CO-2013-534. Respondent shipped a medication to a veterinarian in Colorado in 2011 who had been unable to obtain the medication from the manufacturer due to back-order. Respondent does not sell any products via wholesale and this was a one-time occurrence; (4.) On or about October 10, 2015, Respondent was fined \$500.00 by the Alabama State Board of Pharmacy due to shipping to the state without a valid license in Alabama case no. AL-2015-001. In 2014, Respondent submitted an application for its pharmacist-in-charge ("PIC") to be licensed in Alabama, due to a new law requiring all non-resident pharmacies have an Alabama licensed PIC on staff. Respondent mistakenly believed they could continue to ship to Alabama while the application was pending; (5.) On or about October 13, 2015, Respondent was fined \$5,000.00 by the Arkansas State Board of Pharmacy due to shipping to the state without a valid license in Arkansas case no. AR-2015-049; (6.) On or about February 28, 2017, Respondent was disciplined in Alabama due to the sister-state actions in Oregon and Indiana in Alabama case no. 16-L-0130; (7.) On or about May 18, 2017, Respondent was disciplined in Alabama due to the sister-state action in Arkansas in Alabama case no. 17-L-0050; (8.) On or about June 25, 2018, Respondent was disciplined by the Michigan Board of Pharmacy due to the sister-state actions in Oregon, Alabama, and Arkansas, and for having failed to report a change of location to Michigan within thirty (30) days in 2008 in Michigan case no. 53-17-148216; (9.) On or about July 9, 2018, Respondent was disciplined by the Texas State Board of Pharmacy due to the sister-state actions in Oregon, Colorado, and Indiana, and for failing to have a Texas-licensed pharmacist on staff. In 2016, Respondent submitted an application for its pharmacist to be licensed in Texas, upon a new requirement that

all non-resident pharmacies have a Texas licensed pharmacist on staff, however Respondent did not have a Texas-licensed pharmacist on staff as of September of 2016 and was fined \$4,000.00 in Texas case no. K-17-031; and (10.) On or about August 13, 2018, Respondent was disciplined in Colorado due to the sister-state action in Arkansas in Colorado case no. 2018-6062.

For the purposes of this Consent Order, Respondent admits the following: (1.) Adverse action was taken against Respondent relating to the practice of pharmacy in the states of Oregon, Indiana, Colorado, Alabama, Arkansas, Michigan, and Texas; (2) No other adverse final actions, other than those set forth in this Consent Order, have been taken against Respondent in any jurisdiction; and (3.) Respondent failed to report within sixty (60) days the adverse final actions set forth in this Consent Order. Respondent's actions and/or omissions constitute grounds for discipline under the Act, 225 ILCS 85/30(a)(8) and (24). Pursuant to 68 IAC 1130.300(b), the following factors are considered in mitigation: (1) Respondent is currently in good standing in all states where Respondent is licensed; (2) Respondent's lack of disciplinary history by the Department; (3.) The age of the underlying offenses; (3) Respondent's self-report to the Department and demonstration of accountability under new ownership; and (4.) Respondent's small size and specialized pharmacy services Respondent provides to Illinois consumers.

Respondent admits that the information recited herein is accurate and complete. At all times material to the matter set forth in this Consent Order, the Department had jurisdiction over the subject matter and the parties herein. Respondent has been advised of the right to have any allegation(s) reduced to written charges, to a hearing where the Department bears the burden to prove its allegations by clear and convincing evidence, the right to contest any charges brought and present mitigating evidence, the right to an attorney, 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 Consent Order. Such waiver ceases if this Consent Order is rejected by the State Board of Pharmacy ("Board") or Director. Respondent acknowledges that Respondent has entered into this Consent Order freely and of Respondent's own will without threat or coercion by the Department or any person and has not relied upon any representation made by or on behalf of the Department other than those specifically included herein. Respondent acknowledges that the Department attorney may be

requested to communicate with the Board or Director in furtherance of the approval of this Consent Order. Respondent has been informed that this Consent Order will be presented to the Director. If this Consent Order is not approved, Respondent waives any right to raise any prejudice resulting from the Director's consideration of this Consent Order. Respondent understands that this Consent Order is not effective unless and until it is adopted by the Director. A copy of any original signature(s) shall be given the full force and effect of an original signature(s) affixed to this Consent Order.

Respondent and the Department agree, in order to resolve this matter, that Respondent be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

Wherefore, the Department, by attorney Paula McGee, and Respondent agree.

- A. Respondent's Illinois pharmacy license no. 054 020270 shall be reprimanded
- B. Respondent shall pay a fine of five thousand dollars (\$5,000.00) within sixty (60) days of the effective date of this Consent Order. The fine shall be paid by personal check, cashier's check, or personal money order. In the notation portion of the check, this Case No. 2019-03078 and license no 054.020270 shall be noted. Said check shall be made payable to:

Illinois Department of Financial and Professional Regulation
SSC - ACCOUNTS Receivable Section - Fines
P.O. Box 7086
Springfield, IL 62791

- C. Failure by Respondent to comply fully with the terms and conditions of this Consent Order shall be grounds for the Director of the Illinois Department of Financial and Professional Regulation to issue an Order mandating the immediate and automatic indefinite suspension of Respondent's pharmacy license. Respondent may file an appropriate Petition within thirty (30) days from date the order was entered to contest the underlying factual basis of the indefinite suspension. Respondent shall be

afforded a hearing on the merits following the filing of the Petition. Respondent waives any statute of limitations defense in any hearing on the suspension.

- D. This Consent Order is a public disciplinary action and will be reported to all applicable public indexes, including the National Association of Boards of Pharmacy. This Consent Order will be available to the general public.
- E. This Consent Order shall become effective upon the Director's signature, as dated below.

Signatures on the following page.

10/10/2019

Date

Pete Bdr

Respondent Agropec Trading, LLC, DBA Allivet

10/15/2019

Date

Paula McGee

Department Attorney Paula McGee

10/23/19

Date

Danise Scarpelli

Board of Pharmacy Member

The foregoing Consent Order is approved in full

Dated this 24th day of November, 2019.ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION
SECRETARY DEBORAH HAGANCecilia Abundis
CECILIA ABUNDIS, ACTING DIRECTOR
Division of Professional RegulationCase No. 2019-03078
License No. 054.020270

HAWAII

PHA 2019-79-L

2019

I HEREBY CERTIFY THAT THE ATTACHED
IS A TRUE AND CORRECT COPY OF THE
ORIGINAL ON FILE IN THE DEPARTMENT
OF COMMERCE & CONSUMER AFFAIRS.

JK

MARC T. NAKAMURA 8167
Regulated Industries Complaints Office
Department of Commerce and Consumer Affairs
State of Hawaii
Leiopapa A Kamehameha Building
235 S. Beretania Street, 9th Floor
Honolulu, Hawaii 96813
Telephone: (808) 586-2660

DEPT. OF COMMERCE
AND CONSUMER AFFAIRS

200 JUL 23 P 2 34

LEIOPAPA OFFICE

200 JUL 24 P 3 25

200 JUL 24 P 3 25

Attorney 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 2019-79-L
	)	
AGROPEC TRADING LLC, doing business as ALLIVET.	)	SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER:
	)	EXHIBIT "1" and "2"
Respondent.	)	
	)	

248042211

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 AGROPEC TRADING LLC, doing business as ALLIVET (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 pharmacy under Miscellaneous Permit Number PMP 1534. The permit was issued on or about September 20, 2018. The permit will forfeit or expire on or about December 31, 2019.

2. Respondent's mailing address for purposes of this action is 480 West 83rd Street, Hialeah, Florida 33014.

3. RICO alleges that Respondent was disciplined by the Texas State Board of Pharmacy on November 6, 2018 via *Agreed Board Order #K-17-031* (hereinafter "Texas

Order"). Attached as Exhibit "1" is a copy of the Texas Order.

4. RICO alleges that Respondent failed to timely notify the Board of the Texas Order within thirty (30) days.

5. RICO also alleges that Respondent was disciplined by the Michigan Board of Pharmacy via *Consent Order* (hereinafter "Michigan Order") which became effective thirty (30) days from April 10, 2019. Attached as Exhibit "2" is a copy of the Michigan Order.

6. RICO alleges that Respondent failed to timely notify the Board of the Michigan Order within thirty (30) days.

7. 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) (revocation, suspension, or other disciplinary action by another state or federal agency against a licensee for any reasons provided by the licensing laws or this section) and HRS § 436B-19(15) (failure to report in writing to the licensing authority any disciplinary decision issued against the licensee within thirty days of the disciplinary decision).

8. 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 represents that Exhibits "1" and "2" are true and accurate copies of the disciplinary decisions issued by the Texas Board of Pharmacy and the Michigan Board of Pharmacy respectively.

5. Respondent being at all times relevant herein permitted as a pharmacy 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.

6. 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.

7. 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.

8. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO Case No. PHA 2019-79-L.

9. Respondent understands that this Settlement Agreement may be subject to reporting requirements.

10. 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 a fine in the amount of TWO THOUSAND AND NO/100 DOLLARS (\$2,000.00). 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: Marc T. Nakamura, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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 permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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.

[Remainder of this page intentionally left blank; signature page follows]

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF AGROPEC TRADING LLC,
DOING BUSINESS AS ALLIVET; SETTLEMENT AGREEMENT PRIOR TO FILING OF
PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL ORDER; EXHIBIT "1"
AND "2"; RICO CASE NO. PHA 2019-79-L

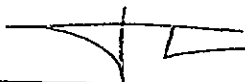
APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII



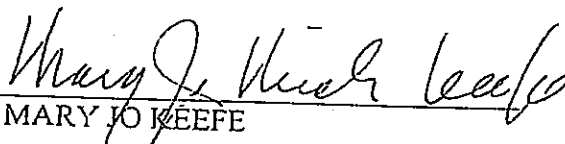
KERRI OKAMURA
Chairperson

1/23/20

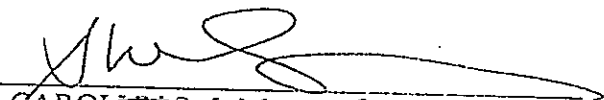
DATE



JULIE YURIE TAKISHIMA-LACASA
Vice Chair

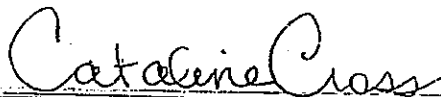


MARY JO KEEFE



CAROLYN S. J. MA Sheri Tokumaru

ALANNA ISOBE



RONALD WEINBERG

Catalina Cross

KENNETH VANDENBUSSCHE

STATE OF _____)
COUNTY OF _____) SS.

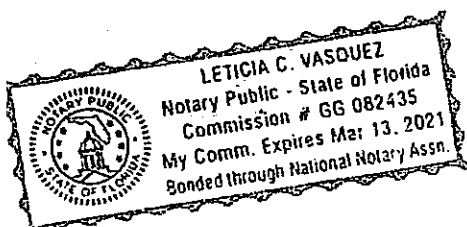
On this 16th day of December, 2019, before me personally appeared
Peter Batulinski
[Name of Person Signing Document] to me known to be the person described, and who
executed the foregoing instrument on behalf of AGROPEC TRADING LLC, doing business
as ALLIVET as its President, and acknowledged that he/she
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

December 16th
[Date Document Signed by Respondent] 2019 was acknowledged before me by
Peter Batulinski this 16th day of December, 2019,
[Name of Person Signing Document]

in the City of Miami Lakes, in the County of Harris, in the _____ Circuit,
State of Florida.

Notary Signature: [Signature]
Print Notary Name: _____
Notary Public, State of _____ Circuit
My Commission expires: _____



AGREED BOARD ORDER #K-17-031

RE: IN THE MATTER OF
ALLIVET
(PHARMACY LICENSE #25561)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 25561 issued to Allivet (Respondent), 480 West 83rd Street, Hialeah, Florida 33014.

By letter dated July 9, 2018, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 562.101(f); 565.002(a)(3) and (10); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2017); and

Sections 281.8(c)(3); and 291.103 of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2017), in that allegedly:

PREVIOUS HISTORY IN OTHER JURISDICTIONS

- (1) On or about March 3, 2009, the Oregon Board of Pharmacy entered a Consent Order against Allivet (operating in Oregon as Agropec Trading, Inc., d/b/a Allivet Pharmacy). ~~The Order was based on allegations that the pharmacy engaged in the distribution of drugs into Oregon without an Oregon drug outlet registration.~~ The Order imposed a \$750 penalty.
- (2) On or about September 28, 2011, the Indiana Board of Pharmacy entered a Cease and Desist Order against Allivet (operating in Indiana as Allivet Pharmacy). The Order was based on allegations that the pharmacy dispensed prescription drugs into Indiana without an Indiana nonresident pharmacy registration. The Order ordered the pharmacy to cease and desist any and all activities that constitute the unlicensed practice of pharmacy in Indiana.
- (3) On or about February 28, 2013, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order against the Colorado non-resident prescription drug outlet registration number OSP 5887 held by Allivet (licensed in Colorado as Allivet Pharmacy). The Order was based on stipulations that on three occasions, the pharmacy distributed prescription drugs to an individual practitioner without a valid, patient-specific prescription order. The Order imposed a \$1,000 fine.

Agreed Board Order #K-17-031
 Allivet
 Page 2

COUNTS

- (1) On or about July 10, 2009, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (2) On or about April 21, 2011, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Oregon Board of Pharmacy as described in Previous History (1).
- (3) On or about April 3, 2013, Allivet submitted to the Texas State Board of Pharmacy an application for licensure renewal as a nonresident pharmacy. On the application, it was falsely indicated that the pharmacy had not been the subject of any professional disciplinary action by a regulatory authority within the past 36 months, when the pharmacy was disciplined by the Indiana Board of Pharmacy as described in Previous History (2) and the Colorado State Board of Pharmacy as described in Previous History (3).
- (4) On or about September 1, 2016, through on or about May 21, 2017, Allivet, 480 West 83rd Street, Hialeah, Florida 33014, was engaged in the operation of a non-resident pharmacy in violation of Texas Pharmacy Board Rules, in that the pharmacy was not under the supervision of a pharmacist-in-charge licensed as a pharmacist in Texas.

By letter dated July 9, 2018, Respondent was notified that the matters previously set out in this Order could be disposed of without the scheduling of an informal conference or a formal administrative hearing. By signing this Order, Peter Batushansky, Corporate President, Agropec Trading, LLC, on behalf of Respondent, neither admits nor denies the truth of the matters previously set out in this Order, and agrees that the Board has jurisdiction in this matter and waives the right to informal conference, notice of hearing, formal administrative hearing, and judicial review of this Order.

The parties acknowledge that this Order resolves the allegations set forth herein, and agree to the terms and conditions set forth in the ORDER OF THE BOARD below.

ORDER OF THE BOARD

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

- (1) Respondent shall pay an administrative penalty of four thousand dollars (\$4,000) due one hundred twenty (120) days after the entry of this Order.

Agreed Board Order #K-17-031

Allivet

Page 3

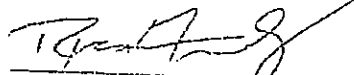
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

Agreed Board Order #K-17-031
Allivet
Page 4

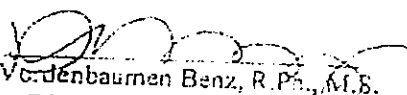
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

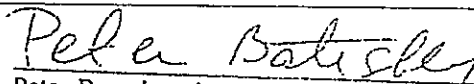
SIGNED AND ENTERED ON THIS 6th day of November, 2018.


MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:


Allison Vandenbaumen Benz, R.Ph., M.S.
Executive Director/Secretary
Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


Peter Batushansky, Corporate President, Agropec Trading, LLC
On behalf of Allivet

APPROVED AS TO FORM:


Kerstin Arnold, General Counsel
Texas State Board of Pharmacy

STATE OF MICHIGAN
 DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 BUREAU OF PROFESSIONAL LICENSING
 BOARD OF PHARMACY
 DISCIPLINARY SUBCOMMITTEE

In the Matter of

ALLIVET
 License No. 53-01-008685,
Respondent.

File No. 53-17-148216

CONSENT ORDER

On April 30, 2018, the Department of Licensing and Regulatory Affairs executed an Administrative Complaint charging Respondent with violating the Public Health Code, MCL 333.1101 *et seq.*

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy (DSC) has reviewed this Consent Order and Stipulation and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, IT IS FOUND that the facts alleged in the Complaint are true and constitute violation(s) of MCLs 333.17768(2)(d) and 333.17768(1)¹.

¹ Count IV of the Administrative Complaint erroneously indicated Respondent's conduct is a violation of MCL 333.16221(h). The violation is of MCL 333.17768(1).

IT IS ORDERED that for the cited violation(s) of the Public Health Code, Respondent is REPRIMANDED.

IT IS FURTHER ORDERED that for the cited violation(s) of the Public Health Code, Respondent is FINED \$1,000.00 to be paid to the State of Michigan within 60 days of the effective date of this Order. Respondent shall submit payment to the Department of Licensing and Regulatory Affairs, Enforcement Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display the File Number 53-17-148216.

IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license remains suspended for more than six months, Respondent must apply for reinstatement of the license. If Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections MCL 333.16245 and 333.16247.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the DSC, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: [Signature]
Chairperson, Disciplinary Subcommittee

Dated: 4.10.19

STIPULATION

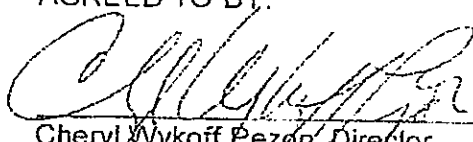
1. The facts alleged in the Complaint are true and constitute violation(s) of MCLs 333.17768(2)(d) and 333.17768(1).
2. Respondent understands and intends that by signing this Stipulation Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, MCL 24.201 *et seq.*, to ~~require the Department to prove the charges set forth in the Complaint by presentation of~~ evidence and legal authority, and Respondent is waiving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.
3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 *et seq.*, and this action will be reported to the National Practitioner Data Bank and any other entity as required by state or federal law.

4. Patti Keim, R.Ph., a member of the Board of Pharmacy who supports this proposal, and the Department's representative are free to discuss this matter with the DSC and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the DSC in this matter.

6. This proposal is conditioned upon acceptance by the DSC. Respondent and the Department expressly reserve the right to further proceedings without prejudice should this Order be rejected.

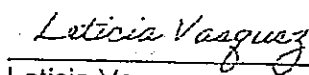
AGREED TO BY:



Cheryl Wykoff Pezon, Director
Bureau of Professional Licensing
Department of Licensing and
Regulatory Affairs

Dated: 01/23/19

AGREED TO BY:



Leticia Vasquez,
Manager for Allivet,
Respondent

Dated: 12/17/2018

dm

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

ALLIVET
License No. 53-01-008685,
Respondent.

File No. 53-17-148216

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, by Cheryl Wykoff Pezon, Acting Director, Bureau of Professional Licensing, complains against Respondent as follows:

1. The Michigan Board of Pharmacy is an administrative agency ~~established by the Public Health Code, MCL 333.1101 et seq.~~ Pursuant to MCL 333.7311, MCL 333.16226, and MCL 333.17768, the Board's Disciplinary Subcommittee is empowered to discipline persons for violations of the Public Health Code.

2. Respondent is currently licensed as a pharmacy in the state of Michigan.

3. In 2008, Respondent moved from its location at 8001 W. 26th Street, Hialeah, Florida, to its current address at 480 W. 83rd Street, Hialeah, Florida. Respondent failed to report the change of address to the Department within 30 days after

the change of address. In addition, Respondent failed to apply to the Department and be approved for a new license before moving to its new location.

4. Oregon

- a. On December 9, 2008, the Board of Pharmacy of the State of Oregon (Oregon Board) issued a Notice of Proposed Disciplinary Action against Respondent based on Respondent shipping medication from September 2006 through June 2008 into Oregon without registering as a drug outlet. A copy of the Notice, marked Exhibit A, is attached and incorporated.
- b. On March 3, 2009, in resolution of the matter, the Oregon Board executed a Consent Order ordering Respondent to pay a fine. A copy of the Consent Order, marked Exhibit B, is attached and incorporated.

5. Arkansas

- a. On July 20, 2015, the Arkansas State Board of Pharmacy (Arkansas Board) issued an Order and Notice of Hearing against Respondent based, in part, on Respondent shipping prescription drugs into Arkansas from June 1, 2013, through June 22, 2015, without holding a valid out-of-state retail pharmacy license and without an Arkansas licensed pharmacist on staff and designated as the Arkansas pharmacist in charge. A copy of the Order, marked Exhibit C, is attached and incorporated.
- b. On October 13, 2015, in resolution of the matter, the Arkansas Board entered into a Consent Agreement with Respondent ordering Respondent to pay a \$5,000.00 fine. A copy of the Consent Agreement, marked Exhibit D, is attached and incorporated.

6. Alabama

- a. On September 30, 2015, the Alabama Board of Pharmacy (Alabama Board) issued Respondent a notice of charges related to Respondent engaging in the selling, offering for sale, compounding or dispensing of drugs during the year

2015 without a permit. A copy of the notice, marked Exhibit E, is attached and incorporated.

- b. On October 26, 2015, in resolution of the matter, the Alabama Board executed a Consent Order fining Respondent \$500.00. A copy of the Consent Order, marked Exhibit F, is attached and incorporated.

7. Respondent failed to notify the Department of the Oregon December 9, 2008 Notice of Proposed Disciplinary Action; the Arkansas July 20, 2015 Order and Notice of Hearing; and the Alabama September 30, 2015 notice within 30 days of knowledge of the complaint or investigation.

COUNT I

The disciplinary actions by Oregon, Arkansas, and Alabama, as set forth above, evidence a pharmacy, manufacturer, or wholesale distributor that has had its license ~~or federal registration limited, suspended, or revoked, or been subject to any other criminal,~~ civil, or administrative penalty, in violation of MCL 333.17768(2)(d).

COUNT II

Respondent's conduct, as set forth above, evidences failure to notify the Department of the Oregon December 9, 2008 Notice of Proposed Disciplinary Action; the Arkansas July 20, 2015 Order and Notice of Hearing; and the Alabama September 30, 2015 notice within 30 days of knowledge of the complaint or investigation, contrary to MCL 333.17748a(5), in violation of MCL 333.17768(1).

COUNT III

Respondent's conduct, as set forth above, evidences a failure to report to the Department a change in location not later than 30 days after the change occurs, contrary to MCL 333.17748(4), in violation of MCL 333.17768(1).

COUNT IV

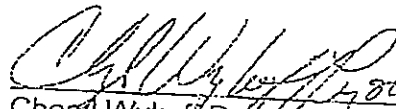
Respondent's conduct, as set forth above, evidences a failure to apply to the Department and be approved for a new license before moving to a new location, contrary to Mich Admin Code, R 338.477(2), in violation of MCL 333.16221(h).

This Administrative Complaint is based on files and records maintained by the Department and the attached Affidavit of Terri Schrauben.

RESPONDENT IS NOTIFIED that, pursuant to MCL 333.16231(8), Respondent has 30 days from the date of receipt of this Complaint to answer this Complaint in writing and to show compliance with all lawful requirements for licensure. Respondent shall submit the response to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI 48909.

Respondent's failure to submit an answer within 30 days is an admission of the allegations in this Complaint. If Respondent fails to answer, the Department shall transmit this Complaint directly to the Board's Disciplinary Subcommittee to impose a sanction, pursuant to MCL 333.16231(9).

Dated: 4/30/18


Cheryl Wykoff Pezon, Acting Director
Bureau of Professional Licensing

Attachments

dm

Allivet
Trusted Pet Pharmacy Since 1992

14540 NW 60th AVE Miami Lakes FL 33014
Phone: (877) 500-9944
Fax: (877) 500-9950
www.Allivet.com

State Board of Pharmacy

Attached you will find Allivet's disciplinary actions by date. Please see below for consolidated explanations for each action.

1. Oregon – 2008-0097 12/09/08

- i. The Case with the state of Oregon was opened on Dec 9th 2008, and settled with a consent order dated Feb 18th 2009. There was a civil fine of \$750 due to Allivet shipping to Oregon in early 2008 without an out of state license. This was an unintentional oversight as Allivet was a new pharmacy and was in the process of obtaining all licenses. Allivet has an active license and is in good standing with the state of Oregon.

2. Indiana – 2011 IBP 0053 09/28/11

- i. The order from the state of Indiana dated Sept 28th 2011 was to stop shipping to ~~Indiana while Allivet's application was in process, which was submitted many months prior.~~ Allivet received its Out of State Pharmacy license from the state of Indiana in Dec 2011, which was within 60 days of the order. There have not been disciplinary actions or sanctions against our pharmacy from the Indiana Board of Pharmacy. Allivet has an active license and is in good standing with the state of Indiana.

3. Colorado – CO-2013-534 12/19/13

- i. Isoxsuprine is a vital and staple medication which was on manufacturer backorder in 2011 at the time of the incident. Allivet had the product in stock in preparation of such situations where these medications might become scarce to pet owners. In 2011, we were contacted by a vet urgently requiring this medicine for his pet owners in Colorado. Allivet felt the need to help the Doctor, in order to enable him to continue to serve the equine community in Colorado. Allivet was fined \$1,100 by Colorado for dispensing medication without a wholesale license. This was a one-time situation and Allivet does not sell any products via wholesale regardless of the circumstances. Allivet has an active license and is in good standing with the state of Colorado.

14B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ Ownership Change (Provide current license number if making changes: PH 02754)
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: Summit Pharmacy Inc
Physical Address: 2320 W. Peoria Ave., Ste D132
Mailing Address: 2320 W. Peoria Ave., Ste D132
City: Phoenix State: AZ Zip Code: 85029
Telephone: 602.678.5400 Fax: 602.678.5401
Toll Free Number: 877.678.5400 (Required per NAC 639.708)
E-mail: spersons@summitrx.com Website: www.summitrx.com
Managing Pharmacist: Stephen Persons License Number: 19375 NV

TYPE OF PHARMACY AND

SERVICES PROVIDED

Yes/No

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

All boxes must be checked

For the application to be complete

Yes/No

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
See attached
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

Stephen Persons
Print Name of Authorized Person

6/7/21
Date

Page 2

Board Use Only

Date Processed: _____

Amount: *500*

check # 5052708 *5/16/21*

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: ArizonaParent Company if any: N/AMailing Address: 2320 W. Peoria Ave., Ste D132City: Phoenix State: AZ Zip: 85029Telephone: 602. 678. 5400 Fax: 602. 678. 5401Contact Person: Stephen Piersons

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

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

2) Provide the number of shares issued by the corporation. 9903) What was the price paid per share? \$12,121.214) What date did the corporation actually receive the cash assets? 7/23/2021

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:Monday thru Friday 6 am 5 pmSaturday 8 am 12 pmSunday closed am pm

24 Hours _____

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

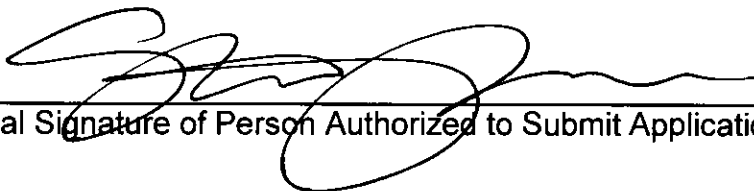
I, Stephen Persons

Responsible Person of Summit 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

Stephen Persons

Print Name of Authorized Person

6/8/21

Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF Arizona)
) ss.
Maricopa COUNTY)

I, Stephen Persons, 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 Summit Pharmacy (the Inc.

Pharmacy), and in that capacity, I am authorized to speak on the Pharmacy's behalf.

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

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

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

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

FURTHER AFFIANT SAYETH NOT.

I, Stephen Persons, 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

17th day of June, 2021

NOTARY PUBLIC





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: 09/11/2020
Receipt Number: 202087931
Receipt Amount \$: 480.00

Pharmacy - Independent

Closed Door, Compounding - Non-Sterile, Mail Order

Issued to:

PERMIT NO
Y004076

Summit Pharmacy
Summit Pharmacy, Inc.
2320 W. PEORIA AVE., #D-132
PHOENIX, AZ 85029

EXPIRES
10/31/2022

Summit Pharmacy
2320 W. PEORIA AVE., #D-132
PHOENIX, AZ 85029

Kim Gault
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: Summit Pharmacy, Inc.
LICENSE NUMBER: Y004076
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.



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PHARMACY INSPECTION REPORT on 10/24/2019 for Summit Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y004076	10/31/2020	Summit Pharmacy
Address :		
2320 W. Peoria Ave., #D-132		
Zip :	City :	State :
85029	Phoenix	AZ
Phone :	Fax :	Email :
(602) 678-5400	(602) 678-5401	spersons@summitrx.com
Inspection Date :	PIC :	Pic License Exp Date :
10/24/2019	Stephen Persons	10/31/2020
DEA # :	DEA # Exp. date :	Inspection Reviewed With :
BE8869426	02/28/2022	Stephen Persons
Reviewers License# :	Inspection type :	
S019536	Routine	
Inspection Conducted By :		
Dennis Waggoner		

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
700	110	6.363636363636363

PERMITS

1	Arizona	● S ○ N/I ○ V ○ N/A ARS § 32-1933(A); RA-23-606(A)
2	DEA	● S ○ N/I ○ V ○ N/A ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	● S ○ N/I ○ V ○ N/A ARS § 32-1929; RA-23-601(A); RA-23-604(A); RA-23-605(A); RA-23-607(A)

LICENSES

1	Pharmacists	● S ○ N/I ○ V ○ N/A ARS § 32-1923(A); RA-23-601(A)
1	Interns / Graduate interns	● S ○ N/I ○ V ○ N/A ARS § 32-1923(B); RA-23-601(B)



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3	Technicians / Trainees	● S ○ N/I ○ V ○ N/A
		ARS § 32-1925(A), R4-23-1101(A), R4-23-1102(D), R4-23-1103(B)(2)
4	Current renewal licenses maintained	● S ○ N/I ○ V ○ N/A
		ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	● S ○ N/I ○ V ○ N/A
		R4-23-609(G)(H)
2	Personnel and security procedures	● S ○ N/I ○ V ○ N/A
		R4-23-610
3	Facilities	● S ○ N/I ○ V ○ N/A
		R4-23-611(A)
4	Drug supply	● S ○ N/I ○ V ○ N/A
		R4-23-611(B)
5	Quarantine expired drugs	● S ○ N/I ○ V ○ N/A
		R4-23-611(B)(4)
6	Equipment	● S ○ N/I ○ V ○ N/A
		R4-23-612
7	Policies and procedures	● S ○ N/I ○ V ○ N/A
		R4-23-610(A), R4-23-611(B)

TECHNICIANS

1	Training program	● S ○ N/I ○ V ○ N/A
		R4-23-1105(B)(D)
2	Training program - compounds	● S ○ N/I ○ V ○ N/A
		R4-23-1105(C)
3	Activities - trainees	● S ○ N/I ○ V ○ N/A
		R4-23-1104(A)
4	Activities - technicians	● S ○ N/I ○ V ○ N/A
		R4-23-1104(A)(B)
5	Policies and procedures	● S ○ N/I ○ V ○ N/A
		R4-23-1104(F)(G)

COUNSELING

1	Documentation	● S ○ N/I ○ V ○ N/A
	Only for employees, no stand alone counseling on-site.	R4-23-102(G)(H)



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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

- | | | |
|----------|---------------------|--------------------------------------|
| 2 | Oral consultation | OS ON/I OV N/A
R4-23-402(C)(D)(E) |
| 3 | Written information | OS ON/I OV N/A
R4-23-402(C)(E) |

PRESCRIPTION AUDIT

- | | | |
|-----------|---|--|
| 1 | Prescription files | OS ON/I OV N/A
ARS § 32-1964; ARS § 36-2525(C); (1)(2) |
| 2 | Prescription label | OS ON/I OV N/A
ARS § 32-1968(D); ARS § 36-2525(L) |
| 3 | CII prescriptions | OS ON/I OV N/A
ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A) |
| 4 | CIII - CV prescriptions | OS ON/I OV N/A
ARS § 32-1968; 36-2525(A)(C)(D)(H)(I); R4-23-407(A) |
| 5 | Non-controlled prescriptions | OS ON/I OV N/A
ARS § 32-1968; R4-23-407(A) |
| 6 | Transfers | OS ON/I OV N/A
R4-23-407(D) |
| 7 | Telephone
Reminder to document receiving pharmacist. | OS ON/I OV N/A
ARS § 32-1968(A)(5); R4-23-402(A)(1)(2) |
| 8 | Refill authorizations | OS ON/I OV N/A
ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5) |
| 9 | Facsimile | OS ON/I OV N/A
R4-23-407(E) |
| 10 | Electronically transmitted | OS ON/I OV N/A
R4-23-407(F); R4-23-405(H) |
| 11 | Patient information | OS ON/I OV N/A
R4-23-402(A)(3)(4) |
| 12 | Allergies / medical conditions | OS ON/I OV N/A
R4-23-402(A)(3)(b) |
| 13 | Brand / generic | OS ON/I OV N/A
ARS § 32-1968(D) |
| 14 | Foreign prescriptions | OS ON/I OV N/A
ARS § 32-1959 |



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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

- | | | |
|-----------|---|--|
| 15 | Prescription blank advertising prohibited | OS ON/I OV ☒ N/A
R4-23-404(B); ARS § 32-1901 01(B)(25) |
| 16 | Prescription audit numbers | |

COMPUTER REQUIREMENTS

- | | | |
|----------|-------------------------|---------------------------------------|
| 1 | Security | OS ON/I OV ON/A
R4-23-408(F) |
| 2 | Log books / printout | OS ON/I OV ON/A
R4-23-408(C)(4) |
| 1 | Reports | OS ON/I OV ON/A
R4-23-408(B)(5)(6) |
| 4 | Policies and procedures | OS ON/I OV ON/A
R4-23-408(A) |

IMMUNIZATIONS

- | | | |
|----------|---------------------------------------|--|
| 1 | Certification | OS ON/I OV ☒ N/A
ARS § 32-1974(D)(K); R4-23-411(A) |
| 2 | Recordkeeping | OS ON/I OV ☒ N/A
ARS § 32-1974(F)(3); R4-23-411(F)(II) |
| 3 | Reporting requirements | OS ON/I OV ☒ N/A
ARS § 32-1974(F); R4-23-411(F)(2) |
| 4 | Current certificate maintained | OS ON/I OV ☒ N/A
R4-23-411(C)(2) |
| 5 | Administration without a prescription | OS ON/I OV ☒ N/A
ARS § 32-1974(A)(B); R4-23-411(A) |
| 6 | Prescription only administration | OS ON/I OV ☒ N/A
ARS § 32-1974(C)(I); R4-23-411(A)(4), (B), (II) |

MECHANICAL STORAGE / COUNTING DEVICES

- | | | |
|----------|------------------------|---|
| 2 | Cell identification | OS ON/I OV ☒ N/A
R4-23-615(A)(1) |
| 2 | Paper / electronic log | OS ON/I OV ☒ N/A
R4-23-615(A)(2)(3) |
| 3 | Training | OS ON/I OV ☒ N/A
R4-23-615(C)(1)(D) |
| 4 | Maintenance | OS ON/I OV ☒ N/A
R4-23-615(C)(3)(D) |



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5	Accuracy validation testing	☒ S ☐ N/I ☐ OV ☒ N/A R4-23-615(C)(3)(D)
6	Return by approval only	☒ S ☐ N/I ☐ OV ☒ N/A R4-23-615(B)(G)
7	Policies and procedures	☒ S ☐ N/I ☐ OV ☒ N/A R4-23-615(E)

MECHANICAL COUNTING DEVICES

1	Training	☒ S ☐ N/I ☐ OV ☐ N/A R4-23-616(A)(1)(B)
	Reminder to have documentation available for all personnel that use the ICON.	
7	Maintenance	☒ S ☐ N/I ☐ OV ☒ N/A R4-23-616(A)(2)(B)
3	Accuracy validation testing	☒ S ☐ N/I ☐ OV ☐ N/A R4-23-616(A)(3)(B)
4	Policies and procedures	☒ S ☐ N/I ☐ OV ☒ N/A R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1	CII purchase / sale / disposal	☒ S ☐ N/I ☐ OV ☐ N/A ARS § 36-2523(A), ARS § 36-2524, R4-23-601(D), R4-23-1003(A)(4)(B)
7	CIII - CVs purchase / sale / disposal	☒ S ☐ N/I ☐ OV ☐ N/A ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)
3	Inventory	☒ S ☐ N/I ☐ OV ☐ N/A ARS § 36-2523(B); R4-23-1003
4	Audit	☒ S ☐ N/I ☐ OV ☐ N/A ARS § 36-2523
5	DEA 106 Theft/Loss reporting	☒ S ☐ N/I ☐ OV ☐ N/A R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1	Badges - name / title	☒ S ☐ N/I ☐ OV ☐ N/A R4-23-402(K); R4-23-671(B)(4); R4-23-1104(B)
7	Sales of drugs to practitioners	☒ S ☐ N/I ☐ OV ☒ N/A ARS § 32-1981.7(d); R4-23-601(D); R4-23-1003(A)(4)
3	Schedule V register	☒ S ☐ N/I ☐ OV ☒ N/A ARS § 36-2523(j)



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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Delivery	☒ S ☐ N/I ☐ OV ☐ N/A ARS § 32-1901(D)(3); R4-23-402(I)
5	CQA training / Policies and procedures	☒ S ☐ N/I ☐ OV ☐ N/A ARS § 32-1973; R4-23-620
6	Non-controlled substances purchase / sale / disposal	☒ S ☐ N/I ☐ OV ☐ N/A R4-23-601(D)
7	Dextromethorphan sales restrictions	☐ S ☐ N/I ☐ OV ☒ N/A ARS 32-1978
8	Federal medication guides	☒ S ☐ N/I ☐ OV ☐ N/A 21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☐ S ☐ N/I ☐ OV ☒ N/A R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	☐ S ☐ N/I ☐ OV ☒ N/A ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ OV ☒ N/A ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ OV ☒ N/A 21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	☐ S ☐ N/I ☐ OV ☒ N/A R4-23-621(A)
7	Same owner / written contract / common electronic file	☐ S ☐ N/I ☐ OV ☒ N/A R4-23-621(B)
3	Notification to patients	☐ S ☐ N/I ☐ OV ☒ N/A R4-23-621(C)
4	Maintain manual / electronic records	☐ S ☐ N/I ☐ OV ☒ N/A R4-23-621(D)
5	Work outside pharmacy	☐ S ☐ N/I ☐ OV ☒ N/A R4-23-621(F)
6	Policies and procedures	☐ S ☐ N/I ☐ OV ☒ N/A R4-23-621(G)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☒ S ☐ N/I ☐ OV ☐ N/A R4-23-410, CH18e, R4-23-410(H)(1)
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2	Patient label	S ON/I OV ON/A R4-23-410(I)(4)
3	Beyond-use dates	S ON/I OV ON/A R4-23-410(I)(4)(i), R4-23-410(B)(3)(i)(d)
4	Equipment	S ON/I OV ON/A R4-23-410(F)(G)
5	Product produced in excess	S ON/I OV ON/A R4-23-410(B)(2), R4-23-410(I)
6	Component removed from original container	S ON/I OV ON/A R4-23-410(I)(6)
7	Compounds for medical practitioners	S ON/I OV ON/A R4-23-410(B)(3), R4-23-601(D), R4-23-1003(A)(4)
8	Patient written list	S ON/I OV ON/A R4-23-410(I)(5)
9	Protective apparel	S ON/I OV ON/A R4-23-410(C)(2)(c)
10	Facility	S ON/I OV ON/A R4-23-410(E)
11	Components for compounding/storage	S ON/I OV ON/A R4-23-410(B)(H)
12	Policies and procedures	S ON/I OV ON/A R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	S ON/I OV ON/A R4-23-670(A)(E)(F)
7	Equipment	S ON/I OV ON/A R4-23-670(B)
3	Sterile product reference	S ON/I OV ON/A R4-23-670(B)(5)
4	Certification hood / environment	S ON/I OV ON/A R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	S ON/I OV ON/A R4-23-670(D)(14)(g)
6	Personnel protective clothing	S ON/I OV ON/A R4-23-670(E)(3)(4)(2)



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7	Annual / semi-annual media fill tests	OS ☒ N/I ☐ OV ☐ N/A R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	OS ☒ N/I ☐ OV ☐ N/A R4-23-410(CH)(e), R4-23-410(H)(k)
9	Beyond-use dates	OS ☒ N/I ☐ OV ☐ N/A R4-23-670(D)(14)(d), R4-23-410(B)(5)(d)
10	Process / product validation testing	OS ☒ N/I ☐ OV ☐ N/A R4-23-670(D)(14)(f)
11	Policies and procedures	OS ☒ N/I ☐ OV ☐ N/A R4-23-670(C)(D)

AUDIT

Date Of Inventory :

05/01/2019

Inventory Taken :

Close

Date Of Audit :

10/24/2019

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Oxycodone IR 30mg tab	559	11500	12059	684	11460	12144	85	0.70
Diazepam 10mg tab	793	2000	2793	415	2378	2793	0	0.00
Lyrica 225mg cap	60	540	600	0	600	600	0	0.00

NOTES

Handout: 2019-2025 Statute/Rule Changes summary, ARS 32-1926 reminder, Prescriptive Authority chart, RS-6-205 DHS reporting

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:

SUMMIT PHARMACY, INC.

ACC file number: 11360595

was incorporated under the laws of the State of Arizona on 06/02/2004;

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: **05/17/2021**



A handwritten signature in black ink, reading "Matthew Neubert".

Matthew Neubert, Executive Director



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 :	Summit Pharmacy
Address :	2320 W. Peoria Ave., #D-132 Phoenix AZ 85029
License No :	Y004076
Permit Type :	Pharmacy
Sub Type :	Independent
Date Issued :	06/02/2004
Expiration Date :	10/31/2022
Status :	OPEN
Discipline :	No

Kam Gandhi

Executive Director
Arizona State Board of Pharmacy

Date: 06/10/2021



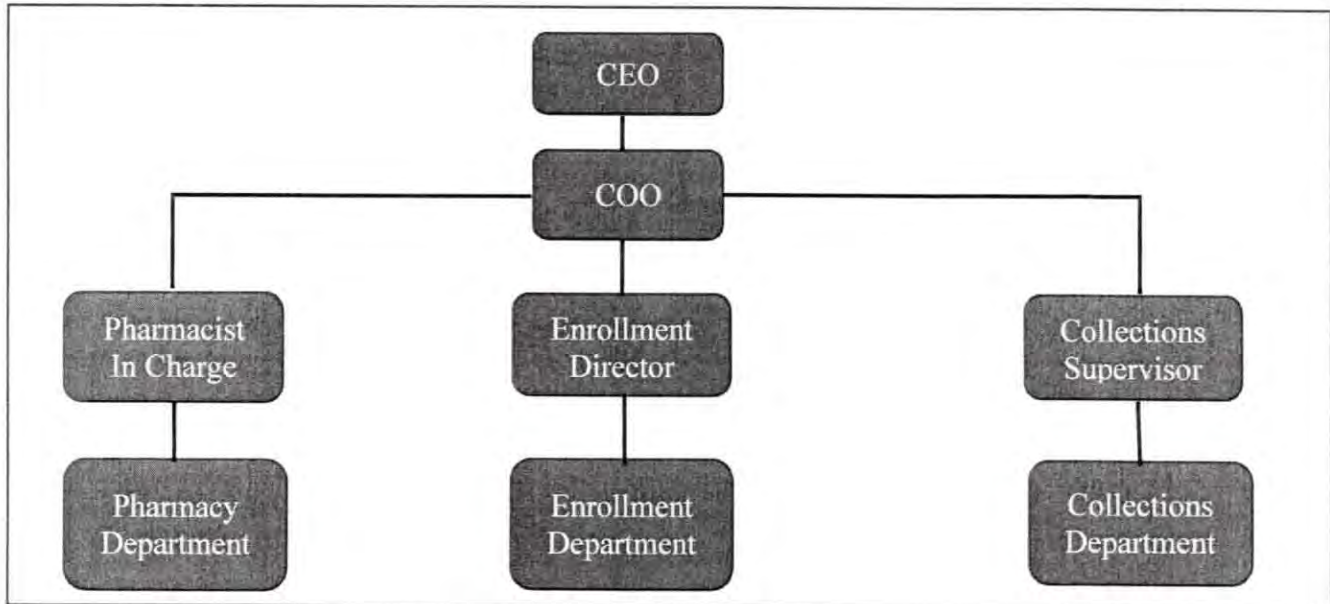
Contact and Information Details for Ownership / Officers

Lake Capital LLC (100% Ownership)
 15289 Sunlight Hill Ct
 Herriman, UT 84096
 (801) 980-0507

Scott Lake (CEO)
 DOB: [REDACTED]
 SSN: [REDACTED]
 Home: [REDACTED] Sunlight Ct Herriman, UT 84096
 [REDACTED]

Brent Lake (COO)
 DOB: [REDACTED]
 SSN: [REDACTED]
 Home: [REDACTED] W Evans Dr. Surprise, AZ 85379
 [REDACTED]

Organizational Structure



Sincerely,

Stephen Persons

Pharmacist in Charge
 Summit Pharmacy
 877-678-5400
 Spersons@Summitrx.com

SUMMARY OF DISCIPLINARY ACTIONS

The following is a list of all disciplinary actions taken against Summit Pharmacy. All actions have previously been disclosed in full. If you require copies of these actions again, please let us know.

- **ALABAMA**

- Alabama license was obtained 10/19/2011
- We were not dispensing controlled substances, and not submitting “zero reports” to the Alabama Prescription Monitoring Program
- We didn’t realize the zero reports were required
- Fined \$1,000 in Mid 2012

- **HAWAII**

- On 2013 license renewal application we disclosed Alabama discipline
- Hawaii has no record of us disclosing the Alabama discipline within the 30 day reporting period required by law, and we have no record that we did.
- Hawaii in 2015 filed disciplinary action for not reporting discipline in a timely manner.
- Fined \$1,500

- **FLORIDA**

- Florida received disclosure of disciplinary action against summit from Alabama
- The Alabama fine was for something that would be a violation if it had been done in Florida, and therefore it is also a violation to be fined by another board of pharmacy for the action.
- Florida imposed disciplinary action in November of 2016 against Summit for being fined by Alabama.
- Fined \$250 + \$1,359.89 in administrative costs

- **MICHIGAN**

- Michigan received disclosure of disciplinary action taken against Summit by Alabama
- It is against Michigan pharmacy law for a license to be disciplined by any other professional board.
- Michigan fined Summit in December of 2016 for being disciplined by Alabama.
- Fined \$1,000.

- **TEXAS**

- Renewal application 2012: marked box indicating no disciplinary actions within 36 months of application date.
- No renewal needed in 2013
- Renewal application 2014: marked box indicating no disciplinary actions within 36 months of application date.
- Both of the above statements were incorrect. We are unsure why these were answered incorrectly, but believe it to have been an accidental oversight.
- Texas initiated disciplinary procedures against Summit for incorrect statements on renewal applications.
- Texas assessed an administrative penalty of \$2,000 in May of 2018

IN THE MATTER OF	)	BEFORE THE ALABAMA
SUMMIT PHARMACY, INC.	)	
Non- Resident Pharmacy	)	STATE BOARD OF PHARMACY
Permit Number 113820/201946	)	

CONSENT ORDER

This matter is before the Alabama State Board of Pharmacy (the "Board") on a complaint against *SUMMIT PHARMACY, INC.* alleging a failure to report the dispensing of controlled substances as required by and in violation of Code of Alabama (1975) §20-2-213. This alleged failure constitutes grounds for discipline as set forth in Code of Alabama (1975) §20-2-213 (e).

The Board and *SUMMIT PHARMACY, INC.* pursuant to the provisions of Code of Alabama (1975) §41-22-12(f) have agreed to informally resolve the pending matter through the entry of a Consent Order, which shall include the following terms:

1. *SUMMIT PHARMACY, INC.* is guilty of violating Code of Alabama (1975) §34-23-33(2) as a result of failing to report to the Prescription Drug Monitoring Program database all controlled substances dispensed in violation of Code of Alabama (1975) §20-2-213.
2. *SUMMIT PHARMACY, INC.* shall pay an administrative fee to the Board in the amount of One Thousand Dollars (\$1,000.00) within ten (10) days from the effective date of this Consent Order, which is the date it is signed on behalf of the Board. The obligation for payment of this fine shall not be dischargeable in bankruptcy nor shall *SUMMIT PHARMACY, INC.* attempt to do so.

3. *SUMMIT PHARMACY, INC.* expressly waves its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975) §34-23-34 and §34-23-92(12), Code of Alabama (1975) §41-22-12 and §41-22-20 and Code of Alabama (1975), §20-2-50 et seq., and including but not limited to the opportunity to receive Notice of the applicable charges, a hearing before the Board in connection with any charges against you and any judicial review. *SUMMIT PHARMACY, 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, *SUMMIT PHARMACY, INC.* hereby releases the Board, its members, agents, representative, 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. *SUMMIT PHARMACY, INC.* acknowledges and agrees that any future violation of the Alabama Pharmacy Practice , 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 its license, including, but not limited to revocation.

6. **SUMMIT PHARMACY, INC.** acknowledges and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. **SUMMIT PHARMACY, 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 are signing this Consent Order either on advice of counsel or with the understanding such advice could be sought.

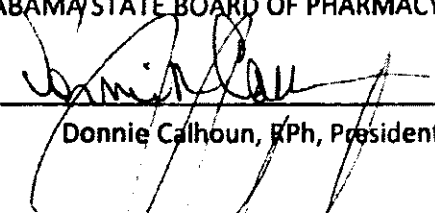
DONE this the 13th day of June 2012.



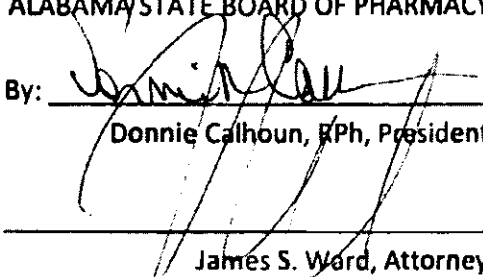
Representative
SUMMIT PHARMACY, INC.

DONE this the 2 day of July 2012.

ALABAMA STATE BOARD OF PHARMACY

By: 

Donnie Calhoun, RPh, President


James S. Ward, Attorney
For the Alabama State Board of Pharmacy

OF COUNSEL:

WARD & WILSON, LLC
2100A Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
Telephone: 205/871-5404
Facsimile: 205/871-5758

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

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2016 JAN 20 A 9:58

DEPT OF COMMERCE
 & CONSUMER AFFAIRS
 STATE OF HAWAII

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 2015-38-L
)
 SUMMIT PHARMACY, INC.,) SETTLEMENT AGREEMENT PRIOR TO
) FILING OF PETITION FOR DISCIPLINARY
 Respondent.) ACTION AND BOARD'S FINAL ORDER;
) EXHIBIT "1"

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 SUMMIT PHARMACY, 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 licensed by the Board of Pharmacy
 (hereinafter the "Board") as a miscellaneous permit holder under permit number PMP 629. The

I HEREBY CERTIFY THAT THE ATTACHED
 IS A TRUE AND CORRECT COPY OF THE
 ORIGINAL ON FILE IN THE DEPARTMENT
 OF COMMERCE & CONSUMER AFFAIRS.

Carli Foght

permit was issued on or about January 26, 2010. The permit will expire or forfeit on or about December 31, 2015.

2. Respondent's mailing address for purposes of this action is c/o Michael A. Cialpern, Esq., Locks Law Firm, 801 North Kings Hwy., Cherry Hill, New Jersey, 08034.

3. On or about December 20, 2013, Respondent submitted a renewal application indicating disciplinary action had been taken against Respondent.

4. Respondent attached a copy of a July 2, 2012 Consent Order with the Alabama State Board of Pharmacy in In the Matter of Summit Pharmacy, Inc./Permit Number 113820/201946 (hereinafter "the July 2, 2012 Consent Order") (Exhibit "1").

5. The July 2, 2012 Consent Order alleged Respondent failed to timely file controlled substance report(s) in violation of Alabama licensing laws, and assessed a \$1,000 fine.

6. RICO alleges that disciplinary action was taken against Respondent by the State of Alabama and that Respondent failed to timely report this action.

7. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of the following statute(s) and/or rule(s): Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report)

8. The Board has jurisdiction over the subject matter herein and over the parties hereto

B. REPRESENTATIONS BY RESPONDENT:

1. Respondent is represented by Michael A. Galpern, Esq., Locks Law Firm, 801 North Kings Hwy., Cherry Hill, New Jersey, 08034 for purposes of this Settlement Agreement.
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 licensed as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.
5. Respondent represents Exhibit "1" is a true and correct copy of the July 2, 2012 Consent Order with the Alabama State Board of Pharmacy in In the Matter of Summit Pharmacy, Inc./Permit Number 113820/201946.
6. Respondent understands that any false or untrue statement or any material misrepresentation or omission of fact by Respondent in this settlement agreement may be grounds for further disciplinary action under HRS chapters 436B and 461.
7. Respondent does not admit to violating any law or rule, but acknowledges that RICO has sufficient cause to file a Petition for Disciplinary Action against Respondent's permit.

8. Respondent enters into this Settlement Agreement as a compromise of the claims and to conserve on the expenses of proceeding with an administrative hearing on this matter.

9. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO No. PHA 2015-38-L.

10. 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 a fine in the amount of ONE THOUSAND FIVE-HUNDRED AND NO/100 DOLLARS (\$1,500.00). Payment shall be made by **cashier's check or money order made payable to "DCCA - Compliance Resolution Fund"** and mailed to the Regulated Industries Complaints Office, Attn: John T. Hassler, Esq., 235 S. Beretania Street, 9th Floor, Honolulu, Hawaii 96813. Payment of the fine shall be due at the time this Settlement Agreement is returned to RICO.

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 permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again,

Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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.

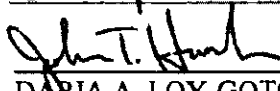
IN WITNESS WHEREOF, the parties have signed this Settlement Agreement on the date(s) set forth below.

DATED: Dec, 11, 2015

SUMMIT PHARMACY, INC.
Respondent

By: [Signature]
Its Attorney - NJ

DATED: Honolulu, Hawaii. January 19, 2016

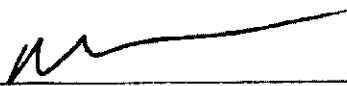


DARIA A. LOY-GOTO

JOHN T. HASSLER

Attorneys for Department of Commerce and
Consumer Affairs

APPROVED AS TO FORM:



MICHAEL A. GALPERN, ESQ.

Attorney for Respondent

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF SUMMIT PHARMACY, INC.;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-38-1; EXHIBIT "I"

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF SUMMIT PHARMACY, INC.;
SETTLEMENT AGREEMENT PRIOR TO FILING OF PETITION FOR DISCIPLINARY
ACTION AND BOARD'S FINAL ORDER; CASE NO(S). PHA 2015-38-L; EXHIBIT "1"

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

3/31/16
DATE

GARRETT A. LAU
Vice Chairperson

Marcella Cho Chock
MARCELLA CHOCK

Mary Jo Kieffe
MARY JO KEEFE

CAROLYN S. J. MA

PVL 07/01-15

STATE OF New Jersey)
COUNTY OF Camden) SS.

On this 11 day of Dec, 2015 before me personally appeared

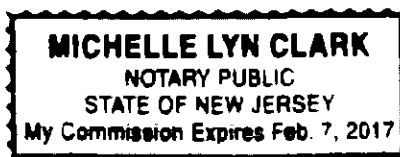
Michael Galpern ~~to me~~ known to be the person described, and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

This 9-page Settlement Agreement document dated Dec. 11, 2015 was acknowledged before me by

Michael Galpern this 11th day of Dec, 2015, in the City of Cherry Hill, in the County of Camden, in the State of ~~Hawaii~~ New Jersey.

Michelle Lyn Clark
Name:
Notary Public, State of ~~Hawaii~~ New Jersey

My Commission expires: _____



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

December 22, 2016

Summit Pharmacy
2320 West Peoria Ave
Suite D-132
Phoenix, AZ 85029

DEC 27 2016

Final Order filed: 11/15/2016
Case Number: 201607759
License Number: 22580

Dear Sir/Madam:

The Compliance Management Unit has received your payment of the fines and/or costs imposed in the Final Order for Case Number 201607759.

Amount Paid: \$849.70
Date Received: 12/16/2016
Receipt Number: 116001738
Balance Paid in Full: Yes

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts. If you have any questions, please contact me by telephone at (850) 245-4268, select option 3 or by fax at (850) 488-0796.

Sincerely,

Sondra N. Allen
Operations Analyst II

Florida Department of Health

Division of Medical Quality Assurance • Bureau of Enforcement
4052 Bald Cypress Way, Bin C-76 • Tallahassee, FL 32399-3276
PHONE: (850) 245-4268 • FAX: (850) 488-0796



Accredited Health Department
Public Health Accreditation Board

Final Order No. DCH-16-2235-9 -MQA

FILED DATE NOV 15 2016

Department of Health

B. [Signature]
Deputy Agency Clerk

**STATE OF FLORIDA
BOARD OF PHARMACY**

DEPARTMENT OF HEALTH, PETITIONER,	CASE NO.: 2016-07759
vs.	LICENSE NO.: PH 22580
SUMMIT PHARMACY, INC., RESPONDENT.	

**FINAL ORDER
APPROVING SETTLEMENT AGREEMENT**

THIS CAUSE came before the Board of Pharmacy (hereinafter the "Board") pursuant to Section 120.57(4), *Florida Statutes*, on October 19, 2016, in Kissimmee, Florida, for consideration of a Settlement Agreement (attached hereto as Exhibit A) entered into between the parties in the above-styled cause. Upon consideration of the Settlement Agreement, the documents submitted in support thereof, and being otherwise advised in the premises, it is hereby **Ordered and Adjudged**:

1. The Settlement Agreement as submitted is hereby approved, adopted, and incorporated herein by reference. Accordingly, the parties shall adhere to and abide by all the terms of the Settlement Agreement.
2. Costs of investigation and prosecution are \$599.70.

This Final Order shall take effect upon being filed with the Clerk of the Department of Health.

DONE AND ORDERED this 31 day of October, 2016.

BOARD OF PHARMACY

[Signature]

Jennifer L. Wehhold, MSW

Interim Executive Director

On Behalf of

Debra B. Glass, PharmB, Chair

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

PETITIONER,

v.

CASE NO. 2016-07759

SUMMIT PHARMACY, INC.

RESPONDENT.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the parties offer this Settlement Agreement to the Board of Pharmacy ("Board") as disposition of the Administrative Complaint, attached as Exhibit A, in lieu of further administrative proceedings.

STIPULATED FACTS

1. At all times material to this matter, **Summit Pharmacy, Inc.** was a permitted special non-resident pharmacy in the state of Florida, having been issued permit number **PH 22580**. Respondent's mailing address of record is 2320 West Peoria Avenue, Suite D-132, Phoenix, Arizona 85029.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to **Summit Pharmacy, Inc.**, 2320 West Peoria Avenue, Suite D-132, Phoenix, Arizona 85029 ; and via electronic mail to **Karen B. Schapira, Esquire**, kbs@flhealthlaw.com ; **Christopher Jurich**, Assistant General Counsel, Prosecution Services Unit, christopher.jurich@flhealth.gov; and to **David D. Flynn**, Assistant Attorney General, Department of Legal Affairs, david.flynn@myfloridalegal.com this 15th day of November, 2016.


DEPUTY AGENCY CLERK

2. Respondent was charged by an Administrative Complaint, filed by the Department of Health ("Department") and properly served upon Respondent, with violations of Chapters 456 and 465, Florida Statutes.

STIPULATED LAW

1. Respondent admits that it is subject to the provisions of Chapters 456 and 465, Florida Statutes, and the jurisdiction of the Department.

2. Respondent admits that the allegations in the Administrative Complaint, if proven true, constitute violations of law and cause the Respondent to be subject to discipline by the Board of Pharmacy.

PROPOSED DISPOSITION

1. **Appearance** - Respondent shall be present when this Settlement Agreement is presented to the Board and under oath shall answer all questions asked by the Board concerning this case and its disposition.

2. **Fine** - The Board of Pharmacy shall impose an administrative fine of **TWO HUNDRED FIFTY DOLLARS (\$250.00)**. The fine shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **one (1) year** from the date the Final Order

approving and incorporating this Settlement Agreement (Final Order) is filed with the Department Clerk.

3. **Costs** - The Board of Pharmacy shall impose the total, administrative costs associated with the investigation and prosecution of this matter in an amount not to exceed **ONE THOUSAND THREE HUNDRED FIFTY-NINE DOLLARS AND EIGHTY-NINE CENTS (\$1,359.89)**. Total costs shall be assessed when the Settlement Agreement is presented to the Board. The costs shall be paid by Respondent to the **Department of Health, Compliance Management Unit, Bin C76, Post Office Box 6320, Tallahassee, Florida 32314-6320**, within **one (1) year** from the date the Final Order is filed with the Department Clerk.

4. **Future Conduct** - Respondent shall not violate Chapter 456, 465, 499 or 893, Florida Statutes; the rules promulgated pursuant thereto; or any other state or federal law, rule, or regulation relating to the practice or to the ability to practice pharmacy.

5. **Violation of Terms** - It is expressly understood that a violation of the provisions of this Settlement Agreement as approved and incorporated into the Final Order of the Board of Pharmacy shall constitute a violation of

an order of the Board for which disciplinary action may be initiated against Respondent pursuant to Chapter 465, Florida Statutes.

6. **No Force or Effect until Final Order** - It is expressly understood that this Settlement Agreement is subject to approval by the Board and has no force or effect until the Board incorporates the terms of this Settlement Agreement into its Final Order.

7. **Purpose of Agreement** - This Settlement Agreement is executed by Respondent for the purpose of avoiding further administrative action with respect to this particular case. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to, or in conjunction with, consideration of the Settlement Agreement. Petitioner and Respondent agree to support this

Settlement Agreement at the time it is presented to the Board and shall offer no evidence, testimony, or argument that disputes or contravenes any stipulated fact or conclusion of law. Furthermore, should this Settlement Agreement not be accepted by the Board, it is agreed that the presentation and consideration of this Settlement Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any

of its members from further participation, consideration, or resolution of these proceedings.

8. **Not Preclude Additional Proceedings** - Respondent and the Department fully understand that this Settlement Agreement as approved and incorporated into the Final Order will not preclude additional proceedings by the Board or Department against Respondent for acts or omissions not specifically set forth in the Administrative Complaint.

9. **Waiver of Attorney's Fees and Costs** - Respondent waives the right to seek any attorney's fees and costs from the Department in connection with this disciplinary proceeding.

10. **Waiver of Procedural Rights** - Respondent waives all rights to further administrative procedure and to appeal and further review of this Settlement Agreement and the Final Order.

11. **Current Addresses** - Respondent shall keep current its mailing address and its practice address with the Board of Pharmacy and the Compliance Officer and shall notify the Board of Pharmacy and the Compliance Officer of any change of mailing address or practice address within 10 days of the change.

WHEREFORE, the parties request that the Board enter a Final Order approving and incorporating this Settlement Agreement in resolution of this matter.

SIGNED this 16th day of June, 2016.

Legal Representative for
Summit Pharmacy, Inc.
CASE NO. 2016-07759

STATE OF Florida

COUNTY OF Broward

Before me personally appeared Karen Schapira, whose identity is known to me or by _____ (type of identification), and who, under oath, acknowledges that his/her signature appears above.

Sworn to and subscribed before me this 16 day of June, 2016.

Notary Public
My Commission Expires:



APPROVED this 17th day of June, 2016.

Celeste Philip, M.D., M.P.H.
Surgeon General and Secretary



Amy C. Thorn
Assistant General Counsel

Counsel for Petitioner

Amy C. Thorn
Florida Bar No. 0092097
Assistant General Counsel
Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399
Tel.: (850) 245-4444 ext. 8154
Fax: (850) 245-4662

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

SUMMIT PHARMACY INC.
License Number: 53-01-009717

File Number: 53-16-141213
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On June 16, 2016, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging Summit Pharmacy Inc. (Respondent Pharmacy) with violating section(s) 17768(2)(d) of the Public Health Code, MCL 333.1101 et seq.

Respondent Pharmacy has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy has reviewed this Consent Order and Stipulation (Order) 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 section(s) 17768(2)(d) of the Public Health Code, supra.

Accordingly, IT IS ORDERED that, for the cited violation(s) of the Public Health Code, Respondent is FINED \$1,000.00, to be paid to the State of Michigan within 60 days of the effective date of this Order.

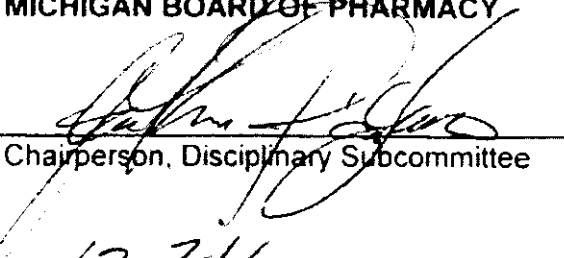
IT IS FURTHER ORDERED that the fine shall be mailed to the **Department of Licensing and Regulatory Affairs, Legal Affairs Division, Compliance Section, P.O. Box 30189, Lansing, MI 48909**. The fine shall be paid by check or money order, made payable to the State of Michigan, and the check or money order shall clearly display file number **53-16-141213**.

IT IS FURTHER ORDERED that, if Respondent Pharmacy fails to comply with the terms and conditions of this Order, Respondent Pharmacy's license shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent Pharmacy complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent Pharmacy's license remains suspended for more than six months, Respondent Pharmacy must apply for reinstatement of the license. If Respondent Pharmacy applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

MICHIGAN BOARD OF PHARMACY

By: 
Chairperson, Disciplinary Subcommittee

Dated: 12-7-16

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of section(s) 17768(2)(d) of the Public Health Code, supra.

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, 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 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. 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

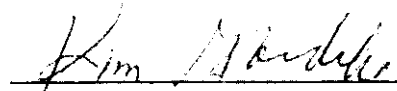
et seq. and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Nichole Penny, R.Ph., a member of the Board who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent Pharmacy 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 Pharmacy and the Department expressly reserve the right to further proceedings, should this Order be rejected.

AGREED TO BY:


 Kim Gaedeke, Director
 Bureau of Professional Licensing
 Department of Licensing and
 Regulatory Affairs

Dated: 8/12/16

AGREED TO BY:


 Stephen Persons, R.Ph.
 Authorized Representative for
 Summit Pharmacy Inc.
 Respondent Pharmacy

Dated: 8/29/16

This is the final page of a Consent Order and Stipulation in the matter of Summit Pharmacy Inc. File Number 53-16-141213, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included

SDM

AGREED BOARD ORDER #F-17-029

RE: IN THE MATTER OF
SUMMIT PHARMACY, INC.
(PHARMACY LICENSE #27277)

BEFORE THE TEXAS STATE
BOARD OF PHARMACY

On this day came on to be considered by the Texas State Board of Pharmacy (Board) the matter of pharmacy license number 27277 issued to Summit Pharmacy, Inc. (Respondent), 2320 West Peoria Avenue, Suite D-132, Phoenix, Arizona 85029.

By letter dated December 21, 2017, the Board gave preliminary notice to Respondent of its intent to take disciplinary action. This action was taken as a result of an investigation which produced evidence indicating that Respondent may have violated:

Sections 565.002(a)(3) and (10); and 565.002(c) of the Texas Pharmacy Act, TEX. OCC. CODE ANN. Title 3, Subtitle J (2013); and

Section 281.8(c) of the Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2014), in that allegedly:

COUNTS

- (1) On or about July 2, 2012, the Alabama Board of Pharmacy entered a Consent Order against the Alabama non-resident pharmacy permit number 113820-201946, held by Summit Pharmacy, Inc. The Order was based on failure to timely report controlled substance data to Alabama's prescription drug monitoring program database. The Consent Order imposed a \$1,000 fine.

On or about December 19, 2012, Summit Pharmacy, Inc. submitted an application for renewal of its license as a nonresident pharmacy to the Texas State Board of Pharmacy. On the application it was falsely indicated that the pharmacy had not been subject to any disciplinary action by any regulatory authority within the last 36 months, when, on July 2, 2012 it was subject to the Alabama Board of Pharmacy Consent Order previously described

- (2) On or about December 15, 2014, Summit Pharmacy, Inc. submitted an application for renewal of its license as a non-resident pharmacy. On the application it was falsely indicated that the pharmacy had not been subject to any disciplinary action by any regulatory authority within the last 36 months, when in July 2012, it was subject to the Alabama Board of Pharmacy Consent Order described in Count (1).

An informal conference was held in the Board's office on March 6, 2018, with April Jones, Vice President Business Development; and Bruce Hayden, Chief Financial Officer,

Agreed Board Order #F-17-029
Summit Pharmacy, Inc.
Page 2

Summit Pharmacy, Inc., on behalf of Respondent, in attendance. The informal conference was heard by a Board panel comprised of: Bradley A. Miller, Ph.D., Board Member; Dennis E. Wiesner, R.Ph., Board Member; and Allison Vordenbaumen Benz, R.Ph., M.S., Executive Director/Secretary; with Kerstin Arnold, General Counsel. Alissa Zachary, Staff Attorney, was also in attendance.

At the aforementioned conference, Bruce Hayden, on behalf of Respondent, waived the right to be represented by legal counsel. By signing this Order, Bruce Hayden, 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:

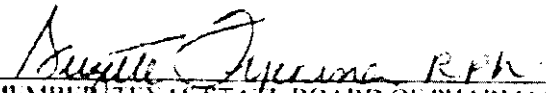
- (1) Respondent shall pay an administrative penalty of two thousand dollars (\$2,000) due one hundred twenty (120) days after the entry of this Order.
- (2) Failure to comply with any of the requirements in this Order constitutes a violation and shall be grounds for further disciplinary action. The requirements of this Order are subject to the Texas Pharmacy Act, TEX. OCC. CODE ANN., Title 3, Subtitle J (2017), and Texas Pharmacy Board Rules, 22 TEX. ADMIN. CODE (2018).

Agreed Board Order 7F-17-029
 Summit Pharmacy, Inc
 Page 3

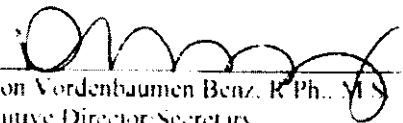
And it is so ORDERED.

THIS ORDER IS A PUBLIC RECORD.

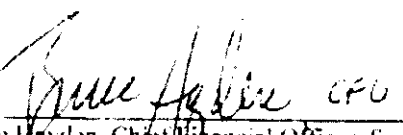
SIGNED AND ENTERED ON THIS 1st day of May, 2018


 MEMBER, TEXAS STATE BOARD OF PHARMACY

ATTEST:


 Allison Vordenbaumen Benz, R.Ph., M.S.
 Executive Director/Secretary
 Texas State Board of Pharmacy

APPROVED AS TO FORM AND AGREED TO:


 Bruce Hayden, Chief Financial Officer, Summit Pharmacy, Inc.
 On behalf of Summit Pharmacy, Inc.

APPROVED AS TO FORM


 Kerstin Arnold, General Counsel
 Texas State Board of Pharmacy

STOCK PURCHASE AGREEMENT

THIS STOCK PURCHASE AGREEMENT (“**Agreement**”) is made and effective as of April 27, 2021 (the “**Effective Date**”), by and among LAKE CAPITAL LLC, a Utah limited liability company (“**Buyer**”) and Shareholders JONATHAN MORTON, THE PAPER CLIP TRUST, and ANDREW ONWUDINJO (each a “**Seller**” and collectively, the “**Sellers**”). Buyer and the Sellers are at times referred to individually in this Agreement as a “**Party**” and collectively as the “**Parties**.”

RECITALS

WHEREAS, the Sellers collectively own 592.5 shares of the outstanding capital stock (the “**Shares**”) of Summit Pharmacy, Inc. (the “**Company**”) and Buyer owns 397.5 shares of the outstanding capital stock of the Company.

WHEREAS, each Seller owns the number of Shares set forth opposite his or its name set forth on Exhibit A hereto.

WHEREAS, each Seller wishes to sell, and Buyer has agreed to purchase all of such Seller’s Shares to become a One Hundred percent (100%) shareholder of the Company pursuant to the terms and conditions hereinafter set forth.

AGREEMENT

NOW THEREFORE, in consideration of the premises and the mutual promises herein made, and in consideration of the representations, warranties, and covenants herein contained, the Parties hereby agree as follows:

ARTICLE I DEFINITIONS

Unless otherwise defined herein, capitalized terms used in this Agreement are defined in Exhibit B.

ARTICLE II PURCHASE AND SALE

2.1 Purchase and Sale of the Stock. On the terms and subject to the conditions of this Agreement, at Closing, each Seller will sell, transfer and convey to Buyer, and Buyer will acquire, the Shares owned by such Seller, free and clear of all Encumbrances.

2.2 Purchase Price. Subject to the terms and conditions of this Agreement, the aggregate purchase price (the “**Purchase Price**”) for the Shares shall be \$5,705,074.44 US, plus the Earn Out Payment (if any). The Purchase Price shall be payable to the Sellers pro rata based on the number of Shares owned by each Seller as shown on Exhibit A hereto (such pro rata portion for each Seller is referred to as the “**Pro Rata Portion**”) as follows:

(a) Buyer shall pay each Seller his or its Pro Rata Portion of \$2,712,650.20 US, less amounts withheld for PPP Escrow Deposit Responsibilities per Section 4.18 herein and Schedule 4.18(d), (payment schedule for each Seller is described in Schedule 2.2(a) (the “**Earnest Payment Schedule**”)) within two days of execution of this Agreement (which payment will be treated as an advance payment of the Purchase Price) (the “**Earnest Payment**”); *provided, however*, that such Earnest Payment shall be subject to forfeiture, as provided in Section 8.2(b) herein;

(b) Buyer shall pay each Seller his or its Pro Rata Portion of an additional \$2,992,424.24 US on the Closing Date (the “**Closing Payment**”) (payment schedule for each Seller is described in Schedule 2.2(b) (the “**Closing Payment Schedule**”)), which Closing Payment (and Purchase Price) shall be increased by 72.25609756% of any difference favorable to the Company between a settlement amount to Harris Legome that extinguishes all liabilities to Harris Legome before Closing Date and accrued amounts owed between Company and Harris Legome at the time of settlement; and

(c) Buyer shall pay each Seller his or its Pro Rata Portion of the first \$2,890,243.90 US (the “**Earn Out Payment**”) that Buyer or its successor or assignee is entitled to receive in the form of any contingent earnout payment to be paid by the purchaser of Company to Buyer (or its successor or assignee) based on the successful achievement of certain financial results or financial targets by the Company’s business after a Change of Control (the “**Contingent Earnout**”), but only if such Change of Control occurs within three (3) years after the Closing Date. Buyer shall make the Earn Out Payment to each Seller within one week of Buyer’s (or its successor’s or assignee’s) receipt of any such contingent earnout payment, but each Seller’s right to receive and retain his or its portion of any Earn Out Payment is contingent upon Jonathan Morton not resigning as an employee of the Company or being fired for Cause for three years subsequent to the Closing Date. For each year subsequent to the Closing Date that Jonathan Morton does not resign as an employee of the Company or is not fired for Cause, one-third of each Seller’s right to receive and retain his or its portion of Earn Out Payment shall vest according to the vesting schedule described in Schedule 2.2(c) (the “**Earn Out Payment Schedule**”). For the avoidance of doubt, (i) Jonathan Morton shall not be considered to have resigned if the Company or any of its Affiliates terminates his employment other than for Cause; (ii) Buyer (or its successor or assignee) shall have the sole and absolute discretion to approve all of the terms and conditions of any Change of Control transaction, including the terms and conditions of any Contingent Earnout; (iii) Sellers’ Earn Out Payment is based solely on such Contingent Earnout and Sellers are not entitled to any other portion of the consideration that is paid to Buyer (or its successor or assignee) in connection with any Change of Control, and (iv) in the event any Seller were to receive any Earn Out Payment to which it is not entitled under this Agreement, such Seller shall refund to Buyer (or its successor or assignee) such Earn Out Payment within one week of Seller’s receipt of notice from Buyer (or its successor or assignee).

2.3 Right to Setoff. Buyer shall have the right to withhold and set off against any amount otherwise due to be paid pursuant to Section 2.2 the amount of any Losses to which any Buyer Indemnitees are entitled under Article IX.

2.4 Withholding Tax. Buyer shall be entitled to deduct and withhold from the Purchase Price all Taxes that Buyer is required to deduct and withhold under any applicable tax Law. All such withheld amounts shall be treated as delivered to Sellers hereunder.

ARTICLE III CLOSING

3.1 Closing. Subject to the terms and conditions of this Agreement, the purchase and sale of the Shares contemplated hereby shall take place at a closing (the "**Closing**") no later than two (2) Business Days after the last of the conditions to Closing set forth in Article VII have been satisfied or waived (other than conditions which, by their nature, are to be satisfied on the Closing Date), which shall take place remotely via the electronic exchange of documents and signatures (or their electronic counterparts) or at such other time or on such other date or at such other place as Sellers and Buyer may mutually agree upon in writing. The date on which the Closing occurs is referred to as the "**Closing Date**." The effective time of the Closing shall be deemed to have occurred at 12:01 a.m. on the Closing Date.

3.2 Closing Deliverables.

(a) Seller Closing Deliverables. At the Closing, each Seller shall deliver, or cause to be delivered, to Buyer the following, duly executed by Seller as necessary and appropriate:

(i) stock certificates evidencing the Shares owned by such Seller, free and clear of all Encumbrances, duly endorsed in blank or accompanied by stock powers or other instruments of transfer duly executed in blank, with all required stock transfer tax stamps affixed thereto;

(ii) The Sellers shall provide evidence of completion and submission to the PPP Lender of a forgiveness application prepared by the Company reflecting the Company's use of all of the PPP Loan proceeds, the Company's duly executed PPP Escrow Agreement, and evidence of an interest-bearing escrow account controlled by the PPP Lender pursuant to the PPP Escrow Agreement to be established with funds equal to the outstanding balance of the PPP Loan;

(iii) all licenses, permits, registrations, authorizations, consents and approvals, in forms reasonably acceptable to Buyer, by any third Person, including any Governmental Authorizations, that are necessary for the consummation of the transactions contemplated by this Agreement or another Transaction Document;

(iv) powers of attorney and/or management agreements, in a form approved by Buyer, allowing Buyer, to the extent permitted by applicable Law, to obtain from boards of pharmacy and any other applicable state or federal Governmental Authority (the "**Pharmacy Permits**") and from the United States Drug Enforcement Administration (the "**DEA Registrations**") the authority to operate under licenses and registrations held by the Company;

(v) the Seller Closing Certificate;

(vi) a non-foreign affidavit of each Seller dated as of the Closing Date, sworn under penalties of perjury and in the form and substance required under the Treasury Regulations issued pursuant to Code Section 1445 and, if applicable, required under Code Section 1446(f), stating that such Seller is not a "foreign person" within the meaning of Code Section 1445 or, if applicable, Code Section 1446(f), in form and substance satisfactory to Buyer and duly executed by such Seller;

(vii) the Employment Agreement duly executed by Jonathan Morton, and any resignations of Company directors and officers as set forth in Section 6.9;

(viii) the Company vehicle payoff letters as set forth in Section 6.10;

(ix) a Company bank statement dated as of the Closing Date that shows a current Company cash balance of at least \$600,000; and

(x) such other customary instruments of transfer, assumption, filings or documents or other consents, in form and substance reasonably satisfactory to Buyer, as may be required to give effect to consummate the Closing.

(b) Buyer Closing Deliverables. At the Closing, Buyer shall deliver, or cause to be delivered, to the Sellers the following, duly executed by Buyer as necessary and appropriate:

(i) the Closing Purchase Price by wire transfer of immediately available funds to an account(s) designated by each Seller;

(ii) the Buyer Closing Certificate; and

(iii) all other agreements, certificates, instruments and documents as may be reasonably required of Buyer under this Agreement.

ARTICLE IV REPRESENTATIONS AND WARRANTIES OF THE SELLERS

Except as set forth in the correspondingly numbered Section of the Disclosure Schedules, each Seller hereby represents and warrants to Buyer, severally and not jointly, that the statements contained in this Article IV are true and correct as of the Effective Date and as of the Closing Date.

4.1 Organization; Capitalization; Ownership.

(a) The Company is a corporation, duly organized, validly existing and in good standing under the Laws of the State of Arizona. The Company has the requisite power and authority to conduct its business as it is now being conducted, to own and use its assets and to perform its obligations under its Contracts. The Company is duly qualified to do business as a foreign entity and is in good standing in each state or other jurisdiction in which either the ownership or use of its assets or the nature of the activities conducted by it requires such qualification.

(b) The authorized capital stock of the Company consists of [1000] shares of common stock, no par value (“**Common Stock**”), of which 990 shares are issued and outstanding. All of the Shares have been duly authorized, are validly issued, fully paid and non-assessable, and are owned of record and beneficially by each Seller as set forth on Exhibit A, free and clear of all Encumbrances.

(c) The outstanding shares or other equity securities of the Company were validly issued, are fully paid and nonassessable and were not issued in violation of any agreement or arrangement to which any Seller or the Company is a party, or is subject to or in violation of any preemptive or similar rights of any Person. There is no outstanding Contract that requires the Company or any other Person to sell, issue or purchase any shares or other equity securities of the Company. The Company does not own, beneficially or of record, any equity interests or other equity securities of any other Person.

(d) None of the outstanding shares or other equity securities of the Company as set forth on Schedule 4.1(c) are held jointly with any other Person, and no Person has the right to consent to or vote upon the transactions contemplated by this Agreement other than the Sellers.

(e) There are no outstanding or authorized options, warrants, convertible securities or other rights, agreements, arrangements or commitments of any character relating to the capital stock of the Company or obligating the Company to issue or sell any shares of capital stock of, or any other interest in, the Company. The Company does not have outstanding or authorized any stock appreciation, phantom stock, profit participation or similar rights. There are no voting trusts, stockholder agreements, proxies or other agreements or understandings in effect with respect to the voting or transfer of any of the Shares.

4.2 Financial Statements and Financial Matters.

(a) Copies of the statement of operations of the Company at and for the fiscal year ended December 31, 2020 and interim period ended March 31, 2021 (the “**Financial Statements**”) were delivered to Buyer. The Financial Statements have been prepared in accordance with GAAP applied on a consistent basis throughout the period involved (subject to normal and recurring year-end adjustment), are complete and accurate in all material respects and present fairly the financial condition of the Company at the dates indicated and the Company’s results of operations for the periods then ended. The Financial Statements are based on the books and records of the Company.

(b) Except for obligations under Contracts (other than those arising from a breach by the Company of such Contracts) and the liabilities and obligations set forth on Schedule 4.2(b), the Company has no liabilities or obligations (whether known or unknown, absolute, accrued, contingent or otherwise) required under GAAP to be included on the Balance Sheet, except for (i) liabilities and obligations reflected or reserved against on the Balance Sheet and (ii) current liabilities and obligations (other than those that arise from a breach of Contract or violation of a Law) incurred in the Ordinary Course of Business since the date of the Balance Sheet which are not materially different in nature or amount than those incurred in prior periods.

(c) Schedule 4.2(c) lists all of the outstanding Indebtedness of the Company and the principal balance thereof as of a recent date identified thereon.

4.3 Disclosure. All Books and Records, Prescription Files, Governmental Authorizations, and Healthcare Authorizations, and National Provider Identifier numbers have been made available to Buyer and are complete and accurate in all material respects.

4.4 Taxes.

(a) The Company has timely filed all Tax Returns. All such Tax Returns were correct and complete in all material respects and were prepared in compliance with all applicable Laws and regulations. All Taxes due and owed by the Company (whether or not shown or required to be shown on any Tax Return) have been paid. The Company currently is not the beneficiary of any extension of time within which to file any Tax Return. No claim has ever been made by a Governmental Authority in a jurisdiction where the Company does not file Tax Returns that the Company is or may be subject to taxation by that jurisdiction. There are no Encumbrances, other than Permitted Encumbrances, on any of the assets of the Company that arose in connection with any failure (or alleged failure) to pay any Tax.

(b) The Company has withheld and paid all Taxes required to have been withheld and paid in connection with any amounts paid or owing to any employee, independent contractor, creditor, stockholder, or other third party, and all Forms W-2 and 1099 (and corresponding state and local forms) required with respect thereto have been properly completed and timely filed.

(c) There are no audits of or other Proceedings pending with respect to a Tax Return of the Company, and there are no outstanding waivers of statutes of limitations regarding Taxes payable by the Company. There is no dispute or claim concerning any Tax liability of the Company either (i) claimed or raised by any Governmental Authority in writing or (ii) as to which the Company has Knowledge based upon personal contact with any agent of such Governmental Authority.

(d) The Company is not a party to a Contract, arrangement or plan that as a result of the transactions contemplated by this Agreement could result, separately or in the aggregate, in the payment of (i) an "excess parachute payment" within the meaning of Section 280G of the Code (or a corresponding provision of state, local or non-U.S. Tax law) or (ii) an amount that would not be fully deductible as a result of Section 162(m) of the Code (or a corresponding provision of state, local or non-U.S. Tax law).

(e) The Company is not a party to any Tax allocation or sharing agreement. The Company (i) has not been a member of an Affiliated Group filing a consolidated federal income Tax Return and (ii) has no liability for the Taxes of any Person under Treasury Regulation §1.1502-6 (or any similar provision of state, local, or non-U.S. law), as a transferee or successor, by contract, or otherwise.

(f) The Company will not be required to include any item of income in, or exclude any item of deduction from, taxable income for any taxable period (or portion thereof) ending after the Closing Date as a result of any:

(i) change in method of accounting for a taxable period (or portion thereof) ending on or prior to the Closing Date;

(ii) "closing agreement," as described in Code Section 7121 (or any corresponding provision of state, local, or non-U.S. income Tax law);

(iii) Intercompany transaction within the meaning of Treasury Regulation §1.1502-13 or any excess loss account within the meaning of Treasury Regulation. §1.1502-19 (or any corresponding or similar provision or administrative rule of federal, state, local, or non-U.S. income Tax law);

(iv) installment sale or open transaction made on or prior to the Closing Date;

(v) prepaid amount received on or prior to the Closing Date; or

(vi) election under Code Section 108(i).

(g) Seller has not distributed stock of another Person, or has had its stock distributed by another Person, in a transaction that was purported or intended to be governed in whole or in part by Code Section 355 or Code Section 361.

(h) Seller is not a "foreign person" within the meaning of Section 1445 of the Code.

(i) No power of attorney with respect to any Tax matter is currently in force with respect to the Company that would, in any manner, bind, obligate or restrict Buyer.

(j) The Company is not and has not been a party to any "reportable transaction," as defined in Code Section 6707A(c)(1) and Treasury Regulation §1.6011-4(b).

(k) The Company has timely collected and paid all material sales Taxes it was required to collect or pay, and is registered for this purpose at every location where the Company is required to be so registered under applicable Law and is otherwise in compliance in all material respects with all applicable Law in this regard. The Company has maintained complete and accurate records, including all applicable exemption, resale or other certificates, of (i) all sales to purchasers claiming to be exempt from sale and use Taxes based on the exempt status of the purchaser, and (ii) all other sales for which sales Tax or use Tax was not collected by the Company and as to which the seller is required to receive and retain resale certificates or other certificates relating to the exempt nature of the sale or use or non-applicability of the sale and use Taxes.

4.5 Business Operations.

(a) Except as set forth on Schedule 4.5(a), since the Balance Sheet Date: (i) the operations and affairs of the Company have been conducted only in the Ordinary Course of Business; (ii) no Restricted Event has occurred or is reasonably likely to occur; and (iii) no event has occurred or circumstance exists that has caused or would reasonably be expected to result in a Material Adverse Effect.

(b) Except as set forth on Schedule 4.5(b), no Affiliates or Related Persons of the Company is or has during the prior three (3) years engaged in any transaction with the Company, whether directly or indirectly, as an owner, shareholder, creditor or agent of, or consultant or lender to a Person engaged in business with the Company, including as a supplier or purchaser of goods or services to or from the Company or any part of which is or was in actual or potential competition with the Company. Schedule 4.5(b) sets forth any Contracts between the Company, on one hand, and any of its Affiliates or Related Persons, on the other hand.

(c) The express warranties applicable to the services or products sold or to be sold by the Company are attached to Schedule 4.5(c). Except as set forth on Schedule 4.5(c), there is no claim outstanding or Proceeding pending or, to Seller's Knowledge, Threatened under any warranty of the Company or any supplier to the Company. Schedule 4.5(c) summarizes material warranty claims that have been asserted against the Company within the past three (3) years, indicating for each claim whether it has been resolved or remains outstanding and, if resolved, the manner and cost of resolution. No warranty claim, individually or in the aggregate with other warranty claims, has had or would reasonably be expected to result in a material liability to the Company that is not reserved or accrued for on the Balance Sheet.

(d) Neither the Company nor any of its Representatives acting on its behalf: (i) has used any company or other funds for unlawful contributions, payments or gratuities, or made any unlawful expenditures relating to political or administrative activity to officials of a Governmental Authority or to any other Person, or established or maintained any unlawful or unrecorded funds in violation of applicable Law; (ii) accepted or received any unlawful contributions, payments, gifts or gratuities; (iii) made any unlawful payment to foreign or domestic government officials or employees or to foreign or domestic political parties or campaigns or violated any provision of the Foreign Corrupt Practices Act of 1977, as amended, or the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT ACT) Act of 2001, as amended or (iv) conducted business or engaged in a transaction with any Person (A) who was identified on the OFAC List at such time or (B) with whom a citizen of the United States was prohibited from engaging in such business or transaction by any trade embargo, economic sanction, executive order or Law.

4.6 Employees.

(a) Schedule 4.6(a) contains, as of a recent date specified therein, the following information (i) for each employee of the Company (including, as designated thereon, each employee on leave of absence or layoff status), the name, job title, hire date, current compensation paid or payable on an annualized basis, annual vacation days and accrued vacation, license or

registration numbers of pharmacists and technicians with renewal dates, and any other information reasonably requested by Buyer to determine whether such employees are included in any government exclusion list, including the OIG List of Excluded Individuals/Entities (“**LEIE**”) and the General Service Administration (“**GSA**”) Exclusion List (collectively, the “**Exclusion Lists**”); (ii) for each independent contractor used by the Company at any time since January 1, 2019, the name of such independent contractor, type of services provided by such independent contractor and aggregate amount of consideration paid to such independent contractor by the Company during such time; (iii) for each temporary staffing personnel or temporary employee used by the Company at any time since January 1, 2019, the name of such temporary employee, type of services provided by him/her and aggregate amount of consideration paid to him/her by the Company during such time; and (iv) for each employee in nonimmigrant status, the name of the employee, his/her current status (i.e., H status, L-1B status), and his/her status expiration date, and to include foreign nationals with an adjustment of status petition pending with U.S. Citizenship and Immigration Services. The Company has not received written notice that an employee intends to terminate his or her employment relationship with the Company. The employees of the Company are authorized to work for the Company in the United States and, except as set forth on Schedule 4.6(a), there are no employees of the Company that require U.S. immigration sponsorship from the Company now or in the future. Except as set forth on Schedule 4.6(a), the employees of the Company are employed on an “at will” basis and are terminable by the Company without penalty or severance obligation.

(b) The Company is not now, nor in the past three (3) years has it been, a party to a collective bargaining or similar labor Contract. With respect to the Company, there has not been in the last three (3) years, there is not now pending or existing and, to Seller’s Knowledge, there is not Threatened: (i) a union organizational activity, strike, slowdown, picketing, work stoppage, lockout or other labor dispute or Proceeding; (ii) an application, complaint, charge or other Proceeding filed with a Governmental Authority regarding a labor and/or employment matter; or (iii) an application, petition or demand for recognition or certification of a collective bargaining agent. To Seller’s Knowledge, no event has occurred or circumstance exists that would reasonably be expected to give rise to the matters described in clauses (i), (ii) or (iii).

(c) The Company is complying, and has complied, in all material respects in the last three (3) years, with applicable Law and its own policies relating to labor and employment matters, including but not limited to those relating to fair employment practices, terms and conditions of employment, contractual obligations, equal employment opportunity, nondiscrimination, authorization to work in the United States, immigration/visa status, wages (including properly classifying positions and properly paying employees as exempt or non-exempt under applicable Law), hours, benefits, workers’ compensation, the payment of social security, unemployment, and similar Taxes, employee termination (actual or constructive), occupational safety, plant closing, mass layoffs and changes in operations. Except as described on Schedule 4.6(c), there is not currently, nor has there been in the past three (3) years, a Proceeding against the Company, or one of its employees alleging harassment, discrimination or other similar conduct or an internal investigation of an allegation, charge or complaint against the Company, or one of its employees alleging harassment, discrimination or other similar conduct.

(d) Except as set forth on Schedule 4.6(d), the Company is not a party to a Contract with a present or former director, officer, manager, employee (leased or otherwise), agent, consultant, or independent contractor with respect to length, duration, or condition of employment or engagement (or the termination thereof), salary, bonus, compensation, deferred compensation, health Insurance, severance, other form of remuneration or otherwise.

(e) The Company has made all required payments to its unemployment compensation reserve accounts with the appropriate Governmental Authorities of the states or other jurisdictions where it is required to maintain such accounts, and each such account has a positive balance.

(f) Except as set forth on Schedule 4.6(f), there is no Proceeding pending or, to Seller's Knowledge, Threatened against or affecting the Company relating to the alleged violation of a Law pertaining to labor relations and/or employment matters. The Company has not committed an unfair labor practice, nor has there has been a complaint, claim, charge or other Proceeding of unfair labor practice filed or, to Seller's Knowledge, Threatened against the Company before the National Labor Relations Board or other Governmental Authority. There has been no complaint, claim, charge or other Proceeding relating to discrimination, violation of wage and hour Law, breach of statutory obligations, breach of contract, breach of common law, or any other employment matters filed or, to Seller's Knowledge, Threatened against the Company with the EEOC or other Governmental Authority.

(g) The Company has not caused or effectuated a "plant closing" or "mass layoff," as those terms are defined in the Worker's Adjustment and Retraining Notification Act ("WARN Act"), 29 U.S.C. § 2101, et seq., as well as the rules and regulations thereto, set forth in 20 CFR 639, et seq., and any similar state and local laws, as amended from time to time, and any regulations, rules and guidance issued pursuant thereto. To the extent there is an event caused by the Company that requires notices under the WARN Act, the Company agrees to provide such notices and otherwise comply with the WARN Act requirements.

4.7 Employee Benefit Plans.

(a) Schedule 4.7 contains a correct and complete list of all "employee benefit plans" (as defined in Section 3(3) of ERISA) and all other employee benefit arrangements or payroll practices, including, without limitation, whether or not in writing, all bonus, incentive, equity or equity-based compensation, profit-sharing, pension, stock purchase, deferred compensation, retirement, severance, termination, sick leave, vacation pay, medical or life insurance, and other employee benefit plans, programs or arrangements, and all employment, consulting, retention, change in control or compensation agreements or arrangements, in each case, sponsored, maintained by, contributed to or required to be contributed to by the Company or any of its ERISA Affiliates (as defined below) on behalf of current or former employees or directors of the Company (the "**Business Benefit Plans**"). Schedule 4.7 separately identifies the plan sponsor of each Business Benefit Plan and any Business Benefit Plan that provides accelerated, enhanced or additional benefits in connection with a change in control.

(b) Copies of all Business Benefit Plan have been delivered to Buyer, including summary plan descriptions, summaries of material modifications, nondiscrimination tests, copies of correspondence with any Governmental Authority, and related Contracts (including descriptions of vacation, separation and other personnel policies).

(c) Neither the Company nor any trade or business (whether or not incorporated) which is or has ever been at the relevant time under common control, or which is or has ever been at the relevant time treated as a single employer, with the Company under Section 414(b), (c), (m) or (o) of the Code ("ERISA Affiliate"), has ever maintained, sponsored, contributed to or has been obligated to maintain, sponsor or contribute to (i) any benefit plan intended to be qualified under Section 401(a) of the Code or any "employee pension plan" (as defined in Section 3(2) of ERISA), subject to Title IV of ERISA or Section 412 of the Code; (ii) a "multiemployer plan" (as defined in Section 3(37) of ERISA); (iii) a "multiple employer plan," as defined in Section 3(40) of ERISA, (iv) a "voluntary employees' beneficiary association," as defined in Section 501(c)(9) of the Code, or (v) a "multiple employer welfare arrangement," as defined in Section 3(40) of ERISA. None of the Business Benefit Plans provide for post-employment life or health insurance, benefits or such coverage for any participant or any beneficiary of a participant, except as may be required under COBRA or similar Law and at the expense of the participant or the participant's beneficiary. All Business Benefit Plans that are health and welfare plans are fully insured through insurance contracts, the premiums for which are paid directly by the Company or any ERISA Affiliate, from its general assets or partly from its general assets and partly from contributions by plan participants. No Business Benefit Plan is subject to the laws of a jurisdiction outside of the United States.

(d) The Company is complying, and has complied, in all material respects with its obligations under or relating to Business Benefit Plan (including, if applicable, reporting, disclosure, prohibited transaction, IRS qualification, Section 409A of the Code, ERISA and funding obligations) and no fact exists, that would be expected to result in any material Liability (including, but not limited to, any Tax Liability) with respect to any Business Benefit Plan and nothing has occurred with respect to any Business Benefit Plan that has subjected or could subject the Company or any ERISA Affiliate to penalties under ERISA or to any material Tax penalties under the Code. No prohibited transaction (within the meaning of Section 406 of ERISA or Section 4975 of the Code) for which a statutory or administrative exemption does not exist has occurred with respect to Business Benefit Plan. All contributions (including all employer contributions and employee salary reduction contributions) required to have been made under any of the Business Benefit Plans to any funds or trusts established thereunder or in connection therewith have been timely made by the due date thereof (including any valid extension), and all contributions for any period ending on or before the Closing Date which are not yet due will have been paid or accrued on or prior to the Closing Date in accordance with the Company's past practice.

(e) The consummation of the transactions contemplated by this Agreement will not result in a prohibited transaction described in Section 406 of ERISA or Section 4975 of the Code for which an exemption is not available. No Proceeding with respect to the administration or the investment of assets of Business Benefit Plan (other than routine claims for benefits) is pending or, to Seller's Knowledge, Threatened. There are no pending or threatened actions, claims or lawsuits which have been asserted or instituted against the Business Benefit Plans, the assets of

any of the trusts under such plans or the plan sponsor or the plan administrator, or against any fiduciary of the Business Benefit Plans with respect to the operation of such plans (other than routine benefit claims) and no Business Benefit Plan is or has been the subject of an examination or audit by a Governmental Authority or the subject of an application or filing under or is a participant in, an amnesty, voluntary compliance, self-correction or similar program sponsored by any Governmental Authority.

(f) The execution and performance of this Agreement and the consummation of the transaction shall not (either alone or in connection with any other event, such as a termination of employment following the Transaction): (i) result in any compensatory payment (or forgiveness of debt) becoming due to any employee, consultant or other service provider to the Company or satisfy any prerequisite (whether exclusive or non-exclusive) to any compensatory payment or benefit to any employee, consultant or other service provider, (ii) increase any benefits under any Business Benefit Plan, (iii) result in the acceleration of the time of payment, vesting or funding of any such benefits under any Business Benefit Plan, or (iv) be a factor causing payments to be made by the Company to be non-deductible (in whole or in part) under Section 280G of the Code.

(g) Each of the Business Benefit Plans that is a "nonqualified deferred compensation plan" (within the meaning of Code Section 409A(d)(1)) and is subject to the requirements of Code Section 409A is in compliance with Code Section 409A and all guidance issued by the IRS of the United States Department of Treasury applicable to nonqualified deferred compensation plans.

(i) Each Business Benefit Plan can be amended, terminated, or otherwise discontinued in accordance with its terms, without material liabilities to Buyer, the Company, or any of their ERISA Affiliates other than ordinary administrative expenses typically incurred in a termination event.

4.8 Title to Assets; Real Property.

(a) The Company has good and valid title to all personal property and other assets reflected in the Financial Statements or acquired after the Balance Sheet Date, other than properties and assets sold or otherwise disposed of in the Ordinary Course of Business since the Balance Sheet Date. All such properties and assets (including leasehold interests) are free and clear of Encumbrances other than Permitted Encumbrances. The Company does not own any real property.

(b) The Company has a valid leasehold interest in the real property leased by it and located at 2320 W Peoria Ave Ste D132, Phoenix, AZ 85029 and The St James, 200 West Washington Square Apt 4002, Philadelphia, PA 19106 (the "**Leased Real Property**"), free and clear of all Encumbrances other than Permitted Encumbrances. True, correct and complete copies of each lease governing the Leased Real Property, together with all amendments, schedules, and exhibits thereto (the "**Real Property Lease**"), have been delivered to Buyer. Except as set forth on Schedule 4.8(b), the Company's right to use any Leased Real Property has not been sublet, assigned or otherwise granted to any third-party. Except as set forth on Schedule 4.8(b), there are no parties in possession of any of the Leased Real Property other than the Company. The Real Property Lease is in full force and effect. The Company is not in breach of its obligations under

any Real Property Lease, all payments due under the Real Property Leases are current, and no other party to any Real Property Lease is in breach of its obligations thereunder. The consummation of the transactions provided for in this Agreement will not create or constitute a default under any Real Property Lease.

(c) The Company does not use, occupy or operate any real property other than the Leased Real Property, and no other real property is necessary for the operation of the Business as currently conducted by the Company. Neither the Company nor the Leased Real Property is, or during the last three (3) years has been, in violation of a zoning regulation, building restriction, restrictive covenant, ordinance, plat, declaration or other Law or a Contract relating to the Leased Real Property.

(d) The Leased Real Property is not the subject of a condemnation action and, to Seller's Knowledge, no such action is Threatened. To Seller's Knowledge, there is no proposal under consideration by a Governmental Authority to take or use any portion of the Leased Real Property. There is no pending or, to Seller's Knowledge, proposed special assessment affecting or which may affect the whole or any party of the Leased Real Property.

4.9 Other Assets. The tangible personal property (other than Inventory) of the Company: (i) is in good operating condition and repair, normal wear and tear excepted, is adequately serviced by required utilities and is adequate for the uses to which it is being put; (ii) is free of physical, mechanical and structural defect and does not need maintenance or repair, except for ordinary, routine maintenance and repair that is not material in nature or cost; and (iii) is sufficient for the continued conduct of the Business after Closing in substantially the same manner as conducted by the Company before Closing. Schedule 4.9(b) sets forth a list and general description of each item of tangible personal property (other than Inventory) of the Company having a book value of more than \$5,000.

4.10 Litigation. Except as set forth on Schedule 4.10: (a) there is no Proceeding or Order pending with respect to the Company; (b) to Seller's Knowledge, no such Proceeding or Order has been Threatened; and (c) no event has occurred or circumstance exists that would reasonably be expected to give rise to or serve as a basis for such Proceeding or Order.

4.11 Authorization and Enforceability; No Conflict.

(a) Each Seller has the requisite capacity, power and authority to enter into and perform the Transaction Documents to which it or he is a party and to carry out the transactions contemplated thereby. The execution, delivery and performance by each Seller of this Agreement and each of the other Transaction Documents to which it or he will be a party and the consummation by such Seller of the transactions contemplated hereby and thereby have been duly and validly authorized by all necessary corporate, company or other action (as applicable). This Agreement and each other Transaction Document to which each Seller is a signatory is binding upon it or him and is enforceable against it or him in accordance with the terms of this Agreement or such other Transaction Document, except as enforceability may be limited by applicable bankruptcy, insolvency, reorganization, moratorium and similar laws affecting creditors' rights and remedies generally.

(b) The execution, delivery and performance of this Agreement and the other Transaction Documents and the consummation of the transactions contemplated hereby and thereby will not (i) contravene the Organizational Documents of any Seller or result in a breach of, or constitute a default under, any Contract by which Seller is bound or affected; (ii) violate a Law or Order or give a Governmental Authority the right to revoke, withdraw, suspend, cancel, terminate or modify a Governmental Authorization relating to any Seller or the Company; (iii) result in the acceleration of a liability of any Seller or adversely modify the terms of such liability; (iv) result in an Encumbrance being created or imposed upon Buyer or the Company; or (v) except for filings under any Governmental Authorizations set forth on Schedule 4.11(b) (the "**Regulatory Approvals**"), require any Governmental Authorization or other consent, approval, exemption or other authority or notice to a Governmental Authority. The consents, approvals or authorizations of and declarations, filings or registrations with a Person required (including those required under the terms of a Contract to avoid a breach or default thereunder) in connection with Seller's execution, delivery and performance of this Agreement and the other Transaction Documents and the consummation of the transactions contemplated hereby or thereby are set forth on Schedule 4.11(b).

4.12 Material Contracts. Each Contract is in full force and effect and is valid and enforceable in accordance with its terms. The Company and each other Person that is a party to such Contract has complied and is complying with the terms of such Contract in all material respects. To Seller's Knowledge, no event has occurred or circumstance exists that (with or without notice or lapse of time) would reasonably be expected to result in a material breach of such Contract. True, correct and complete copies of each Contract and each other Contract listed on Schedule 4.12 (in each case, together with any amendments thereto) have been delivered to Buyer. Schedule 4.12 lists each Contract to which the Company is a party that:

(i) involves performance of services or delivery of goods or materials by or to the Company either of an amount or value in excess of in excess of \$100,000 during any 12-month period;

(ii) commits the Company to make an expenditure in excess of \$100,000 during any 12-month period;

(iii) was not entered into the Ordinary Course of Business;

(iv) cannot be terminated by the Company upon less than 30 days' notice without penalty;

(v) requires the Company to purchase its total requirements of a good or service from another Person or that includes a "take or pay" or similar provision;

(vi) is a collective bargaining agreement or otherwise involves a labor union or other representative of a group of employees relating to wages, hours or conditions of employment;

(vii) restricts the Company's or any of its Affiliate's business activity or limits the right or ability of the Company or any of its Affiliates to engage in any line of business or to compete with another Person;

(viii) involves the grant of a power of attorney by the Company to another Person;

(ix) relates to a joint venture, partnership, strategic alliance or similar arrangement or that involves a sharing of profits, losses, costs or liabilities with another Person;

(x) is an employment or consulting agreement or involves engagement of an individual as an independent contractor;

(xi) provides for payment to or by a Person based on sales, purchases, profits or other metrics other than direct payment for goods or services;

(xii) is a distributor, broker, dealer, franchise, manufacturer's representative, agency, sales promotion, market research, marketing or advertising Contract;

(xiii) provides for or otherwise involves a volume discount from vendors, rebates, marketing arrangements or other similar arrangements;

(xiv) is a loan, credit or similar Contract or that otherwise relates to Indebtedness;

(xv) grants a lien, security interest or other Encumbrance on the Company's assets;

(xvi) is with a Governmental Authority;

(xvii) involves or relates to the acquisition of a business or a material amount of assets, properties or securities of another Person (whether by merger, sale of stock, sale of assets, lease, license or otherwise);

(xviii) involves a warranty obligation of the Company outside the Ordinary Course of Business;

(xix) creates or purports to create an exclusive or preferential relationship or arrangement (including a most favored nation pricing provision); or

(xx) is otherwise material to the Company.

4.13 Insurance. Schedule 4.13 lists the policies of Insurance, and for each policy indicates: (i) the name of the insurer; (ii) the deductible or self-insurance retention amount and the coverage limit; (iii) the type of Insurance; (iv) the policy number; (v) the expiration date; and (vi) pending claims under the policy. True, correct and complete copies of each such Insurance policy have been delivered to Buyer. Each policy of Insurance is in full force and effect and will remain in full force through the Closing Date. Premiums with respect to such policies of Insurance

have been timely paid and the duties of the insureds under such policies have been fully discharged. Except as set forth on Schedule 4.13, the Company has not been refused Insurance by a carrier to which it has applied for Insurance within the past three (3) years. Except as set forth on Schedule 4.13, in the past three (3) years, the general liability and similar Insurance policies have been "occurrence" policies and not "claims made" policies.

4.14 Permits and Licenses.

(a) Schedule 4.14(a) sets forth the Governmental Authorizations required or maintained to carry on the Business as now conducted. Each such Governmental Authorization has been timely obtained by the Company and is in full force and effect. Except as set forth on Schedule 4.14(a), no such Governmental Authorization will be voided, nullified or impacted by the consummation of the transactions contemplated by this Agreement. The Company is not subject to nor, to Seller's Knowledge, has it been Threatened with, any Losses as a result of a failure to comply with a Law, and no event has occurred or circumstance formerly existed or currently exists that (with or without notice or lapse of time) would reasonably be expected to give rise to such Losses. The Company is in compliance in all material respects with all Laws applicable to the conduct of the Business as currently conducted.

(b) Except as set forth on Schedule 4.14(b):

(i) The Company has not (A) received any written notice from any Governmental Authority of any Threatened or pending violation, investigation, audit or inquiry into an alleged or suspected violation of any Law or result in the suspension, revocation or limitation or restriction of any Governmental Authorization, or (B) entered into any agreement or settlement with any Governmental Authority with respect to its alleged non-compliance with, or violation of, any Law.

(ii) The Company has not received any written notice from any current or former employee of any alleged or suspected violation of any Law pertaining to any state or federal pharmacy law or other Healthcare Laws.

(iii) The Company and all of its current or former managers, officers and directors and professionally licensed employees and contractors who provide, or have provided, professional services to, or at, or in connection with the Business ("**Professional Personnel**"), are in compliance with all Laws applicable to Governmental Programs and all Laws and guidance relating to health care fraud and abuse, including the Anti-Kickback Statute, 42 U.S. Code § 1320a-7b, 42 C.F.R. § 1001.952, the federal false coding statute, 42 U.S. Code § 1320a-7a, the federal physician self-referral prohibition, 42 U.S. Code § 1395nn, 42 C.F.R. § 411.351 et seq., and the False Claims Act, 31 U.S. Code § 3729 et seq. (collectively, "**Healthcare Laws**").

(iv) Professional Personnel providing professional services, including but not limited to, pharmacists and pharmacy technicians, currently hold in good standing and unrestricted, any and all appropriate licensure, registration or certification required to perform services related to the Business ("**Professional Licenses**").

(v) The Company) (A) is not a party to any corporate integrity agreement or similar memorandum of understanding with any Governmental Authority, (B) is not subject to any order, judgment, injunction, award, decree or writ handed down, adopted or imposed by any Governmental Authority and (C) has not entered into any other Contract at the request of any Governmental Authority that restricts the conduct of the Company or that impacts upon the management or operation of the Company (collectively, "**Regulatory Agreements**"). The Company has not received written notice from any Governmental Authority that such Governmental Authority is considering issuing or requesting any Regulatory Agreement.

(vi) To the extent the Company directly receives reimbursement under Titles XVIII and XIX of the Social Security Act (the "**Medicare and Medicaid Programs**"), the CHAMPUS/TRICARE programs and other reimbursement programs of any Governmental Authority (each a "**Governmental Program**"), the Company is appropriately registered, accredited and/or certified for participation and reimbursement under the Medicare and Medicaid Programs. To the extent that the Company directly receives reimbursement under the Medicare and Medicaid Programs, the Company has all current provider numbers and is in compliance with all provider agreements required under such Governmental Programs.

(vii) To the extent that the Company directly or indirectly receives payments under Private Programs, the Company has all provider agreements, certifications, credentials, and provider numbers that are required under such Private Programs.

(viii) There has been no Proceeding instituted against the Company or any of its Professional Personnel and in any way related to the Company, or with respect to Pharmacy Permits, DEA Registrations, or certifications, provider agreements or provider numbers related to any Governmental Program (collectively, "**Healthcare Authorizations**").

(ix) To the Knowledge of Seller, no event has occurred that, with the giving of notice, the passage of time, or both, would constitute reasonable grounds for a violation or exclusion order with respect to any Healthcare Authorization, or the revocation, withdrawal or suspension of any Healthcare Authorization, or the termination of the participation of the Company, in any Payment Program.

(x) Neither the Company nor any of its Professional Personnel has been determined or alleged by a Governmental Authority to have committed a violation of any Healthcare Laws or other Laws relating to the referral of patients or health care business in exchange for remuneration or to entities in which the referring Person has an ownership or financial relationship, in connection with such employment by, or activity on behalf of, the Company. Neither the Company nor any of its Professional Personnel are or were under investigation by a Governmental Authority in connection with any of the foregoing.

(xi) Neither the Company nor any of its Professional Personnel (during the term of such individual's employment with the Company or while acting as an agent of Seller): (A) has been convicted of or indicted for any crime, for which debarment or similar punishment is mandated or permitted by any applicable Law, (B) has engaged in any activities that are prohibited, or cause for the imposition of penalties or mandatory or permissive exclusion, under 42 U.S.C. §§

1320a-7, 1320a-7a, 1320a-7b, 1395nn or 1396b, 31 U.S.C. §§ 3729-3733, the federal CHAMPUS/TRICARE statute (or other Laws related to false or fraudulent claims), any Healthcare Law or any criminal Law relating to health care services or payments, or that are prohibited by rules of professional conduct, or (C) has received written notice that the Company or any of its Professional Personnel is under investigation with respect to any of the foregoing.

(xii) The Company has: (A) timely filed all reports and billings required to be filed prior to the date hereof with respect to all applicable Payment Programs (all of which reports and billings are complete and accurate in all respects and have been prepared in compliance with applicable Laws); (B) paid or caused to be paid all known and undisputed refunds, overpayments, discounts or adjustments that have become due pursuant to such reports and billings; and (B) will continue to timely file all reports and billings and comply with (B) of this subsection (b)(xii) through the Closing Date.

(xiii) The Company has not claimed or received reimbursements from Payment Programs in excess of amounts permitted by applicable Law, and the Company has no liability or obligation of any kind, whether accrued, contingent, absolute, inchoate or otherwise, whether due or to become due, under any Payment Program for any refund, overpayment, discount or adjustment.

(xiv) There are no pending or, to the Knowledge of Seller, threatened appeals, adjustments, challenges, audits, inquiries, litigation or written notices of intent to audit with respect to such prior reports or billings, and the Company has no current audits by any Payment Programs.

(xv) No employee of the Company, either before or during such employment, has been excluded or suspended from participation in any Governmental Program, and no employee of the Company has been debarred, suspended or are otherwise ineligible to participate in any Governmental Program, or are otherwise included in any Exclusion List.

(xvi) To the Knowledge of Seller, no employee of the Company, either before or during such employment, has committed any offense that may reasonably serve as the basis for any such exclusion, suspension, debarment or other ineligibility.

(xvii) To the Knowledge of Seller, the Company has not arranged or contracted with any Person that is suspended, excluded or debarred from participation in, or otherwise ineligible to participate in, any Governmental Program.

(xviii) The Company has operated the Business in compliance with all applicable Laws affecting contractors and subcontractors under Governmental Programs (including the Medicare and Medicaid Programs), and all manuals and other interpretations thereof promulgated by Governmental Programs, including the Social Security Act, Federal Acquisition Regulations, and the regulations, manuals, guidance, and other pronouncements of the United States Department of Health and Human Services and the Centers for Medicare and Medicaid Services.

(xix) The Company has not received any notice of any complaint filed against the Company under HIPAA or any other applicable patient privacy and data protection Law.

(xx) The Company has implemented physical, technical and administrative safeguards designed to ensure compliance with (A) all Laws, including HIPAA, relating to the collection, use, privacy or protection of Personal Data and all additional or higher industry standards or requirements related to Personal Data, (B) all requirements applicable to a covered entity (as defined in HIPAA) to the extent applicable to the Company, (C) all requirements of all business associate agreements (as defined in HIPAA) entered into by Seller, and (D) the Company's privacy and security policies.

(xxi) Except those described in Schedule 4.14(b)(xxi), since January 1, 2016, the Company has not experienced any incident in which personally identifiable information or other protected information, including any Person's name, address, credit card information, health information, email address, date of birth, social security number or account information ("Personal Data"), has been or may have been stolen or improperly accessed or any other security breach, and Seller is not aware of any facts exist suggesting any of the foregoing has occurred, including, to the Knowledge of Seller, any breach of security or any written notices or complaints from any Person regarding any Personal Data.

(xxii) The Company and Professional Personnel are complying, and have complied in the last three (3) years, with the Federal Food Drug and Cosmetic Act, the Telephone Consumer Protection Act and all Laws relating to the procurement, marketing and promotion of prescription drugs and all applicable Laws and any related guidance documents published by a Governmental Authority.

4.15 Environmental Matters. The Company (i) has obtained and has held, during all applicable statute of limitations periods, and currently holds all Governmental Authorizations that are required under any Environmental Law to operate its Business; and (ii) is, and has been during all applicable statute of limitations periods, in compliance with all such Governmental Authorizations. There is no action pending or, to Seller's Knowledge, threatened by any Governmental Authority to revoke, limit or modify such Governmental Authorizations. The Company is, and during all applicable statute of limitation periods has been, in compliance in all material respects with all Environmental Laws. The Company has not been subject of any Proceedings relating to Environmental Laws or which could have resulted in Environmental Liabilities, and neither the Company nor any of its Affiliates has received written notice alleging that the Company is not, or has not been, in compliance with, or is liable under, any Environmental Law.

4.16 Broker's Fees. Except as set forth on Schedule 4.16, neither Seller nor anyone acting on its behalf has incurred or will incur a liability or obligation to pay fees or commissions to a broker, finder or agent with respect to the transactions contemplated by this Agreement or any other Transaction Document for which Buyer or its Affiliates could be or become liable. Seller will be solely responsible for the fees and other amounts due legal counsel and other advisors

engaged by Seller in connection with the transactions contemplated by this Agreement or another Transaction Document.

4.17 Accuracy of Statements. No representation or warranty made by Seller in this Agreement or other Transaction Document or any statement, certificate or schedule furnished to Buyer pursuant to this Agreement or other Transaction Document in connection with the transactions contemplated hereby or thereby contains any untrue statement of a material fact or omits to state a material fact necessary to make the statements contained herein or therein not misleading. Buyer has been delivered a true, complete and correct copy of each document (together with all amendments thereto) required to have been provided to Buyer or attached to a schedule under this Agreement.

4.18 PPP Loan. The application submitted by the Company, and all representations and certifications made by the Company or the Sellers to lenders or any Governmental Authority, in connection with the PPP Loan were accurate, true and correct in all respects when made and did not contain any inaccuracies or omissions. The Company complied with all applicable Laws and was permitted by applicable Law to apply for, receive, and use of the proceeds of the PPP Loan. The Company used the proceeds of the PPP Loan solely for the allowable uses set forth in the Paycheck Protection Program set forth in the CARES Act and solely for the purposes permitted under the loan forgiveness guidelines issued by the Small Business Administration ("SBA"), and the Company has not taken any action which would preclude, or failed to take such action as is required for, the full forgiveness of the PPP Loan, including any failure to properly maintain appropriate documentations and records in connection therewith. In the event the PPP Loan is forgiven, such forgiveness will comply with the applicable law in all respects. Without limiting the generality of the foregoing, prior to the Closing the Company has:

(a) Notified the PPP Lender in writing of the transactions contemplated by this Agreement and provided the PPP Lender with a copy of this Agreement and the other documents that would effectuate the transactions contemplated by this Agreement;

(b) Procured the PPP Lender's written approval of the change of control and transactions contemplated by this Agreement (a copy of which is attached as part of Schedule 4.18(b) of the Disclosure Schedules);

(c) Completed a forgiveness application reflecting the Company's use of all the PPP Loan proceeds, and submitted it, along with all required supporting documentation to the PPP Lender, and a true and correct and complete copy of such application and supporting materials is included as part of Schedule 4.18(c) of the Disclosure Schedules; and

(d) Established an interest-bearing escrow account controlled by the PPP Lender pursuant to the PPP Escrow Account Agreement. Schedule 4.18(d) of the Disclosure Schedules correctly sets forth the outstanding balance of the total PPP Indebtedness as of the Closing and the respective amounts of the PPP escrow account funds to be deposited by the Sellers and Buyer in the PPP escrow account. Buyer shall withhold funds from the Earnest Payment equal to Seller PPP Escrow Deposit Responsibilities and pay those funds directly to PPP Lender to be deposited in the PPP Escrow Account.

4.19 Intellectual Property.

(a) Schedule 4.19(a) lists all issued patents, registered trademarks, domain names and copyrights, and pending applications for any of the foregoing and all material unregistered Intellectual Property that are owned by the Company (the “**Company IP Registrations**”). The Company owns or has the valid and enforceable right to use all Intellectual Property used or held for use in or necessary for the conduct of the Company’s business as currently conducted (the “**Company Intellectual Property**”), free and clear of all Encumbrances. To Seller’s Knowledge, all of the Company Intellectual Property is valid and enforceable, and all Company IP Registrations are subsisting and in full force and effect. The Company has taken all reasonable and necessary steps to maintain and enforce the Company Intellectual Property.

(b) To Seller’s Knowledge, the conduct of the Company’s business as currently and formerly conducted has not infringed, misappropriated, or otherwise violated the Intellectual Property or other rights of any Person. To Seller’s Knowledge, no Person has infringed, misappropriated, or otherwise violated any Company Intellectual Property.

ARTICLE V REPRESENTATIONS AND WARRANTIES OF BUYER

Buyer represents and warrants to the Sellers that the statements contained in this Article V are correct and complete as of the Effective Date and as of the Closing Date.

5.1 Organization and Good Standing. Buyer is a limited liability company duly organized, validly existing and in good standing under the Laws of the State of Utah. Buyer has the requisite corporate power and authority to conduct its business as it is now being conducted and to own and use its properties and assets.

5.2 Authorization and Enforceability; No Conflict.

(a) Buyer has the requisite company power and authority to enter into and perform the Transaction Documents to which it is a party and to carry out the transactions contemplated thereby. The execution, delivery and performance by Buyer of each Transaction Document to which it is a party has been duly authorized, approved and adopted by it. Each Transaction Document to which Buyer is a party is binding upon it and is enforceable against it in accordance with the terms of that Transaction Document, except as such enforceability may be limited by applicable bankruptcy, insolvency, reorganization, moratorium and similar laws affecting creditors’ rights and remedies generally.

(b) The execution, delivery and performance by Buyer of the Transaction Documents to which it is a party and the consummation by Buyer of the transactions contemplated thereby will not (i) contravene the Organizational Document of Buyer or result in a breach of, or constitute a default under, any Contract to which Buyer is a party or by which its assets are bound or affected or (ii) violate a Law or Order.

5.3 No Third-Party Approval or Consent. Except for the Regulatory Approvals, no consent, authorization, order or approval of, or filing or registration with, any Governmental Authority or other person is required for the execution and delivery by Buyer of this Agreement and any other agreements provided herein, and the consummation by Buyer of the transactions contemplated by this Agreement and such other agreements.

5.4 No Broker's Fees. Neither Buyer nor anyone acting on its behalf has incurred or will incur a liability or obligation to pay fees or commissions to a broker, finder or agent with respect to the transactions contemplated by this Agreement or any other Transaction Document for which Seller could become liable. Buyer will be solely responsible for the fees and other amounts due legal counsel and other advisors engaged by Buyer in connection with the transactions contemplated by this Agreement or another Transaction Document.

5.5 Sufficiency of Funds. Buyer has sufficient cash, available lines of credit, or other sources of funds to enable it to pay the Purchase Price pursuant to the terms of this Agreement.

5.6 Accuracy of Statements. No representation or warranty made by Buyer in this Agreement or other Transaction Document or any statement, certificate or schedule furnished to Seller pursuant to this Agreement or other Transaction Document in connection with the transactions contemplated hereby or thereby contains any untrue statement of a material fact or omits to state a material fact necessary to make the statements contained herein or therein not misleading.

ARTICLE VI COVENANTS AND AGREEMENTS

The applicable Parties hereby covenant and agree as follows:

6.1 Conduct Pending Closing.

(a) From the Effective Date until Closing, the Company will conduct its operations and affairs diligently and only in the Ordinary Course of Business, except for actions taken with Buyer's prior written consent necessary to prepare for the consummation of the transactions contemplated by this Agreement. The Company will exercise its commercially reasonable efforts to preserve intact the present business organization, including completing all applicable renewals and revalidations, personnel and goodwill of the Company and to comply with applicable Laws.

(b) Until Closing, the Company will not, and will cause their respective Affiliates and Representatives not to, directly or indirectly: (i) take an action that could interfere with or prevent the timely consummation of the transactions contemplated by this Agreement or another Transaction Document; or (ii) except for actions taken with Buyer's prior written consent necessary for the consummation of the transactions contemplated by this Agreement, take an action that would constitute a Restricted Event or that would be inconsistent with a representation, warranty, covenant or agreement set forth in this Agreement, as if such representation, warranty, covenant or agreement were made both before and after such action.

(c) Buyer shall prepare and submit all applicable notices and change of ownership applications related to the Governmental Authorizations with each applicable Governmental Authority necessary to continue to operate the Business in the same manner as the Company prior to Closing. The Company shall fully cooperate with Buyer and provide any documents or information required for Buyer to complete such submissions; *provided, however*, that the Company will have an opportunity to review such applications (which may be redacted to protect confidential or proprietary information, as determined by Buyer in its sole discretion) in advance of filing and will be afforded reasonable access to all communications with Governmental Authorities related to such applications and related consents, notices and approvals (which may also be redacted to protect confidential or proprietary information as determined by Buyer in its sole discretion).

6.2 Access and Investigation by Buyer. From the date of this Agreement to execution of this Agreement, the Company will: (a) provide Buyer and its Representatives full and free access to the Company's Books and Records, Contracts, Governmental Authorizations, and Representatives; (b) promptly provide to Buyer and its Representatives copies of any information and documents relating to the Company, Contracts, or Governmental Authorizations, as Buyer or its Representatives may reasonably request; and (c) permit Buyer and its Representatives to visit and inspect any of the premises used in connection with the Business, including, without limitation, the Leased Real Property. With the prior consent of the Company, Buyer and its Representatives will be given access to the employees and suppliers of the Company as designated by Buyer pursuant to an agreed upon protocol and format. Buyer and its Representatives will conduct themselves with respect to the access described in clause (a) above in a manner that does not unreasonably interfere with the normal operations of the Business.

6.3 Reasonable Efforts; Notices.

(a) Each Party will use its reasonable efforts to fulfill, or cause to be fulfilled, the conditions required to be fulfilled by it or him to bring about the timely consummation of the transactions contemplated by this Agreement and the other Transaction Documents. Each Party will give prompt notice to the other Parties of the occurrence of any event or the failure of any event to occur that might preclude or interfere with the satisfaction of any condition precedent to the obligations of a Party under this Agreement or the timely consummation of the transactions contemplated by this Agreement or the other Transaction Documents. Without limiting the generality of the foregoing, the Company will promptly notify Buyer of any fact or circumstance that could constitute a breach of any of the representations and warranties in Article IV; *provided, however*, that any such notification will not be deemed to be part of the Disclosure Schedule for purposes of this Agreement, will not be deemed to modify or cure any breach of a representation or warranty in Article IV or limit in any way Buyer's rights or remedies with respect to any such breach.

(b) Each Party will use reasonable efforts to promptly make all filings and submissions required by Law, and promptly provide any additional information requested from any Governmental Authority with respect to filings or submissions. Each Party will promptly inform the other Parties of any communication, and any proposed understanding, undertaking or

agreement, with a Governmental Authority in connection with any filing or submission related to the transactions contemplated by this Agreement.

(c) Notwithstanding Section 6.3(b) or any other provision of this Agreement to the contrary, (i) the Company will not without Buyer's prior written consent, commit to any divestiture transaction or agree to any restriction on the Business, (ii) Buyer will not be required to contest or otherwise resist any administrative or judicial action or proceeding, including any proceeding by a private party, challenging any of the transactions contemplated by this Agreement as violating any antitrust or competition Law, and (iii) Buyer will not be required to offer, accept or agree (A) to dispose or hold separate any part of the Business or any other business, assets, operations or product lines of Buyer, (B) not to compete in any geographic area or line of business, or (C) to restrict the manner in which, or whether, Buyer or any of its Affiliates may carry on the Business.

6.4 Public Announcements. Following Closing, any public announcement concerning this Agreement and the transactions contemplated by this Agreement by the Company or any of their respective Affiliates or Representatives will be subject to the prior written approval of Buyer. Prior to Closing, no Party will make any such public announcement except as required by Law without the consent of the other Parties, such consent not to be unreasonably withheld, conditioned or delayed.

6.5 Further Assurances; Cooperation. Following Closing: (a) each Party will take such additional actions, execute and deliver such additional documents and do such other acts and things as another Party may reasonably request for the purpose of carrying out and documenting the intent of this Agreement and the other Transaction Documents and (b) each Seller, and will cause their respective Affiliates not to, directly or indirectly, make or publish a negative or disparaging comment or remark regarding the Company, Buyer or its Affiliates. Further, each Party shall provide each other with such cooperation and information as either of them reasonably may request of the other in filing any Tax Return or in connection with any audit or other proceeding in respect of Taxes of the Company.

6.6 Restrictive Covenants.

(a) Non-Solicitation. During the period beginning on the Closing Date and ending three (3) years after the Closing Date, each Seller will not, and will cause their respective Affiliates not to, individually or as an agent or employee of or as a consultant for or otherwise on behalf of or in conjunction with any individual or entity, directly or indirectly, in any capacity whatsoever, (i) solicit for hire, induce, recruit, or otherwise encourage or entitle to leave his/her employment with the Company an employee of the Company who is or was employed by the Company during the Seller's services to or ownership of the Company, except pursuant to a general solicitation which is not directed specifically to any such employee, (ii) encourage, induce, seek to encourage or induce, or assist another Person to encourage, induce or seek to encourage or induce the Company's Customers to cease or adversely change its, his or her business relationship or dealings with the Company, or the Company's Prospective Customers to forgo doing business with the Company or request that such Prospective Customer do business with any Competing Business, or (iii) in any way deliberately interfere with the relationship between the Company and

an employee, agent, independent contractor, customer, supplier or creditor of, or another Person having a business relationship with, the Company.

(b) Confidentiality. From the Effective Date of this Agreement and forever afterward, each Seller will not, and will cause their respective Affiliates not to, directly or indirectly, use or disclose to another Person any proprietary, secret or confidential information of or relating to the Company, other than such information that: (i) enters the public domain through no fault of such Seller, or any of their Affiliates; or (ii) is required by legal process or other applicable Law to be disclosed. If a Seller, or any of their respective Affiliates is required by legal process or other applicable Law to disclose such information, then such Seller (or, if applicable, their respective Affiliate) will provide the Company notice thereof a reasonable time before complying with the disclosure requirement so that the Company may seek an appropriate protective order, and such Seller (as applicable) will (and, if applicable, will cause its Affiliates to) cooperate with the efforts of the Company to obtain the protective order.

(c) Breach of Covenants. In the event of any breach or violation by a Seller of any of the covenants set forth in this Section 6.6, the time period of such covenant will be tolled until such breach or violation is resolved. If a court of competent jurisdiction finds that the time period of any of the foregoing covenants is too lengthy, the restrictive time period will be deemed to be the longest period as is permissible under applicable Law. It is the Parties' intent, and a critical inducement to the Parties entering into this Agreement and the Transaction Documents and consummating the transactions contemplated hereby and thereby, and thus the Parties agree that the time period of the covenants set forth in this Agreement are reasonable and necessary. If a Seller breaches or Threatens to breach any of the foregoing covenants, the Company will be entitled to: (i) seek specific performance and any other requested injunctive and other equitable relief in any court of competent jurisdiction, without the requirement of posting a bond or other security or proving the lack or inadequacy of a remedy at Law, in addition to other rights and remedies that may be available under applicable Law or otherwise.

(d) Non-Compete. Each Seller agrees that within the Geographical Limit for a period of three (3) years following the Closing Date, he or it shall not, directly or indirectly, in any manner whatsoever, including in any individual or representative capacity, engage, own, manage, operate, control, aid, or assist another in the operation, organization or promotion of, be employed by, participate in, advise, or engage in any manner with the ownership, management, operation, or control of any business, which has a place of business or regularly conducts business in the Geographical Limit and is a Competing Business; provided, however, that he may hold, directly or indirectly, solely as an investment, not more than one percent (1%) of the outstanding securities of any person or entity which is listed on any national securities exchange or regularly traded in the over-the-counter market notwithstanding the fact that such person or entity is engaged in a business competitive with the Company.

(e) Definitions. For purposes of this Agreement, the terms listed below shall have the following meanings:

i. "Geographical Limit" means each of the states in the United States including Alabama; Alaska; Arizona; Arkansas; California; Colorado; Connecticut; Delaware;

Florida; Georgia; Hawaii; Idaho; Illinois; Indiana; Iowa; Kansas; Kentucky; Louisiana; Maine; Maryland; Massachusetts; Michigan; Minnesota; Mississippi; Missouri; Montana; Nebraska; Nevada; New Hampshire; New Jersey; New Mexico; New York; North Carolina; North Dakota; Ohio; Oklahoma; Oregon; Pennsylvania; Rhode Island; South Carolina; South Dakota; Tennessee; Texas; Utah; Vermont; Virginia; Washington; West Virginia; Wisconsin; and Wyoming. In the event a court of competent jurisdiction determines that the Geographic Limit as defined above is too broad to be enforceable, the parties agree that the Geographic Limit shall mean each of the counties in each of the states identified above in which the Company has marketed to and/or sold products or provided services within the 18-month period prior to the Closing.

ii. "Competing Business" means any individual or entity that provides services or products competitive with the Company's Business in any state or county within the Geographical Limit. For purposes of whether such individual or entity is a "Competitive Business" herein, such individual or entity must operate a pharmacy that primarily services (defined below) customers or patients with workers' compensation related injuries. The term "primarily services" is defined as a pharmacy that derives 33% or more of gross annual revenues from products and/or services to customers or patients seeking such products and/or services due in whole or in part to workers' compensation related injuries.

iii. "Customer" means any person or entity that both: (a) received services and/or products from the Company; and (b) with whom Seller had contact, or with whom Seller had indirect contact via Seller's responsibility with the Company over others who had contact with such person or entity within the 12 month period prior to the Closing. Customer shall also mean any person or entity about whom Seller had confidential information or access to such confidential information at any time during Seller's ownership of or services to the Company, provided such information is confidential or treated as confidential by the Company.

iv. "Prospective Customer" means any person or entity who both (i) has been directly solicited to become a customer of the Company, and (ii) about whom Seller has knowledge of such solicitation, within the 12-month period prior to the Closing.

6.7 Interim Financials. As promptly as practicable following each calendar month between the date of this Agreement and the Closing Date, the Company will deliver to Buyer periodic financial reports in the form that is consistent with the Financial Statements concerning the Company and, if available, unaudited statements of the financial position of the Company as of the last day of such calendar month and statements of income of the Company for the calendar month then ended. The Company hereby covenants that such interim statements (a) will present fairly the financial condition of the Company as of their respective dates and the related results of their respective operations for the respective calendar month then ended, and (b) will be prepared on a basis consistent with prior interim periods.

6.8 No Solicitation of Other Bids.

(a) Each Seller shall not, and shall not authorize or permit any of its Affiliates (including the Company) or any of its or their Representatives to, directly or indirectly, (i) encourage, solicit, initiate, facilitate or continue inquiries regarding an Acquisition Proposal; (ii)

enter into discussions or negotiations with, or provide any information to, any Person concerning a possible Acquisition Proposal; or (iii) enter into any agreements or other instruments (whether or not binding) regarding an Acquisition Proposal. Each Seller shall immediately cease and cause to be terminated, and shall cause its Affiliates and all of its and their Representatives to immediately cease and cause to be terminated, all existing discussions or negotiations with any Persons conducted heretofore with respect to, or that could lead to, an Acquisition Proposal. For purposes hereof, "**Acquisition Proposal**" shall mean any inquiry, proposal or offer from any Person (other than Buyer or any of its Affiliates) concerning (i) a merger, consolidation, liquidation, recapitalization, share exchange or other business combination transaction involving the Company; (ii) the issuance or acquisition of capital stock or other equity securities of the Company; or (iii) the sale, lease, exchange or other disposition of any significant portion of the Company's properties or assets.

(b) In addition to the other obligations under this Section 6.8, the Company shall promptly (and in any event within three (3) Business Days after receipt thereof by the Company or its Representatives) advise Buyer in writing of any Acquisition Proposal, any request for information with respect to any Acquisition Proposal, or any inquiry with respect to or which could reasonably be expected to result in an Acquisition Proposal, the material terms and conditions of such request, Acquisition Proposal or inquiry, and the identity of the Person making the same.

(c) Each Seller agrees that the rights and remedies for noncompliance with this Section 6.8 shall include having such provision specifically enforced by any court having equity jurisdiction, it being acknowledged and agreed that any such breach or threatened breach may cause irreparable injury to Buyer and that money damages would not provide an adequate remedy to Buyer.

6.9 Employment Agreement and Resignations.

(a) Upon execution of this Agreement, Jonathan Morton shall execute and deliver a Company employment agreement acceptable to the Company (the "**Employment Agreement**"). Pursuant to the Employment Agreement, Seller shareholder Jonathan Morton will agree to full-time employment for three (3) years following the Closing Date of this Agreement, provided Buyer elects to continue Jonathan Morton's employment for such time. Notwithstanding the foregoing three-year period of anticipated employment, the employment of Jonathan Morton shall be at-will and is terminable by Buyer or Jonathan Morton at any time, with or without notice, and with or without reason throughout the duration of this three-year period.

(b) Sellers to the extent within their control shall deliver to Buyer written resignations, effective as of the Closing Date, of the officers and directors of the Company requested by Buyer at least five (5) days prior to the Closing.

6.10 Vehicles. Sellers shall deliver to Buyer payoff certificates for each of the vehicles listed on Schedule 6.10 and the parties will work together to cause the Company to transfer title in such vehicles to Sellers.

6.11 PPP Loan.

(a) The PPP Loan will not be paid off at the Closing and will remain outstanding until it is either forgiven in accordance with the provisions of the CARES Act and/or paid in full after the Closing pursuant to this Section 6.11.

(b) Prior to and after the Closing, Buyer and the Company, on the one hand, and the Sellers, on the other hand, will reasonably cooperate in good faith with respect to all communications and proceedings with the PPP Lender and the SBA regarding the PPP Loan and the Company's loan forgiveness application, including the SBA's and PPP Lender's review of the PPP Loan application and the certifications made in connection therewith; the Company's eligibility to participate in the Paycheck Protection Program under the CARES Act, together with any regulations and guidance promulgated thereunder; the amounts borrowed under the PPP Loan; the use of the PPP Loan proceeds; and the forgiveness of any PPP Loan proceeds. Such cooperation and assistance shall include, without limitation, (i) the retention of any documentation related to the PPP Loan for at least six (6) years after the date the PPP Loan is forgiven or repaid in full, (ii) the delivery of any such documentation, upon request, and (iii) the cooperation and assistance with responses to the SBA's and the PPP Lender's questions and document requests in connection with the PPP Loan. Buyer and the Company will engage in good faith efforts to obtain forgiveness of all principal and interest owed to the PPP Lender under the PPP Loan, if and to the extent that such forgiveness is permitted by the CARES Act.

(c) If any amount of the principal or interest owed to the PPP Lender under the PPP Loan is not forgiven (such amount, the "**Unforgiven Amount**") after the Company has made commercially reasonable efforts permitted by the CARES Act to obtain forgiveness of the PPP Loan in accordance with the CARES Act, then (i) the Company shall cause to be released to the PPP Lender from the PPP Loan escrow account an amount of cash equal to the Unforgiven Amount and (ii) any remaining amount deposited in the PPP Loan escrow account shall be released to Buyer and the Sellers pursuant to Section 6.11(e); *provided, however*, that in the event the remaining amount deposited in the PPP Loan escrow account is insufficient to cover the Unforgiven Amount (the remaining outstanding amount, the "**PPP Shortfall**"), then the Company shall provide the Sellers and Buyer prompt written notice thereof and Sellers shall promptly pay in accordance with their Pro Rata Portion an amount equal to 72.25609756% of the PPP Shortfall to the Company and Buyer shall promptly pay an amount equal to 27.74390244% of the PPP Shortfall to the Company, in each case by wire transfer of immediately available funds to an account or accounts designated in writing by the Company prior to such payment date, and the Company will pay the PPP Shortfall to the PPP Lender to satisfy and discharge the PPP Loan.

(d) If all principal and interest owed to the PPP Lender under the PPP Loan is forgiven in its entirety, then the entire amount deposited in the PPP Loan escrow account shall be released to Buyer and Sellers pursuant to Section 6.11(e).

(e) Any amount deposited in the PPP Loan escrow account that remains following forgiveness of the PPP Loan and/or payment of the Unforgiven Amount in accordance with this Section 6.11 shall be promptly released to Buyer and Sellers as follows: (A)

72.25609756% to the Sellers with the amount provided to each Seller based on each Seller's Pro Rata Portion and (B) 27.74390244% to Buyer.

(f) Without duplicating the effect of any adjustment described in this Section 6.11 and any adjustment described in Section 2.2, for purposes of this Agreement, the Unforgiven Amount shall be deemed additional Indebtedness of the Company as of the Closing Date, and any amount released to Sellers shall be treated as an adjustment to the Purchase Price for Tax purposes, unless otherwise required by Law.

6.12 Tax Matters.

(a) Buyer agrees to give written notice to Sellers of the receipt of any written notice by the Company which involves the assertion of any claim, or the commencement of any Action, in respect of which an indemnity may be sought by Buyer for any Pre-Closing Taxes (a "**Tax Claim**"); provided, that failure to comply with this provision shall not affect Buyer's right to indemnification hereunder, except and only to the extent that a Seller forfeits rights or defenses by reason of such failure. Buyer shall control the contest or resolution of any Tax Claim; provided, however, that Buyer shall obtain the prior written consent of Sellers (which consent shall not be unreasonably withheld or delayed) before entering into any settlement of a claim or ceasing to defend such claim; and, provided further, that Sellers shall be entitled to participate in the defense of such claim and to employ counsel of such Sellers' choice for such purpose, the fees and expenses of which separate counsel shall be borne solely by Sellers.

(b) Notwithstanding anything to the contrary in this Agreement, Sellers acknowledge and agree that the Buyer or the Company following the Closing shall be entitled to pursue a process (including voluntary disclosure to, and settlements with the relevant Governmental Authority, and/or the filing of Tax Returns and amended Tax Returns with the relevant Governmental Authority in connection therewith) that it in good faith believes is appropriate to ensure that the Company has complied with its Tax Return filing and Tax payment obligations, whether such obligations relate to Pre-Closing Tax Periods or Straddle Periods. Sellers shall not be responsible for any payments or expenses relating to or resulting from Buyer pursuing such a process (whether as a result of an assessment, a settlement or otherwise) unless Buyer shall have obtained the prior written consent of Sellers (which consent shall not be unreasonably withheld or delayed) to pursue such a process.

(c) The provisions of this Section 6.12 shall survive the Closing Date.

(d) To the extent of any inconsistencies between the provisions of this Section 6.12 and Article XI, the provisions of this Section 6.12 shall control.

ARTICLE VII CONDITIONS TO OBLIGATION TO CLOSE

7.1 Conditions to Obligation of Buyer. Buyer's obligation to consummate the transactions contemplated by this Agreement and the other Transaction Documents and to take the other actions required to be taken by Buyer at Closing is subject to the satisfaction, at or before

Closing, as applicable, of each of the following conditions (any of which may be waived in writing by Buyer in its sole discretion, in whole or in part):

(a) Other than the representations and warranties of Sellers contained in Section 4.1, Section 4.2, Section 4.11(a), Section 4.16, the representations and warranties of Sellers set forth in Article IV and any certificate or other writing delivered pursuant hereto, individually and collectively, shall be true and accurate in all respects (in the case of any representation or warranty qualified by materiality or Material Adverse Effect) or in all material respects (in the case of any representation or warranty not qualified by materiality or Material Adverse Effect) on and as of the Effective Date and on and as of the Closing Date with the same effect as if made again on the Closing Date (except for a representation or warranty made as of a specific date or for a particular period, the accuracy of which will be determined as of such specific date or for such particular period). The representations and warranties of Sellers contained in Section 4.1, Section 4.2, Section 4.11(a), and Section 4.16 shall be true and correct in all respects on and as of the Effective Date and on and as of the Closing Date with the same effect as though made at and as of such date (except those representations and warranties that address matters only as of a specified date, the accuracy of which shall be determined as of that specified date in all respects);

(b) Each Seller must have performed and complied in all material respects with his or its covenants, agreements and obligations under each Transaction Document required to be performed or complied with before Closing;

(c) Each Seller shall have delivered to Buyer, in form reasonably acceptable to Buyer, a certificate dated as of the Closing Date certifying that the conditions set forth in Sections 7.1(a) and 7.1(b) have been satisfied (the "**Seller Closing Certificate**");

(d) Each Seller shall have delivered to Buyer each of the Closing deliverables set forth in Section 3.2(a);

(e) There must not be a Proceeding or Order pending or Threatened or a Law in effect that would prevent the consummation of the transactions contemplated by this Agreement or another Transaction Document;

(f) No Material Adverse Effect must have occurred after the date of this Agreement;

(g) All consents under Contracts that are necessary for the consummation of the transactions contemplated by this Agreement or any other Transaction Document must have been received, in forms reasonably acceptable to Buyer, and be in full force and effect;

(h) All required filings, declarations and notices with or to those states provided on Schedule 7.1(h) shall have been timely and properly made or given and be in full force and effect and those filings shall be the responsibility of Buyer;

(i) The applicable Governmental Authorities of the States of Delaware, Georgia, Maine, North Carolina, and Wisconsin shall have provided the Parties, in forms

reasonably acceptable to Buyer, all such required consents and approvals in connection with the changes of ownership contemplated by this Agreement;

(j) The applicable Governmental Authorities of the State of California shall have provided the Parties, in terms reasonably acceptable to Buyer, reasonable assurances that such Governmental Authorities shall issue a temporary Pharmacy Permit on the Closing Date; and

(k) The applicable Governmental Authorities of the State of Maryland shall have provided the Parties, in terms reasonably acceptable to Buyer, either (i) reasonable assurances that such Governmental Authorities shall issue a new Pharmacy Permit on the Closing Date, or (ii) reasonable assurances that Buyer may otherwise operate in the State of Maryland post-Closing.

7.2 Conditions to Obligations of Seller. The obligation of each Seller to consummate the transactions contemplated by this Agreement and the other Transaction Documents and to take the other actions required to be taken by such Seller at Closing is subject to the satisfaction, at or before Closing, as applicable, of each of the following conditions (any of which may be waived in writing by such Seller in its sole discretion, in whole or in part):

(a) The representations and warranties of Buyer set forth in Article V, individually and collectively, must be accurate in all material respects as of the Effective Date and as of the Closing Date as if made again on the Closing Date;

(b) Buyer must have performed and complied with, in all material respects, its covenants, agreements and obligations under this Agreement required to be performed or complied with prior to Closing;

(c) Buyer shall have delivered to each Seller, in forms reasonably acceptable to Seller a certificate dated as of the Closing Date certifying that the conditions set forth in Sections 7.2(a) and 7.2(b) have been satisfied (the “**Buyer Closing Certificate**”);

(d) Buyer shall have delivered to Seller each of the Closing deliverables set forth in Section 3.2(b); and

(e) There must not be an Order entered or a Law enacted since the date of this Agreement that would prevent the consummation by Seller of the transactions contemplated by this Agreement or another Transaction Document.

ARTICLE VIII TERMINATION

8.1 Termination. This Agreement may be terminated at any time prior to the Closing:

(a) by the mutual written consent of each Seller and Buyer;

(b) by Buyer by written notice to each Seller if (i) Buyer is not then in material breach of any provision of this Agreement and there has been a material breach, a material

inaccuracy in or failure to perform any representation, warranty, covenant or agreement made by a Seller pursuant to this Agreement that would give rise to the failure of any of the conditions specified in Article VII and such breach, inaccuracy or failure has not been cured by such Seller within ten (10) days of such Seller's receipt of written notice of such breach from Buyer; or (ii) any of the conditions set forth in Section 7.1 shall not have been, or if it becomes apparent that any of such conditions will not be, fulfilled within ninety (90) days following the Effective Date unless such failure shall be due to the failure of Buyer to perform or comply with any of the covenants, agreements or conditions hereof to be performed or complied with by it prior to the Closing;

(c) by a Seller by written notice to Buyer if (i) such Seller is not then in material breach of any provision of this Agreement and there has been a breach, inaccuracy in or failure to perform any representation, warranty, covenant or agreement made by Buyer pursuant to this Agreement that would give rise to the failure of any of the conditions specified in Article VII and such breach, inaccuracy or failure has not been cured by Buyer within ten (10) days of Buyer's receipt of written notice of such breach from such Seller; or (ii) any of the conditions set forth in Section 7.2 shall not have been, or if it becomes apparent that any of such conditions will not be, fulfilled within ninety (90) days following the Effective Date unless such failure shall be due to the failure of any Seller to perform or comply with any of the covenants, agreements or conditions hereof to be performed or complied with by him or it prior to the Closing; or

(d) by Buyer or Seller in the event that (i) there shall be any Law that makes consummation of the transactions contemplated by this Agreement illegal or otherwise prohibited or (ii) any Governmental Authority shall have issued a Governmental Order restraining or enjoining the transactions contemplated by this Agreement, and such Governmental Order shall have become final and non-appealable.

8.2 Effect of Termination.

(a) Continued Effect. In the event of the termination of this Agreement in accordance with this Article VIII, this Agreement shall forthwith become void and there shall be no liability on the part of any Party hereto except:

(i) as set forth in this Article VIII, Section 6.6(b) and Article X hereof;
and

(ii) that nothing herein shall relieve any Party hereto from liability for any willful breach of any provision hereof or fraud.

(b) Return of Earnest Payment. In the event of the termination of this Agreement in accordance with Sections 8.1(a), (b), or (d), each Seller shall remit to Buyer an amount equal to the Earnest Payment received by such Seller by a wire transfer of immediately available funds to an account designated by Buyer. Each Seller shall remit such payment to Buyer within five (5) Business Days of such Seller's receipt of a written notice of termination (in accordance with Sections 8.1(a), (b), or (d) hereof), provided by Buyer.

ARTICLE IX INDEMNIFICATION

9.1 Survival. Subject to the limitations and other provisions of this Agreement, the representations and warranties contained herein shall survive the Closing and shall remain in full force and effect for a period of eighteen (18) months after the Closing Date; provided, that (i) the representations and warranties in Sections 4.1, 4.8(a), 4.11(a), 4.16, 5.1, 5.2 and 5.4 (the “**Fundamental Representations**”) shall survive indefinitely; and (ii) the representations and warranties in Sections 4.4, 4.7 and 4.15 (the “**Regulatory Representations**”) shall survive for the full period of the applicable statute of limitations plus sixty (60) days (giving effect to any waiver, mitigation or extension thereof). All covenants and agreements of the Parties contained herein shall survive the Closing and shall remain in full force and effect until the date explicitly specified therein or, if not so specified, until the latest date permitted by applicable Law. No claims for indemnification for breaches of representations, warranties or covenants shall be made under this Article IX after the expiration of the applicable survival period. Notwithstanding the foregoing, any claims asserted in good faith with reasonable specificity (to the extent known at such time) and in writing by notice from the non-breaching party to the breaching party prior to the expiration date of the applicable survival period shall not thereafter be barred by the expiration of the relevant representation or warranty and such claims shall survive until finally resolved.

9.2 Indemnification and Reimbursement by Seller.

(a) From and after the Closing, subject to the terms and conditions of this Article IX, each Seller, severally and not jointly, and in proportion to such Seller's Pro Rata Portion, will indemnify and hold harmless Buyer, its Affiliates (including the Company) and their respective Representatives (“**Buyer Indemnified Parties**”), and will reimburse Buyer Indemnified Parties, for 72.25609756% of all Losses arising from or relating to:

(i) any inaccuracy in or breach of any of the representations or warranties of the Sellers contained in this Agreement, the other Transaction Documents or in any certificate or instrument delivered by or on behalf of the Sellers pursuant to this Agreement, as of the date such representation or warranty was made or as if such representation or warranty was made on and as of the Closing Date (except for representations and warranties that expressly relate to a specified date, the inaccuracy in or breach of which will be determined with reference to such specified date);

(ii) any breach of or failure to perform any of such Seller's covenants or agreements in this Agreement, the other Transaction Documents or any certificate or instrument delivered by or on behalf of Seller pursuant to this Agreement, provided that notwithstanding anything to the contrary set forth herein, only the Seller who has breached or failed to perform such a covenant or agreement shall be liable for such breach or failure; and

(iii) any Seller Transaction Expenses.

In addition, from and after the Closing, subject to the terms and conditions of this Article IX, each Seller, severally and not jointly, and in proportion to such Seller's Pro Rata

Portion, will indemnify and hold harmless the Buyer Indemnified Parties, and will reimburse the Buyer Indemnified Parties, for 72.25609756% of all Losses arising from or relating to:

(v) Indebtedness of the Company outstanding as of the Closing (excluding the Buyer Indebtedness and the PPP Indebtedness, to the extent fully forgiven and any remaining escrowed funds distributed pursuant to Section 6.11);

(w) any incident in which Personal Data has been or may have been stolen or inappropriately assessed, or any other security breach on or prior to the Closing, provided if Buyer is to assert any claims for Losses under this clause (w), Buyer must assert such claims in good faith with reasonable specificity (to the extent known at such time) and in writing by notice to Sellers prior to the thirty-six (36) month anniversary of the Closing Date;

(x) any Proceeding or Order with respect to the Company that arose from or related to acts or omissions by the Company on or prior to the Closing, including the Proceedings listed on Schedule 4.10, provided if Buyer is to assert any claims for Losses under this clause (x), Buyer must assert such claims in good faith with reasonable specificity (to the extent known at such time) and in writing by notice to Sellers prior to the thirty-six (36) month anniversary of the Closing Date; and

(y) any Pre-Closing Taxes.

9.3 Indemnification and Reimbursement by Buyer. From and after the Closing, subject to the terms and conditions of this Article IX, Buyer will indemnify and hold harmless each Seller and their respective Affiliates and Representatives ("**Seller Indemnified Parties**"), and will reimburse Seller Indemnified Parties, for all Losses arising from or relating to:

(i) any inaccuracy in or breach of any of the representations or warranties of Buyer contained in this Agreement, the other Transaction Documents or in any certificate or instrument delivered by or on behalf of Buyer pursuant to this Agreement, as of the date such representation or warranty was made or as if such representation or warranty was made on and as of the Closing Date (except for representations and warranties that expressly relate to a specified date, the inaccuracy in or breach of which will be determined with reference to such specified date); and

(ii) any breach of or failure to perform any of such Buyer's covenants or agreements in this Agreement, the other Transaction Documents or any certificate or instrument delivered by or on behalf of Buyer pursuant to this Agreement.

9.4 Limitations.

(a) Deductible. Buyer Indemnified Parties shall not be entitled to recover for any Losses pursuant to Section 9.2(a)(i) unless and until such time as (i) the Losses in the aggregate for which Buyer Indemnified Parties are entitled to be indemnified hereunder exceed \$75,000 (the "**Deductible**"), at which time Buyer Indemnified Parties shall be entitled to recover all such Losses in excess of the Deductible, subject to the other limitations set forth in this Article IX. Seller Indemnified Parties shall not be entitled to recover for any Losses pursuant to Section 9.3(a)(i)

unless and until such time as the Losses in the aggregate for which Seller Indemnified Parties are entitled to be indemnified hereunder exceed the Deductible, at which time Seller Indemnified Parties shall be entitled to recover all such Losses in excess of the Deductible, subject to the other limitations set forth in this Article IX. Notwithstanding the foregoing, the limitations set forth in this Section 9.4(a) shall not apply to Losses based upon, arising out of, with respect to or by reason of any inaccuracy or breach of any Fundamental Representation. For purposes of this Article IX and for purposes of determining the amount of Losses but not whether the representation or warranty was accurate or breached, any inaccuracy in or breach of any representation or warranty shall be determined without regard to any materiality, Material Adverse Effect or other similar qualification contained in or otherwise applicable to such representation or warranty.

(b) Method of Recovery. With respect to any Losses Buyer Indemnified Parties are entitled to recover under this Article IX, Buyer Indemnified Parties shall seek payment first as an offset to any Earn Out Payments.

(c) Mitigation. Each Loss for which Buyer Indemnified Parties or Seller Indemnified Parties are entitled to be indemnified hereunder shall be reduced by (i) the amount of any insurance proceeds which the Company or Buyer Indemnified Parties recover with respect to such Loss and (ii) any indemnity, contribution or other similar payment which the Company or Buyer Indemnified Parties receive from any third party with respect to such Loss. Buyer Indemnified Parties shall use their commercially reasonable efforts to mitigate any Losses for which they seek indemnity hereunder and to use their commercially reasonable efforts to pursue and to obtain the maximum amounts and payments referred to in the immediately preceding sentence.

(d) Knowledge. The representations, warranties and covenants of the Indemnifying Party, and the Indemnified Party's right to indemnification with respect thereto, shall not be affected or deemed waived by reason of any investigation made by or on behalf of the Indemnified Party (including by any of its Representatives) or by reason of the fact that the Indemnified Party or any of its Representatives knew or should have known that any such representation or warranty is, was or might be inaccurate or by reason of the Indemnified Party's waiver of any condition set forth in Section 7.1 or Section 7.2, as the case may be.

(e) Cap. The aggregate amount of all Losses for which Seller shall be liable to Buyer Indemnified Parties pursuant to Sections 9.2(a)(i), 9(w) and 9(x) shall not exceed such Seller's Pro Rata Portion of the Purchase Price. The aggregate amount of all Losses for which Buyer shall be liable to Seller Indemnified Parties pursuant to Section 9.3(a)(i) shall not exceed the Purchase Price.

(f) Fraud. None of the foregoing provisions shall be applicable to limit any remedies that any Buyer Indemnified Party may have against any Seller for fraud, intentional misrepresentation in bad faith or willful misconduct committed by such Seller, *provided* that only the Seller committing such fraud, misrepresentation or misconduct shall be liable for such.

9.4 Indemnification Procedures. The Buyer Indemnified Party or Seller Indemnified Parties, as applicable, making a claim under this Article IX is referred to as the "**Indemnified**

Party", and the Party against whom such claims are asserted under this Article IX is referred to as the "**Indemnifying Party**."

(a) Third-Party Claims. If any Indemnified Party receives notice of the assertion or commencement of any Action made or brought by any Person who is not a party to this Agreement or an Affiliate of a Party to this Agreement or a Representative of the foregoing (a "**Third-Party Claim**") against such Indemnified Party with respect to which the Indemnifying Party is obligated to provide indemnification under this Agreement, the Indemnified Party shall give the Indemnifying Party reasonably prompt written notice thereof, but in any event not later than thirty (30) calendar days after receipt of such notice of such Third-Party Claim. The failure to give such prompt written notice shall not, however, relieve the Indemnifying Party of its indemnification obligations, except and only to the extent that the Indemnifying Party forfeits rights or defenses by reason of such failure. Such notice by the Indemnified Party shall describe the Third-Party Claim in reasonable detail the Loss that has been or may be sustained by the Indemnified Party. The Indemnifying Party shall have the right to participate in, or by giving written notice to the Indemnified Party, to assume the defense of any Third Party Claim at the Indemnifying Party's expense and by the Indemnifying Party's own counsel, and the Indemnified Party shall cooperate in good faith in such defense; *provided, that* if the Indemnifying Party is a Seller, the Buyer Indemnified Party shall have the right to, and such Seller Indemnifying Party shall not have the right to, defend or direct the defense of any such Third Party Claim: (i) that is asserted directly by or on behalf of a Person that is a customer or supplier; (ii) involving criminal allegations; (iii) involving Pre-Closing Taxes; (iv) where potential liability exceeds the cap set forth in Section 9.3(e); (v) that seeks an injunction, non-monetary or other equitable relief against the Indemnified Party; or (vi) any other Third-Party Claim for which Buyer elects to assume the defense by providing written notice to Seller, *provided that* upon Buyer's election under this Section 9.4(a)(vi), Buyer agrees to assume and be liable for all Losses arising from such Third-Party Claim and Sellers shall have no further liability for such Losses arising from such Third-Party Claim. In the event that the Indemnifying Party assumes the defense of any Third Party Claim, subject to Section 9.4(b) it shall have the right to take such action as it deems necessary to avoid, dispute, defend, appeal or make counterclaims pertaining to any such Third Party Claim in the name and on behalf of the Indemnified Party. The Indemnified Party shall have the right to participate in the defense of any Third Party Claim with counsel selected by it subject to the Indemnifying Party's right to control the defense thereof. The fees and disbursements of such counsel shall be at the expense of the Indemnified Party, *provided, that* if in the reasonable opinion of counsel to the Indemnified Party, (A) there are legal defenses available to an Indemnified Party that are different from or additional to those available to the Indemnifying Party; or (B) there exists a conflict of interest between the Indemnifying Party and the Indemnified Party that cannot be waived, the Indemnifying Party shall be liable for the reasonable fees and expenses of counsel to the Indemnified Party in each jurisdiction for which the Indemnified Party determines counsel is required. If the Indemnifying Party elects not to compromise or defend such Third Party Claim, fails to promptly notify the Indemnified Party in writing of its election to defend as provided in this Agreement, or fails to diligently prosecute the defense of such Third Party Claim, the Indemnified Party may, subject to Section 9.4(b), pay, compromise, defend such Third Party Claim and seek indemnification for any and all Losses based upon, arising from or relating to such Third Party Claim. The Sellers and Buyer shall cooperate with each other in all reasonable respects in connection with the defense of any Third Party Claim, including making available to the defending

party, management employees of the non-defending party as may be reasonably necessary for the preparation of the defense of such Third Party Claim. The Indemnified Party and the Indemnifying Party shall use their reasonable best efforts to avoid production of confidential information (consistent with applicable Law), and to cause all communications among employees, counsel and others representing any party to a Third-Party Claim to be made so as to preserve any applicable attorney-client or work-product privileges.

(b) Settlement of Third-Party Claims. Notwithstanding any other provision of this Agreement, the Indemnifying Party shall not enter into settlement of any Third Party Claim without the prior written consent of the Indemnified Party, except as provided in this Section 9.4(b). If a firm offer is made to settle a Third Party Claim without leading to liability or the creation of a financial or other obligation on the part of the Indemnified Party and provides, in customary form, for the unconditional release of each Indemnified Party from all liabilities and obligations in connection with such Third Party Claim and the Indemnifying Party desires to accept and agree to such offer, the Indemnifying Party shall give written notice to that effect to the Indemnified Party. If the Indemnified Party fails to consent to such firm offer within ten days after its receipt of such notice, the Indemnified Party may continue to contest or defend such Third Party Claim and in such event, the maximum liability of the Indemnifying Party as to such Third Party Claim shall not exceed the amount of such settlement offer. If the Indemnified Party fails to consent to such firm offer and also fails to assume defense of such Third Party Claim, the Indemnifying Party may settle the Third Party Claim upon the terms set forth in such firm offer to settle such Third Party Claim. If the Indemnified Party has assumed the defense pursuant to Section 9.4(a), it shall not agree to any settlement without the written consent of the Indemnifying Party (which consent shall not be unreasonably withheld or delayed).

(c) Direct Claims. Any Action by an Indemnified Party on account of a Loss which does not result from a Third-Party Claim (a "**Direct Claim**") shall be asserted by the Indemnified Party giving the Indemnifying Party reasonably prompt written notice thereof, but in any event not later than thirty (30) days after the Indemnified Party becomes aware of such Direct Claim. The failure to give such prompt written notice shall not, however, relieve the Indemnifying Party of its indemnification obligations, except and only to the extent that the Indemnifying Party forfeits rights or defenses by reason of such failure. Such notice by the Indemnified Party shall describe the Direct Claim in reasonable detail, shall include copies of all material written evidence thereof and shall indicate the estimated amount, if reasonably practicable, of the Loss that has been or may be sustained by the Indemnified Party. The Indemnifying Party shall have thirty (30) days after its receipt of such notice to respond in writing to such Direct Claim. The Indemnified Party shall allow the Indemnifying Party and its professional advisors to investigate the matter or circumstance alleged to give rise to the Direct Claim, and whether and to what extent any amount is payable in respect of the Direct Claim and the Indemnified Party shall assist the Indemnifying Party's investigation by giving such information and assistance (including access to Company's premises and personnel and the right to examine and copy any accounts, documents or records) as the Indemnifying Party or any of its professional advisors may reasonably request. If the Indemnifying Party does not so respond within such thirty (30) day period, the Indemnifying Party shall be deemed to have rejected such claim, in which case the Indemnified Party shall be free to pursue such remedies as may be available to the Indemnified Party on the terms and subject to the provisions of this Agreement.

9.5 Tax Treatment of Indemnification Payments. All indemnification payments made under this Agreement shall be treated by the Parties as an adjustment to the Purchase Price for Tax purposes, unless otherwise required by Law.

9.6 Payments. Once a Loss is agreed to by the Indemnifying Party or finally adjudicated to be payable pursuant to this Article IX, the Indemnifying Party shall satisfy its obligations within fifteen (15) Business Days of such final, non-appealable adjudication by wire transfer of immediately available funds. The Parties hereto agree that should an Indemnifying Party not make full payment of any such obligations within such fifteen (15) Business Day period, any amount payable shall accrue interest from and including the date of agreement of the Indemnifying Party or final, non-appealable adjudication to and including the date such payment has been made at a rate per annum equal to ten percent (10%). Such interest shall be calculated daily on the basis of a 365-day year and the actual number of days elapsed, without compounding.

9.7 Exclusive Remedy. Any liability for indemnification hereunder shall be determined without duplication of recovery by reason of the state of facts giving rise to such liability constituting a breach of more than one representation, warranty, covenant or agreement. Subject to Sections 6.6, 6.8, 9.3(f), and 10.11, the parties acknowledge and agree that , the sole and exclusive remedy of the Buyer Indemnified Parties and the Seller Indemnified Parties with respect to any breach of, or inaccuracy in, a representation, or warranty contained in this Agreement, any certificate delivered at the Closing, or any breach of any covenant or agreement in this Agreement, or for any other claim pursuant to this Agreement or arising from or related to the transactions contemplated hereby, shall be pursuant to the indemnification provisions set forth this Article IX.

ARTICLE X MISCELLANEOUS

10.1 Expenses. Except as otherwise expressly provided herein, all costs and expenses, including, without limitation, fees and disbursements of counsel, finders, brokers, representatives, financial advisors and accountants, incurred in connection with this Agreement and the transactions contemplated hereby shall be paid by the Party incurring such costs and expenses, whether or not the Closing shall have occurred.

10.2 Notices. All notices, requests, consents, claims, demands, waivers and other communications hereunder shall be in writing and shall be deemed to have been given (a) when delivered by hand (with written confirmation of receipt); (b) when received by the addressee if sent by a nationally recognized overnight courier (receipt requested); (c) on the date sent by facsimile or e-mail of a PDF document (with confirmation of transmission) if sent during normal business hours of the recipient, and on the next Business Day if sent after normal business hours of the recipient or (d) on the third day after the date mailed, by certified or registered mail, return receipt requested, postage prepaid. Such communications must be sent to the respective Parties at

the following addresses (or at such other address for a Party as shall be specified in a notice given in accordance with this Section 10.2):

If to Seller: Jonathan Morton
200 West Washington Square
Apt 4002
Philadelphia, PA 19106
Email: jdmorton@summitrx.com

with a copy to: Boesen & Snow LLC
17787 N Perimeter Dr, Ste 101
Scottsdale, AZ 85255
E-mail: mboesen@bslawusa.com
asnow@bslawusa.com
Attention: Mark Boesen
Allyson Snow

If to Buyer: Lake Capital LLC
12589 S Sunlight Hill Ct
Herriman, UT 84096
E-mail: me@scottlake.me
Attention: Scott Lake

with a copy to: Snell & Wilmer L.L.P.
One Arizona Center
Phoenix, AZ 85004
E-mail: dmahoney@swlaw.com
Attention: Daniel Mahoney, Esq.

10.3 Interpretation. For purposes of this Agreement, (a) the words “include,” “includes” and “including” shall be deemed to be followed by the words “without limitation”; (b) the word “or” is not exclusive; and (c) the words “herein,” “hereof,” “hereby,” “hereto” and “hereunder” refer to this Agreement as a whole. Unless the context otherwise requires, references herein: (x) to Articles, Sections, Disclosure Schedules and Exhibits mean the Articles and Sections of, and Disclosure Schedules, Schedules and Exhibits attached to, this Agreement; (y) to an agreement, instrument or other document means such agreement, instrument or other document as amended, supplemented and modified from time to time to the extent permitted by the provisions thereof and (z) to a statute means such statute as amended from time to time and includes any successor legislation thereto and any regulations promulgated thereunder. This Agreement shall be construed without regard to any presumption or rule requiring construction or interpretation against the Party drafting an instrument or causing any instrument to be drafted. The Disclosure

Schedules, Schedules and Exhibits referred to herein shall be construed with, and as an integral part of, this Agreement to the same extent as if they were set forth verbatim herein.

10.4 Headings. The headings in this Agreement are for reference only and shall not affect the interpretation of this Agreement.

10.5 Severability. If any term or provision of this Agreement is invalid, illegal or unenforceable in any jurisdiction, such invalidity, illegality or unenforceability shall not affect any other term or provision of this Agreement or invalidate or render unenforceable such term or provision in any other jurisdiction. Upon such determination that any term or other provision is invalid, illegal or unenforceable, the Parties hereto shall negotiate in good faith to modify this Agreement so as to effect the original intent of the Parties as closely as possible in a mutually acceptable manner in order that the transactions contemplated hereby be consummated as originally contemplated to the greatest extent possible.

10.6 Entire Agreement. This Agreement and the other Transaction Documents constitute the sole and entire agreement of the Parties to this Agreement with respect to the subject matter contained herein and therein, and supersede all prior and contemporaneous understandings and agreements, both written and oral, with respect to such subject matter. In the event of any inconsistency between the statements in the body of this Agreement and those in the other Transaction Documents, the Exhibits, Schedules and Disclosure Schedules (other than an exception expressly set forth as such in the Disclosure Schedules), the statements in the body of this Agreement will control.

10.7 Successors and Assigns. This Agreement shall be binding upon and shall inure to the benefit of the Parties hereto and their respective successors and permitted assigns. No Party may assign its rights or obligations hereunder without the prior written consent of the other Parties, which consent shall not be unreasonably withheld or delayed. No assignment shall relieve the assigning Party of any of its obligations hereunder.

10.8 No Third-Party Beneficiaries. This Agreement is for the sole benefit of the Parties hereto and their respective successors and permitted assigns and nothing herein, express or implied, is intended to or shall confer upon any other Person or entity any legal or equitable right, benefit or remedy of any nature whatsoever under or by reason of this Agreement.

10.9 Amendment and Modification; Waiver. This Agreement may only be amended, modified or supplemented by an agreement in writing signed by each Party hereto. No waiver by any Party of any of the provisions hereof shall be effective unless explicitly set forth in writing and signed by the Party so waiving. No waiver by any Party shall operate or be construed as a waiver in respect of any failure, breach or default not expressly identified by such written waiver, whether of a similar or different character, and whether occurring before or after that waiver. No failure to exercise, or delay in exercising, any right, remedy, power or privilege arising from this Agreement shall operate or be construed as a waiver thereof; nor shall any single or partial exercise

of any right, remedy, power or privilege hereunder preclude any other or further exercise thereof or the exercise of any other right, remedy, power or privilege.

10.10 Governing Law; Submission to Jurisdiction; Waiver of Jury Trial.

(a) This Agreement shall be governed by and construed in accordance with the internal laws of the State of Arizona without giving effect to any choice or conflict of law provision or rule (whether of the State of Arizona or any other jurisdiction).

(b) ANY LEGAL SUIT, ACTION OR PROCEEDING ARISING OUT OF OR BASED UPON THIS AGREEMENT, THE TRANSACTION DOCUMENTS, OR THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY MAY BE INSTITUTED IN THE COURTS OF THE STATE OF ARIZONA, LOCATED IN MARICOPA COUNTY, AND EACH PARTY IRREVOCABLY SUBMITS TO THE EXCLUSIVE JURISDICTION OF SUCH COURTS IN ANY SUCH SUIT, ACTION OR PROCEEDING. SERVICE OF PROCESS, SUMMONS, NOTICE OR OTHER DOCUMENT BY MAIL TO SUCH PARTY'S ADDRESS SET FORTH HEREIN SHALL BE EFFECTIVE SERVICE OF PROCESS FOR ANY SUIT, ACTION OR OTHER PROCEEDING BROUGHT IN ANY SUCH COURT. THE PARTIES IRREVOCABLY AND UNCONDITIONALLY WAIVE ANY OBJECTION TO THE LAYING OF VENUE OF ANY SUIT, ACTION OR ANY PROCEEDING IN SUCH COURTS AND IRREVOCABLY WAIVE AND AGREE NOT TO PLEAD OR CLAIM IN ANY SUCH COURT THAT ANY SUCH SUIT, ACTION OR PROCEEDING BROUGHT IN ANY SUCH COURT HAS BEEN BROUGHT IN AN INCONVENIENT FORUM. EACH PARTY ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT OR THE TRANSACTION DOCUMENTS IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES AND, THEREFORE, EACH SUCH PARTY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY LEGAL ACTION ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE TRANSACTIONS CONTEMPLATED HEREBY.

10.11 Specific Performance. The Parties agree that irreparable damage would occur if any provision of this Agreement were not performed in accordance with the terms hereof and that the Parties shall be entitled to specific performance of the terms hereof, in addition to any other remedy to which they are entitled at law or in equity.

10.12 Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

[Signature Page to Follow]

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement as of the date first above written.

BUYER:

LAKE CAPITAL LLC

DocuSigned by:
By: Scott Lake 4/27/2021
Name: Scott Lake
Title: Managing Member

SELLERS:

DocuSigned by:
Jonathan Morton 4/27/2021
Name: Jonathan Morton
Title: JONATHAN MORTON

THE PAPER CLIP TRUST

DocuSigned by:
By: Marianna Schenk 4/27/2021
Name: Marianna Schenk
Title: Trustee

DocuSigned by:
Andrew Onwudinjo 4/27/2021
Name: Andrew Onwudinjo
Title: ANDREW ONWUDINJO

EXHIBIT A

Name of Seller	Number of Shares	Pro Rata Portion
Jonathan Morton	500	84.38819%
The Paper Clip Trust	80	13.50211%
Andrew Onwudinjo	12.5	2.10970%
Totals	592.5	100.0%

EXHIBIT B DEFINITIONS

“Action” means any claim, action, cause of action, demand, lawsuit, arbitration, inquiry, audit, notice of violation, proceeding, litigation, citation, summons, subpoena or investigation of any nature, civil, criminal, administrative, regulatory or otherwise, whether at law or in equity.

“Acquisition Proposal” has the meaning provided in Section 6.8.

“Affiliate” means, as applied to any Person, any other Person who controls, is controlled by, or is under common control with, such Person. For purposes of this definition, “control” means the possession, directly or indirectly through one or more intermediaries, of the power to direct the management and policies of a Person, whether through the ownership of stock, by Contract or otherwise.

“Affiliated Group” means any affiliated group within the meaning of Code Section 1504(a) or any similar group defined under a similar provision of state, local, or non-U.S. law.

“Agreement” has the meaning set forth in the preamble hereof.

“Balance Sheet” means the year ended December 31, 2020 balance sheet of the Company included in the Financial Statements.

“Balance Sheet Date” means the date of the Balance Sheet.

“Books and Records” includes all data, documents, ledgers, databases, books, records, business plans, reports, records of sales, price calculation reports, customer and supplier lists, files, and Organizational Documents; *provided, however*, that “Books and Records” shall not include Prescription Files, Governmental Authorizations, and National Provider Identifier numbers.

“Business” means the business of operating a pharmacy that primarily services patients with workers’ compensation related injuries.

“Business Day” means any day that is not a Saturday, a Sunday or other day on which banks are required or authorized by Law to be closed in the State of Arizona.

“Buyer” means LAKE CAPITAL LLC.

“Buyer Closing Certificate” has the meaning provided in Section 7.2(c).

“Buyer Indebtedness” means the Indebtedness of the Company evidenced by that certain Standard Promissory Note between the Company and Buyer dated March 23, 2021.

“Buyer Indemnified Parties” has the meaning provided in Section 9.2.

“Cause” has the meaning given in the Employment Agreement.

“CERCLA” means the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, as amended, 42 U.S.C. §§ 9601 et seq.

“CHAMPUS/TRICARE” means the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), which is now known as TRICARE.

“Change of Control” means (i) an acquisition or purchase by any Person or “group” (as defined under Section 13(d) of the Exchange Act and the rules and regulations thereunder) of beneficial ownership (as defined in Rule 13d-3 under the Exchange Act) of more than fifty percent (50%) of the total number of outstanding voting securities of the Company, (ii) a merger, consolidation, business combination or similar transaction involving the Company pursuant to which the stockholders of the Company immediately preceding such transaction hold less than fifty percent (50%) of the equity interests in the surviving or resulting entity following such transaction, (iii) a sale, lease, exchange, transfer or license (other than in the ordinary course of business) of substantially all of the assets of the Company, or (iv) a liquidation or dissolution of the Company.

“Closing” has the meaning provided in Section 3.1.

“Closing Date” has the meaning provided in Section 3.1.

“Closing Payment” has the meaning provided in Section 2.2(b).

“Code” means the United States Internal Revenue Code of 1986, as amended, and the regulations and rulings thereunder.

“Contingent Earnout” has the meaning provided in Section 2.2(c).

“Contract” means any agreement, contract, obligation, promise or undertaking (whether written or oral and whether express or implied) that is legally binding and is material to the Company.

“DEA Registrations” has the meaning provided in Section 3.2(a)(vi).

“Direct Claim” has the meaning provided in Section 9.4(c).

“Earnest Payment” has the meaning provided in Section 2.2(a).

“Earn Out Payment” has the meaning provided in Section 2.2(c).

“EEOC” means United States Equal Employment Opportunity Commission.

“Effective Date” has the meaning set forth in the preamble.

“Employee Benefit Plan” means any “employee pension benefit plan” or “employee welfare benefit plan” as defined under ERISA (whether or not subject to ERISA), and any incentive compensation plan, benefit plan for retired employees, plan or Contract providing for payments subject to Section 409A of the Code, bonuses, commissions, pensions, profit-sharing, stock options, stock purchase rights, restricted stock, phantom stock, deferred compensation, Insurance relating to accidents, health or sickness, retirement benefits, vacation, severance, disability, compensation, employee assistance or counseling, educational assistance, §125/cafeteria/flexible benefits, adoption assistance, group legal, fringe benefit or payroll practice of any nature, covering any current or former (including retired) employees of a Person or under which such Person has any remaining liability or obligation, and any other employee compensation or benefit plan, agreement, policy, practice, commitment, contract or understanding (whether qualified or nonqualified, currently effective or terminated, written or unwritten) and any trust, escrow or other agreement related thereto.

“Encumbrance” means any charge, claim, community property interest, condition, equitable interest, mortgage, lien, option, warrant, purchase right, pledge, security interest, right of first refusal, marital or community property interest or restriction of any kind, including any restriction on use, voting (in the case of any security), transfer, receipt of income or exercise of any other attribute of ownership.

“Environmental Claim” means any written notice, Proceeding, Order, lien, fine, obligation, penalty or, as to each, any settlement or judgment arising therefrom, by or from any Person alleging liability of whatever kind or nature (including liability or responsibility for the costs of enforcement proceedings, investigations, cleanup, governmental response, removal or remediation, natural resources damages, property damages, personal injuries, medical monitoring, penalties, contribution, indemnification and injunctive relief) arising out of, based on or resulting from: (a) the presence or Release of, or exposure to, any Hazardous Substances at or from the Leased Real Property or shipped from the Leased Real Property; (b) any actual or alleged non-compliance with any Environmental Law or term or condition of any environmental Governmental Authorization of Seller; or (c) ownership, lease, operation or use of the current or former Assets of the Business or the operation of the Business.

“Environmental Law” means any applicable Law, Order or binding agreement with any Governmental Authority and any guidance and policy published by a Governmental Authority as they exist as of the Closing and in the future: (a) relating to pollution (or the cleanup thereof) or the protection of natural resources, endangered or threatened species, human health or safety, or the Environment; or (b) concerning the presence of, exposure to or the management, manufacture, use, containment, storage, recycling, reclamation, reuse, treatment, generation, discharge, transportation, processing, production, disposal, remediation of, response to, or investigation of actual or suspected Hazardous Substances or property damage, natural resources damage or personal injury caused by any Hazardous Substances. The term “Environmental Law” includes the following, including their implementing regulations and any state or local analogs, all as amended: CERCLA; the Solid Waste Disposal Act, 42 U.S.C. §§ 6901 et seq.; the Federal Water Pollution Control Act of 1972, 33 U.S.C. §§ 1251 et seq.; the Toxic Substances Control Act of 1976, 15 U.S.C. §§ 2601, et seq.; the Emergency Planning and Community Right-to-Know Act or 1986, 42

U.S.C. §§ 1101 et seq.; the Clean Air Act of 1966, 42 U.S.C. §§ 7401 et seq.; and the Occupational Safety and Health Act of 1970, 29 U.S.C. §§ 652 et seq.

“Environmental Liability” means any Action, Order, lien, fine, penalty, or, as to each, any settlement or judgment arising from or relating to any violation of or liability or obligation under any Environmental Law or any Environmental Claim with respect to acts or omissions having occurred, or conditions in existence, on or before the Closing Date with respect to the continuation of such conditions, acts, omissions or their consequences after the Closing Date, including: (a) any environmental, health or safety matters or conditions (including on-site or off-site contamination, Occupational Safety and Health Law violations and regulation of chemical substances or products); and (b) any responsibility for response costs, natural resource damages, corrective action or actions to achieve compliance, including any cleanup, removal, containment or remediation or response action under applicable Environmental Law or Occupational Safety and Health Law (whether or not such cleanup has been ordered or requested by any Governmental Authority or any other Person). The terms “removal,” “remedial,” and “response action” include the types of activities covered by CERCLA.

“ERISA” means the Employee Retirement Income Security Act of 1974, as amended, and any duly promulgated regulations and rulings thereunder.

“Exchange Act” means the Securities Exchange Act of 1934, as amended.

“Exclusion Lists” has the meaning provided in Section 4.6(a).

“Financial Statements” has the meaning provided in Section 4.2(a).

“GAAP” means United States generally accepted accounting principles as consistently applied.

“Governmental Authority” means any: (a) nation, state, county, city, town, village, district or other jurisdiction of any nature; (b) federal, state, local, municipal, foreign or other government; (c) governmental or quasi-governmental authority of any nature (including any governmental agency, branch, department, official or entity and any court or other tribunal); (d) multi-national organization or body; (e) body exercising, or entitled or purporting to exercise, any administrative, executive, judicial, legislative, police, regulatory or Taxing authority; (f) organization or association that sponsors, authorizes or conducts any arbitration proceeding; (g) any for-profit or non-profit accreditation agencies; or (h) any arbitrator or panel of arbitrators, the decisions of which are enforceable in any court of law.

“Governmental Authorization” means any approval, consent, franchise, license, permit, registration, order, certificate, accreditation, variance, waiver or other authorization or similar right issued, granted, given or otherwise made available by or under the authority of any Governmental Authority or pursuant to any Law, including all pending applications therefor or renewals thereof.

“Governmental Program” has the meaning provided in Section 4.14(b)(vi).

“GSA” has the meaning provided in Section 4.6(a).

“Hazardous Substances” means any material, substance, chemical, waste, product, derivative, compound, mixture, solid, liquid, mineral or gas, in each case, whether naturally occurring or manmade, that is subject to regulation under any Law relating to or protecting the Environment, including any petroleum and petroleum-derived and refined petroleum products, radon, radioactive materials or wastes, asbestos in any form, lead or lead-containing materials, mold, hazardous wastes, hazardous waste constituents, urea formaldehyde insulation, polychlorinated biphenyls and CERCLA hazardous substances.

“Healthcare Authorizations” has the meaning provided in Section 4.14(b)(viii).

“Healthcare Laws” has the meaning provided in Section 4.14(b)(iii).

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as amended, and the regulations promulgated thereunder.

“Indebtedness” means with respect to the Company any of the following: (a) obligations for borrowed money, including all principal, interest, premiums, fees, expenses, overdrafts and penalties with respect thereto; (b) obligations evidenced by bonds, debentures, notes or other similar instruments; (c) obligations to pay the deferred purchase price of property or services, except trade payables incurred in the Ordinary Course of Business; (d) obligations to reimburse any bank or other Person in respect of amounts paid under a letter of credit or similar instrument; (e) capitalized lease obligations; (f) other obligations which would be required to be shown as indebtedness on a balance sheet prepared in accordance with GAAP; and (g) indebtedness of any other Person of the type referred to in clauses (a) to (f) above directly or indirectly guaranteed by the Company, whether or not such indebtedness has been expressly assumed by the Company.

“Indemnified Party” has the meaning provided in Section 9.4.

“Indemnifying Party” has the meaning provided in Section 9.4.

“Insurance” means all forms of insurance, including liability, crime, fidelity, life, fire, product liability, workers’ compensation, health, director and officer liability and other forms of insurance, owned, maintained or insuring any part of the Company or employees of the Company.

“Intellectual Property Assets” means all: (a) United States and foreign trademark rights, business identifiers, trade dress, service marks, trade names and brand names, United States and foreign registrations and applications therefor and all goodwill associated with the foregoing; (b) United States and foreign copyrights, copyright registrations and copyright applications, and all other rights associated with the foregoing and the underlying works of authorship (including databases, software and mask works); (c) United States and foreign patents and patent applications, and all proprietary rights associated therewith; (d) inventions, mask works, mask work registrations, know-how, bills of material, discoveries, improvements, designs, trade secrets, confidential business information, and shop and royalty rights; (e) employee covenants and Contracts respecting intellectual property including invention rights, noncompetition,

confidentiality and license Contracts; (f) internet domain names and websites; (g) computer software and firmware (including code, databases, user interfaces and documentation); and (h) other types of intellectual property rights and other intangible assets.

“Inventory” means all pharmaceutical and non-pharmaceutical inventory, finished goods, raw materials, work in progress, packaging, supplies, parts and other inventories held by the Company in the normal course of business.

“IRS” means the United States Internal Revenue Service.

“Knowledge” means, except as otherwise provided herein, a Person’s actual awareness following reasonable inquiry of each employee and agent of such Person who would reasonably be expected to have knowledge of a particular fact, circumstance or other matter.

“Law” or **“Laws”** means any federal, state, local, municipal, foreign, international, multinational or constitution law, ordinance, principle of common law (including equitable principles), statute, code, regulation, rule or treaty, including, without limitation, Healthcare Laws and Environmental Laws.

“LEIE” has the meaning provided in Section 4.6(a).

“Losses” means losses, damages, liabilities, deficiencies, Actions, judgments, interest, awards, penalties, fines, costs or expenses of whatever kind, including reasonable attorneys’ fees and the cost of enforcing any right to indemnification hereunder and the cost of pursuing any insurance providers; *provided, however*, that “Losses” shall not include punitive, indirect, or special damages, lost profits or any damages or liability based on a multiple of profits, multiple of cash flow or similar valuation methodology, except in the case of fraud or to the extent actually awarded to a Governmental Authority or other third party.

“Leased Real Property” has the meaning provided in Section 4.8(a).

“Material Adverse Effect” means a change, event or circumstance the effect of which, individually or in the aggregate, is both material and adverse to the property, business, operations, assets (tangible and intangible), financial condition or results of operation of the Company, and none of the following shall be taken into account in determining whether there has been or will be, a Material Adverse Effect: (i) any failure by the Company to meet its financial projections, (ii) any change, event, circumstance or effect attributable to general economic conditions in the United States or conditions affecting the industries in which the Company operates, (iii) any change, event, circumstance or effect attributable to the disclosure to any Person of the transactions contemplated hereby, including any potential or actual disruption of customer demand or purchase orders, or relationships with employees, customers, business partners, licensors, licensees, suppliers or other constituencies, (iv) any change, event, expense, circumstance or effect attributable to compliance with the terms of, or the taking of any action required by, this Agreement or otherwise taken or not taken at the request of Buyer after the Effective Date, (v) any change, event, circumstance or effect attributable to circumstances known by Buyer as of the Effective Date, (vi) any change, event, circumstance or effect that is cured by the Sellers prior to the Closing

Date, (vii) any change in Laws, policies, mandates, guidelines or other requirements of any Governmental Authority or the enforcement or interpretation thereof, or (viii) any change, event, circumstance or effect attributable to national or international political or social conditions, including pandemics, whether related to COVID-19 or otherwise, the outbreak of war or international hostilities, acts of war, sabotage or terrorism or military actions or any escalation or material worsening of any such war, hostilities, acts of war, sabotage or terrorism or military actions, whether in the United States or elsewhere.

“Material Interest” means direct or indirect beneficial ownership (as defined in Rule 13D-3 under the Exchange Act) of voting securities or other voting interests representing at least 20% of the outstanding voting power of a Person or capital stock or other equity interests or securities representing at least 20% of the outstanding equity or equity interests in a Person.

“Medicare and Medicaid Programs” has the meaning provided in Section 4.14(b)(vi).

“Occupational Safety and Health Law” means any Law and any program or any Governmental Authority designed to regulate or provide safe and healthful working conditions and to reduce occupational safety and health hazards, illness, disease, etc.

“OFAC List” means a list compiled by the Office of Foreign Asset Control, an office of the United States Department of Treasury.

“Order” means any award, decision, injunction, decree, consent decree, judgment, order, ruling, subpoena or verdict entered, issued, made or rendered by any Governmental Authority.

“Ordinary Course of Business” means in accordance with the Company’s historical and customary day-to-day practices with respect to the activity in question.

“Organizational Documents” means the organizational documents of a non-natural Person, including, as applicable, the charter, articles or certificate of incorporation, bylaws, articles of organization, operating agreement or similar governing documents, as amended, and all minute books and stock record books.

“Party” means Buyer and the Sellers.

“Payment Programs” means Governmental Programs and Private Programs.

“Permitted Encumbrances” means: (a) liens for Taxes not yet due and payable; (b) mechanics’, carriers’, workmen’s, repairmen’s or other like liens arising or incurred in the Ordinary Course of Business consistent with past practice or amounts that are not delinquent and which are not, individually or in the aggregate, material to the Company; (c) easements, rights of way, zoning ordinances and other similar encumbrances affecting Real Property which are not, individually or in the aggregate, material to the Company, which do not prohibit or interfere with the current operation of any Real Property and which do not render title to any Real Property unmarketable; or (d) other than with respect to Owned Real Property, liens arising under original purchase price conditional sales contracts and equipment leases with third parties entered into in

the Ordinary Course of Business consistent with past practice which are not, individually or in the aggregate, material to the Company.

"Person" means any individual, corporation (including any non-profit corporation), general or limited partnership, limited liability company, joint venture, estate, trust, association, organization, Governmental Authority or other entity.

"Personal Data" has the meaning provided in Section 4.4(b)(xxi).

"Pharmacy Permits" has the meaning provided in Section 3.2(a)(iv).

"PPP Escrow Agreement" means that certain escrow account established by the PPP Lender pursuant to an escrow agreement, by and between the Company and the PPP Lender, to hold the funds required to pay off the PPP Loan until such time as the PPP Loan is either forgiven (in whole or in part) or becomes due and payable (in whole or in part).

"PPP Lender" means Zions Bancorporation, N.A. dba National Bank of Arizona.

"PPP Loan" means the certain loans #001160000093709 and #001160000144809 in the original total principal amount of \$1,246,477 made to the Company by the PPP Lender and payable to the PPP Lender pursuant to that certain promissory note] of the Company.

"PPP Indebtedness" means the Indebtedness of the Company evidenced by the PPP Loan.

"Pre-Closing Period" means any taxable period ending on or prior to the Closing Date.

"Pre-Closing Taxes" means: (a) all Taxes of the Company for all Pre-Closing Periods; (b) all Straddle Period Taxes; (c) all Taxes of any member of an affiliated, consolidated, combined or unitary group of which the Company (or any predecessor thereof) is or was a member on or prior to the Closing Date, including pursuant to Treasury Regulations Section 1.1502-6 or any analogous or similar Law; and (d) all Taxes of any Person (other than the Company) imposed on the Company as a transferee or successor, by contract or pursuant to any Law, as a result of an event or transaction occurring on or prior to the Closing Date.

"Prescription Files" mean, with respect to the Company, all: (a) electronic, hard copy (and electronic images thereof) and faxed prescriptions (and electronic images thereof); (b) prescription files and records; (c) customer lists and patient profiles, including refill history, status reports, insurance coverages, and clinical and customer service notes and references; (d) files and records maintained electronically, including authentication credentials and other relevant information; (e) files and records of all "active patients" (including e-commerce customers) that received a prescription from the Company in the twelve (12) months prior to the Closing; and (f) files and records of patients that the Company is required to retain for a specific period in accordance with applicable Law.

"Private Programs" means any third-party payor (other than a Governmental Program) with which the Company has a contract to provide services and to receive payment for such services.

"Proceeding" means any action, arbitration, written charge, written claim, written complaint, challenge, dispute, audit, hearing, investigation, litigation or suit (whether civil, criminal, administrative, investigative or informal) commenced, brought, conducted or heard by or before, or otherwise involving, any Governmental Authority.

"Professional Licenses" has the meaning provided in Section 4.14(b)(iv).

"Professional Personnel" has the meaning provided in Section 4.14(b)(iii).

"Purchase Price" has the meaning provided in Section 2.2.

"Real Property Lease" has the meaning provided in Section 4.8(a).

"Regulatory Agreements" has the meaning provided in Section 4.14(b)(v).

"Regulatory Approvals" has the meaning provided in Section 4.11(b).

"Related Person" means with respect to a natural Person: (a) each other member of such Person's family; (b) any Person who is directly or indirectly controlled by any one or more members of such Person's family; (c) any Person in which members of such Person's family hold (individually or in the aggregate) a Material Interest; and (d) any Person with respect to which one or more members of such Person's family serves as a director, officer, partner, manager, managing member, executor or trustee (or in a similar capacity). For purposes of this definition, the "family" of a natural Person includes (i) the natural Person; (ii) his or her spouse; (iii) any other natural Person who is related to the natural Person or his or her spouse within the second degree; and (iv) any other natural Person who resides with such natural Person.

"Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, disposing or migration in any part of the environment of Hazardous Substances.

"Representative" means, with respect to a particular Person, any director, officer, manager, managing member, employee, agent, consultant, advisor or other representative of such Person, including legal counsel, accountants and financial advisors.

"Restricted Event" means, with respect to the Company: (a) except in the Ordinary Course of Business or pursuant to existing Contracts, paying any bonus to or increasing the salary or other compensation of any director, officer, manager, employee or agent; (b) adopting or increasing payments to or benefits under any Employee Benefit Plan; (c) incurring or suffering any labor dispute or disturbance, other than routine individual grievances that are not material to the Company; (d) entering into, terminating or receiving notice of termination of any Government Authorization, license, royalty, noncompetition, joint venture, credit or other Contract or

transaction that involves a total remaining commitment of more than \$100,000; (e) selling, leasing, licensing or otherwise disposing of any material asset, or incurring or suffering any Encumbrance on any property or asset; (f) canceling or waiving any claim or right, or writing down or writing off any accounts or notes receivable, in each case with a value in excess of \$100,000; (g) changing any accounting method or principle; (h) failing to cause any uncontested liability or obligation in excess of \$100,000 to be paid or satisfied when the same becomes due; (i) making any capital expenditure in excess of \$100,000; (j) incurring or suffering material damage to or destruction or loss of any material asset, whether or not covered by Insurance; (k) taking any action, or failing to act, other than in the Ordinary Course of Business; (l) failing to timely pay any supplier or other creditor in the Ordinary Course of Business; (m) licensing, selling or transferring any Intellectual Property Assets owned by the Company; (n) amending or modifying any Contract set forth on the Disclosure Schedule or entering into any Contract that would be required to be set forth on the Disclosure Schedule if such Contract was entered into immediately prior to the signing of this Agreement; (n) entering into a Contract or making a binding commitment to do any of the foregoing; (o) terminating, or permitting the termination or expiration of, any existing pharmacy license, permit, registration or certification, Medicare or Medicaid provider number or any other Governmental Authorization; (p) executing, modifying or canceling any Contract with a third-party payor; or (q) agreeing to or executing any settlement agreement or corporate integrity agreement with any Governmental Authority, including the Office of Inspector General of the United States Department of Health and Human Services.

"Seller" means the Shareholders: Jonathan Morton, The Paper Clip Trust, and Andrew Onwudinjo.

"Seller Closing Certificate" has the meaning provided in Section 7.1(c).

"Seller Transaction Expenses" means all fees, expenses and Losses incurred by or on behalf of a Seller in connection with the negotiation, preparation or execution of this Agreement, another Transaction Document or any documents or agreements contemplated hereby or the performance or consummation of the transactions contemplated hereby or thereby, including (a) brokers' or finders' fees and (b) fees and expenses of counsel, advisors, consultants, investment bankers, accountants, auditors, experts and other Representatives.

"Seller's Knowledge" means the Knowledge of the Sellers.

"Social Security Act" means the Social Security Act of 1935, as amended, and the regulations promulgated thereunder.

"Straddle Period" means any taxable year or period beginning on or before and ending after the Closing Date.

"Straddle Period Taxes" means the Taxes of the Company for the portion of a Straddle Period ending on the Closing Date determined, (a) in the case of Taxes (i) based upon, or related to, income, receipts, profits, wages, capital or net worth, (ii) imposed in connection with the sale, transfer or assignment of property, or (iii) required to be withheld, deemed equal to the amount which would be payable if the taxable year ended as of the end of the day on the Closing Date;

and (b) in the case of other Taxes, deemed to be the amount of such Taxes for the entire period multiplied by a fraction the numerator of which is the number of days in the period ending on the Closing Date and the denominator of which is the number of days in the entire period.

"Tax" or "Taxes" means any tax (including any income tax, gross receipts tax, capital gains tax, value-added tax, sales tax, use tax, property tax, business tax, license tax, payroll tax, employment tax, social security tax, unemployment tax, severance tax, environmental tax, gift tax, estate tax, franchise tax, net worth tax, escheat or unclaimed property tax, excise tax and business occupancy tax), levy, assessment, tariff, duty (including any customs duty), deficiency or other fee or any related charge or amount (including any fine, penalty, interest or addition thereto), imposed, assessed or collected by or under the authority of any Governmental Authority or payable pursuant to any tax-sharing or tax-indemnity Contract or any other Contract relating to the sharing of payment of any tax, levy, assessment, tariff, duty, deficiency or fee.

"Tax Return" means any return (including any information return), declaration, claim for refund, report, statement, schedule, notice, form or other document or information filed with or submitted to, or required to be filed with or submitted to, any Governmental Authority in connection with the determination, assessment, collection or payment of any Tax or in connection with the administration, implementation or enforcement of or compliance with any Law relating to any Tax.

"Third-Party Claim" has the meaning provided in Section 9.4(a).

"Threatened" means, as to any Proceeding or other matter, that a demand or statement has been made (orally or in writing), a notice has been given (orally or in writing) or an event has occurred or some other circumstance exists that would lead a prudent Person to conclude that such a Proceeding or other matter is reasonably likely to be asserted, commenced, taken or otherwise pursued in the future.

"Transaction Documents" means this Agreement and all other Contracts to be executed and delivered by any Party or any of his, her, or its Affiliates or Representatives in connection with the consummation of the transactions contemplated by this Agreement.

15

15A

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH PH00967
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: Nutrishare, LLC

Physical Address: 9850 Kent Street, Elk Grove, CA 95624

Mailing Address: 9850 Kent Street

City: Elk Grove State: CA Zip Code: 95624

Telephone: (916) 685-5034 Fax: (916) 685-5588

Toll Free Number: (800) 466-3876 (Required per NAC 639.708)

E-mail: rod@nutrishare.com Website: www.nutrishare.com

Managing Pharmacist: Rodney Okamoto License Number: 06966 NV

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

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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



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

Austin D. Pulsipher, CFO and Treasurer

Print Name of Authorized Person

5/10/2021
Date

Page 2

Board Use Only

Date Processed: _____

Amount:

500

check # 9474714729

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CaliforniaParent Company if any: PLP Infusion Holdings LLCMailing Address: 9850 Kent StreetCity: Elk Grove State: CA Zip: 95624-9483Telephone: (916) 685-5034 Fax: (916) 685-5588Contact Person: Austin D. Pulsipher, CFO and Treasurer

For any corporation non publicly traded, disclose the following:

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

PLP Infusion Holdings LLC
 a) (100% Direct Owner / Sole Member) 9850 Kent Street, Elk Grove, CA 95624

Name Address

b) _____
 Name Address

c) _____
 Name Address

d) _____
 Name Address

2) Provide the number of shares issued by the corporation. NA-Not Applicable3) What was the price paid per share? NA-Not Applicable4) What date did the corporation actually receive the cash assets? 07/27/2021

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 830 am 500 pmSaturday on call am _____ pmSunday on call 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

July 2, 2021

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

RE: Nutrishare, Inc. (Permit #:PH00967) -Update to Effective Date for Change in Ownership

Dear Sir or Madam:

This correspondence is sent on behalf of Nutrishare, Inc. (the "Pharmacy") and serves as official notification to update the effective date for the previously submitted change of ownership application.

The new effective date of corporate conversion, name change and change of ownership, for the Pharmacy, pursuant to the Membership Interest Purchase Agreement, signed May 7, 2021, is scheduled to occur on July 27, 2021. We have enclosed the amended application page(s) to reflect this update in effective date.

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

"Obtaining licensure is the **first step** in providing quality and effective patient care." ®

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

Stephen J. Holbrook, COO, President and Secretary

Austin D. Pulsipher, CFO and Treasurer

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Austin D. Pulsipher, CFO and Treasurer

Responsible Person of Nutrishare, 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

Austin D. Pulsipher, CFO and Treasurer
Print Name of Authorized Person

5/10/2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF _____)
 _____) ss.
 _____ COUNTY)

I, Austin D. Pulsipher, 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 CFO & Treasurer for Nutrishare, 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, Austin D. Pulsipher, do hereby swear under penalty of perjury that the assertions of this affidavit are true.


 Name _____

SUBSCRIBED AND SWORN TO
 before me, a notary public this
 ____ day of _____, 20____.

NOTARY PUBLIC

See attached Acknowledgment

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 Sacramento }On May 10, 2021 before me, Janet L. Novotny, Notary Public
Date Here Insert Name and Title of the Officerpersonally appeared Austin D. Pulsipher
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Place Notary Seal and/or Stamp Above

Signature

Signature of Notary Public

OPTIONAL

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

Description of Attached 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: _____

☐ Corporate Officer – Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer is Representing: _____

Signer's Name: _____

☐ Corporate Officer – Title(s): _____☐ Partner – ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: _____

Signer is Representing: _____

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

Upon close of change of ownership, Nutrishare, Inc. will convert from a corporation to a limited liability company ("LLC"). Upon completion of the conversion, updated Articles and Certificate of Formation for the new LLC, and Certificate of Good Standing, will be provided.

At this time, we respectfully request the Nevada Board of Pharmacy continues to process the enclosed change of ownership application.

Copy of Current State Pharmacy Permit

Please be advised, the California Board of Pharmacy is currently processing the Applicant's Change of Ownership application. Upon approval and issuance of the new permit, the Applicant will submit a copy of the newly issued permit. We respectfully request that you begin processing the attached application.

Copy of DEA Certificate

Upon approval from the California Board of Pharmacy and issuance of an updated California pharmacy permit, the Applicant will submit the required DEA application to obtain an updated DEA Certificate. Upon receipt of the DEA Certificate Applicant will submit a copy to the Board of Pharmacy. We respectfully request that you begin processing the attached application.

Copy of Pharmacy Verification

Please be advised, the California Board of Pharmacy is currently processing the Applicant's Change of Ownership application. Upon approval and issuance of the new permit, the Applicant will submit a copy of the pharmacy permit verification. We respectfully request that you begin processing the attached application.

Copy of Most Recent Inspection Report

The enclosed California Board of Pharmacy Inspection Report reflects the most current inspection conducted by the California Board of Pharmacy on 04/06/2021. The California Board of Pharmacy has indicated they do not perform change of ownership inspections. As such, we respectfully request the attached inspection report is used to continue processing our application



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: 4/6/2021 Inspector: Mojgan Mohammadzadeh

Firm: NUTRISHARE INC Phone: (916) 685-5034

Address: 9850 KENT STREET City: ELK GROVE Zip: 95624

Ownership: CORPORATION

Permit #: LSC100931 PHY54171 Permit Exp: 5/1/2021 DEA#: BN6447189 DEA Exp: 10/31/2022

Date of Self Assessment Form: 1/25/2021 Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 0830-5PM Hours Saturday: CLOSED Hours Sunday: CLOSED

PIC: ROD J OKAMOTO RPH30407 Administrator

RPH Consultant

Staff	RPH Name:	License #:	Staff Name:	License #:
	RICHARD K LEONG	RPH40976	ALEXANDRA LEMYASKIN	TCH169249
	DAVINA H NGO	RPH51251	ASHLEY FRYER	CLERK
	REID A NISHIKAWA	RPH30547	CARLA D GARCIA-ANDRAD	TCH103583
	KARI E PERSONIUS	RPH78148	DAN LOUDON	CLERK
	IAN C ROBERTSON	RPH49259	DIANA A WHITE	TCH149254
			JANET NOVOTNY	CLERK
			JASON CONDRA	CLERK
			KRISTINA MINTZ	CLERK
			LETY SABILLON	CLERK
			MAICHEE YANG	TCH157150
			MARIA M ISERI	TCH19321
			RAMSEY THAO	TCH158525

Inspector Remarks:

Sterile Compound Renewal Inspection

LSC 100931

Nutrishare Home IV infusion

Assisted by: Pharmacist Richard Leong

To limit time spent at the pharmacy during the COVID-19 pandemic, the inspection documents were sent via e-mail by RPH Leong. An onsite inspection of the compounding area was performed on 4/6/2021 with the assistance of RPH Leong. Inspection report review with RPH Leong on the site.



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



Description of pharmacy- Home IV infusion pharmacy with mostly mailing services by FedEx and UPS

Other states ship to: AZ, CO, HI, ID, MN, NV, OR, UT and WA.

Sterile to sterile only

HD compounding-None

Non-sterile compounding-None

Risk level: mostly medium risk TPN

Average number of sterile to sterile products compounded daily: 100 TPN bags

No 12-hour BUD CSP is compounded

No batch compounding, no office supply

No outsourcing

BUD of 9 days for TPN or shorter is assigned

Services include: **Nutrishare** is a home infusion pharmacy that specializes exclusively in home TPN care for long-term parenteral nutrition consumers. In addition to TPNs the following sterile products are compounded:

Ampicillin, Ampicillin/sulbactam, Caspofungin, Ceftazidime, Ceftriaxone, Cefazolin, Cefepime, Daptomycin, ETOH locks, Meropenem, Micafungin, Piperacillin/tazobactam, Vancomycin

Drugs compound for patient add to TPN at home - Drawn from either vial (SDV/MDV) or ampules in syringes: Ascorbic acid, Cyanocobalamin, Folic acid, Vitamin K

Wholesaler: Amerisource Bergen, Baxter, Fresenius Kabi and B. Braun Medical Inc.

Controlled substances can be ordered by DEA222 and CSOS but they don't order any; reporting zero to Atlantic association weekly but aware CS reporting to CURES should be daily if ever starting to dispense CS

Original invoices-stored in pharmacy mezzanine

Reverse distributor: Pharmalink

Waste: stericycle

Posted:

Original license with renewal?

Notice to Consumer and Interpretive

Compounding Area:

Description: Positive pressure area with 4 LAFW ISO 5 in ISO 7 Cleanroom

Anteroom- garbing with Line of Demarcation/ ISO 8

Cleanroom: no rust inside or outside, hoods are on the wheel so can be moved around for cleaning

Six Passthrough refrigerators between cleanroom and anteroom, only 2 can be opened on the opposite side. Also 2 passthrough storing cabinets between cleanroom and anteroom

Certification:

Performed every 6 months. Last done by TSS on 9/30/20 and then again on 10/29/20 after 2 HEPA filters were replaced and relocation of the return vent: CETA CAG-003-2006 test standards under operational/dynamic conditions:

- Viable and non-viable air sampling performed
- Surface sampling performed
- HEPA filters leak test passed



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



- Video of smoke studies reviewed for all 4 hoods/ tested under dynamic airflow condition

Items Reviewed:

- Previous inspection, Garbing order corrected, New P&P in place
- ACHC (Accreditation Commission for health Care) on 9/29/20 reviewed/ passed
- Compounding Self-Assessment: 2016 Draft Version
- No Off- site record storage
- Confirmed receiving BOP e-mail subscriber alerts as of 1/22/21
- No quality assurance/ Error reporting within last 12 months
- DEA Biennial: None/ No CS
- Action plans for failed environmental testing
- Master formula examples
- Compounding log examples
- Patient centered labels: route, rate, storage, Date compounded, BUD, "compounded by" pharmacy verbiage
- References materials include: Lexicomp, Tristle, Facts and comparison
- Room, refrigerator, freezer temps monitored. Monitoring system is an online temperature monitoring system that notifies all pharmacists when it is out of range via email. When pharmacy is closed then the on-call pharmacist will receive the warning email.
- Incubator temps
- Last recall on 3/19/21 for Chloraprep One Step 3ml Applicator
- Differential pressures
- Calibration logs for equipment: SMOFlipid pump and Intralipid pump/ 3 EM 2400 and 2 Baxter repeater pumps
- Cleaning logs
 - Agents used:
 - Germicidal: One step Decon-Quat 200
 - Disinfecting: Sterile 70% IPA, dated when opened
 - Sporicidal: Sporklenz
- QA: End- Product Testing performed by Infinity Lab on 1/15/21 for TPN bag for sterility and potency but no Endotoxin test
- No ADR reported in past 12 months
- No waivers used
- Viable Air Sampling by Azzur Lab on 3/4/21, No CFU growth, passed

Items Observed:

- Visual inspection of compounding areas, hoods, equipment and inspection of floors, walls, ceilings, doors
- This inspection took place during COVID-19 pandemic therefore I did not garb to go inside clean room. Compounding process was observed via glass window
- Pressure differentials between rooms
- Hot/cold running water
- Eye wash area
- Active inventory, expired meds, quarantined



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- Type of software used: CPR plus and Abacas for TPN

Policies and Procedures Reviewed:

- Annual review of Policies & Procedures by PIC, proof of completion
- Staff notification of any changes in processes or to the policy and procedure manual
- Hand hygiene and garbing
- Facility & Equipment cleaning & sanitizing
- Equipment maintenance, storage, calibration, cleaning and disinfection
- Plan for drug recall
- End-Product Testing- sterility, potency, endotoxin at least annually and action plan if a compounded product is outside minimum standards
- Beyond Use Dating
- Action level for CFUs detected during viable surface sampling, glove fingertip, and viable air sampling
- Viable air, surface sampling, and glove fingertip- action to be taken when CFU's have been exceeded

Training:

- Gloved fingertip (read 72 hours)/ media fill (read 14 days)- performed annually and initially (all digits both hands performed 3 times with zero CFU)- GFT and Media Fill test for one RPH and one TCH (3 sets after garbing, 1 set after manipulation, both hands separate plate)
- Aseptic technique/compounding competencies: performed initially & annually
- Didactic and math skills assessment- initial & annually?
- EVS competency training records

Discussion:

- List of compounders with name and signature available to compare/ if not printed
- Delivered RX have "right to consult"
- Cleaning 2 times a day but log has it once a day with IPA and once a day with Deon-quat
- Have a labeled area for expired medication
- Employees were not wearing name tags
- Provide Media Fill and GFT testing, training specific to documentation of the logs, incubator times, date read, signatures and competency which shows the staff understands how to conduct and to document on the log and with the temperatures.
- Delivery slip for New RX mailed
- Recall documentation did not have a date. You may consider adding the date into your documentation for easy access
- Media Fill test result lack incubation temperature. make sure is added to the log for documentation
- For the most updated BOP COVID-19 waivers:
https://pharmacy.ca.gov/licensees/emergency_declaration.shtml
- 2020 law book: https://www.pharmacy.ca.gov/laws_regs/lawbook.pdf
- If start receiving CII drugs then CURES daily reporting and CCR 1715.65 applies

Action items:

Please send all action items and or corrections to Inspector Mohammadzadeh at mojgan.mohammadzadeh@dca.ca.gov by end of business 4/20/21



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 Sacramento, CA 95833
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 Gavin Newsom, Governor



"Pursuant to Business and Professions Code 4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of corrections, for an office conference with the board's executive officer to contest the order of correction."

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form.

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) _____

Inspector (print) _____

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:



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



ORDER OF CORRECTION

Date: 4/6/2021

Permit #: LSC100931

Time of Day: 10:32 AM

Name as shown on permit: **NUTRISHARE INC**

Address: 9850 KENT STREET

City: ELK GROVE

Please be advised it appears there is a failure to comply with the following laws governing the practice of pharmacy, and/or the rules and regulations of the Board of Pharmacy:

1. CCR 1735.4 Labeling of Compounded Drug Preparations.

In that, at the time of inspection, TPN labels do not have "date compounded" only the date that label was printed. Please fix and send correction to me by 4/20/21

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) *[Signature]*

Signed

Inspector (print) meijer m.

Print Name

Date 4-6-21

Title

Pharmacist

Pursuant to Business and Professions Code §4083, a licensee of the California State Board of Pharmacy, may submit a written request within 30 days of service of the order of correction, for an office conference with the board's executive officer to contest the order of correction.

Richard Leong

From: Richard Leong
Sent: Tuesday, April 13, 2021 10:35 AM
To: 'Mohammadzadeh, Mojgan@DCA'
Cc: Rod Okamoto
Subject: FW: LSC Renewal 100931
Attachments: SKM_22721041310380.pdf

Mojgan,

Attached is our corrected TPN label with the date of compound indicated.

Thanks,
Richard

From: Mohammadzadeh, Mojgan@DCA [mailto:Mojgan.Mohammadzadeh@dca.ca.gov]
Sent: Wednesday, April 7, 2021 10:44 AM
To: Richard Leong <RLeong@nutrishare.com>
Subject: LSC Renewal 100931

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.
IT123456789

Richard,

The office told me that I have to wait for your correction before I can certify you. Please, correct and send me a correction label before I can move forward with your certification.

Thank you



Mojgan Mohammadzadeh, Pharm.D., Inspector

California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, Ca. 95833

(916) 531-6246 | FAX (916) 574-8618 |

Mojgan.mohammadzadeh@dca.ca.gov

www.pharmacy.ca.gov

Be Aware and Take Care: Talk to your Pharmacist!

NUTRISHARE INC. 1-800-466-3876
9850 Kent Street, Elk Grove, CA 95624

(Caution: This drug may only be used by person prescribed.)

~~Aluminum Hydroxide~~, Muriatic (DC)

DR. ~~Muriatic~~

RX No: 10028074

Order Volume (mL): 2,500

IV No: 2210

Compound Volume (mL): 2,600

Travasol	86 gram
Dextrose	258 gram
Smoflipid	350 mL
Sodium Acetate	10 mEq
Sodium Chloride	90 mEq
Sodium Phosphate	20 mMol
Potassium Chloride	80 mEq
Calcium Gluconate	20 mEq
Magnesium Sulfate	30 mEq
Tralement	1 mL
Zinc	5 mg
Copper	0.7 mg
Famotidine	60 mg
Heparin	3,000 units

*** Administer via CENTRAL LINE Only ***



This solution contains 2,500 mL Order volume, and 100 mL Overfill

Entered MISER!

Verified: MISER!

Discard after: 04/22/21

SOLUTION FORMULA

Additive	mL	Additive	mL
Mg Sulf 4.06mEq/ml (APP)	7.68	Pot Chloride 2mEq/ml (BB)	41.6
Sod Chloride 4mEq (APP)	23.4	Sod Acet 4mEq/ml (APP)	2.6
Sod Phos 3mMol/ml (AR)	6.93	Travasol 10%	894.4
Zinc Sulfate 5mg/ml (AR)	1.04	Copper 0.4 mg/ml (HO)	1.82
CaGluc 0.465mEq/ml (APP)	44.73	Dextrose 70% (BX)	383.31
Sterile Water (BX)	818.08	Heparin 1000u/mL (APP)	3.12
Famotidine 10mg/ml (APP)	6.24	Smoflipid 20%	364
Tralement	1.04		

STORE IN REFRIGERATOR

Osmolarity: 1,089 mOsm/L

Use 3000 ml bag (141)

COMPOUNDED PRESCRIPTION

Prepared by: _____ Checked by: _____

PATIENT TO ADD: ADULT Multivitamins 10ml,

Folic acid 1mg, and Pyridoxine 10mg

daily for 21 days. Infuse 2500ml IV over 12 hours with

1 hour taper down; 7 days per week.

~~Aluminum Hydroxide~~ (DC)
RX No: 10028074

Compounding Date: 2 Part Bag Label - Page 3 of 3
4/13/2021 Order / Serial No: 231591

Changed date field to
reflect date of compound
Khong, Phung



June 10, 2021

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

RE: Nutrishare, Inc. (Permit #:PH00967) Change of Ownership and Name Change

Dear Sir or Madam:

This correspondence is sent on behalf of Nutrishare, Inc. (the "Pharmacy") and serves as official notification of a change of ownership transaction involving the Pharmacy. Further be advised, the Pharmacy is also undergoing a conversion from a corporation to a limited liability company, a related name change to Nutrishare, LLC in connection with the change of ownership and a change in officers. This conversion and name change will not change the Federal Employer Identification Number, also known as Tax ID, of the Pharmacy which will remain the same.

The effective date of the conversion, change of ownership and name change, pursuant to the Membership Interest Purchase Agreement, signed May 7, 2021, is scheduled to occur on or about July 7, 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



"Obtaining licensure is the **first step** in providing quality and effective patient care." ®



July 2, 2021

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

RE: Nutrishare, Inc. (Permit #:PH00967) -Update to Effective Date for Change in Ownership

Dear Sir or Madam:

This correspondence is sent on behalf of Nutrishare, Inc. (the "Pharmacy") and serves as official notification to update the effective date for the previously submitted change of ownership application.

The new effective date of corporate conversion, name change and change of ownership, for the Pharmacy, pursuant to the Membership Interest Purchase Agreement, signed May 7, 2021, is scheduled to occur on July 27, 2021. We have enclosed the amended application page(s) to reflect this update in effective date.

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

"Obtaining licensure is the **first step** in providing quality and effective patient care." ®

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND
CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "NUTRISHARE,
LLC" FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JUNE, A.D.
2021, AT 6:35 O'CLOCK P.M.



6048826 8100F
SR# 20212598625

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

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

Jeffrey W. Bullock, Secretary of State

Authentication: 203579757
Date: 07-01-21

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A CALIFORNIA LIMITED LIABILITY COMPANY UNDER THE NAME OF "NUTRISHARE, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE THIRTIETH DAY OF JUNE, A.D. 2021, AT 6:35 O'CLOCK P.M.



6048826 8100F
SR# 20212598625

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

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

Authentication: 203579757
Date: 07-01-21

15B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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

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

Application must be printed legibly or typed

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

☐ New Pharmacy or ☒ **Ownership Change** (Provide current license number if making changes: PH 03379)
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: WESTCLIFF COMPOUNDING PHARMACY

Physical Address: 1901 WESTCLIFF DR #3A

Mailing Address: SAME

City: NEWPORT BEACH State: CA Zip Code: 92660

Telephone: 949-272-0775 Fax: 855-391-3206

Toll Free Number: 855-826-6768 (Required per NAC 639.708)

E-mail: mike@westcliffcompounding.com Website: www.westcliffcompounding.com

Managing Pharmacist: MICHAEL PAVLOVICH License Number: 10179 NV

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☐ ☒ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☒ ☐ Parenteral **

☒ ☐ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☒ ☐ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☒ ☐ Mail Service Sterile Compounding **

☐ ☒ Other Services: _____

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

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

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

[Signature]
MICHAEL PAVLOVICH

Print Name of Authorized Person

Date

3/24/21

Page 2

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: CALIFORNIA

Parent Company if any: _____

Mailing Address: 1971 WESTCLIFF BL #3ACity: NEWPORT BEACH State: CA Zip: 92660Telephone: 949-272-0775 Fax: 949-391-3206Contact Person: MIKE PARLOVICH

For any corporation non publicly traded, disclose the following:

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

a) MICHAEL PARLOVICH ██████████ SAVONA WALK - LONG BEACH, CA
Name Address 92803b) JOHN O'CONNELL ██████████ KENDALL HILL RD - SANTA ROSA, CA
Name Address 95401c) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. 1003) What was the price paid per share? 1.004) What date did the corporation actually receive the cash assets? 5/12/2010

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: _____ %: _____**Hours of Operation for the pharmacy:**Monday thru Friday 9 am 5:30 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: N/A

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

MICHAEL PAVLOVICH - PRESIDENT
JOHN O'CONNELL - TREASURER

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF California)
) ss.
Los Angeles COUNTY)

I, Michael Anthony Pavlovich, 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 / P-1-C for WESTLIFE COMPOUNDING (the PHARMACY

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.

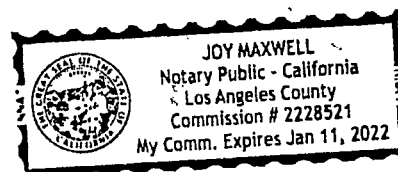
FURTHER AFFIANT SAYETH NOT.

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

Michael Anthony Pavlovich
 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
13th day of February, 2021.

[Signature]
 NOTARY PUBLIC



JURAT

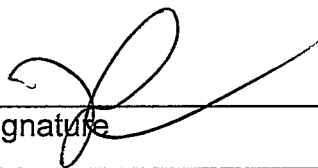
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

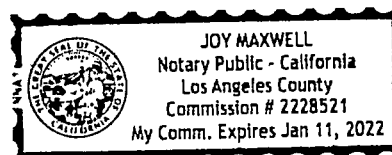
County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this 13th day of February, 2021 by Michael Anthony Pavlovich,

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

Signature 

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Application for Out-of-State

(Title or description of attached document)

Pharmacy License

(Title or description of attached document continued)

Number of Pages 5 Document Date 2/13/21

Additional Information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

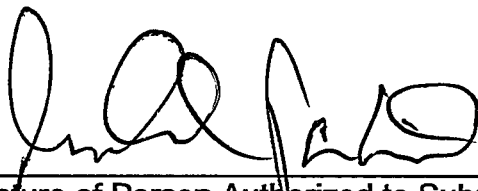
I, MICHAEL PAVLOVICH

Responsible Person of WESTCLIFF COMPOUNDING PHARMACY

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

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

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



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

MICHAEL PAVLOVICH

Print Name of Authorized Person

3/24/21

Date

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

MAY 12 2010

ARTICLES OF INCORPORATION

OF

Professional Partners Inc.

FIRST. The name of the corporation is Professional Partners Inc.

SECOND. The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.

THIRD. The name of the corporation's initial agent for service of process in the State of California is Legalzoom.com, Inc.

FOURTH. The corporation is authorized to issue one class of shares, designated as "Common Stock", and the total number of shares of Common Stock authorized to be issued is 1,000.

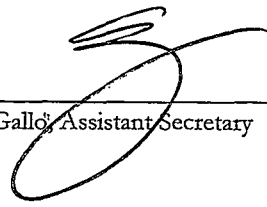
FIFTH. The personal liability of the directors of the corporation for monetary damages for breach of fiduciary duty shall be eliminated to the fullest extent permissible under California law. The corporation is authorized to indemnify its directors and officers to the fullest extent permissible under California law.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation on the date below.

Date: May 11, 2010

LegalZoom.com, Inc., Incorporator



By: 
Eileen Gallo, Assistant Secretary

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

PROFESSIONAL PARTNERS INC.

FILE NUMBER: C3296981
FORMATION DATE: 05/12/2010
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

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

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 and does not reflect documents that are pending review or other events that may affect status.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 18, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber", is written over a circular stamp.

Shirley N. Weber, Ph.D.
Secretary of State



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 Agency²⁴⁰²
Department of Consumer Affairs
Gavin Newsom, Governor



March 17, 2021

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

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: WESTCLIFF COMPOUNDING PHARMACY

License Type: PHARMACY

License Number: PHY 50599

Status: ACTIVE

Issue Date: 03/28/2011

Expiration Date: 03/01/2022

Address of Record: 1901 WESTCLIFF DR #3A NEWPORT BEACH CA 92660

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Barbera Schleicher
Individual Licensing Resource Analyst
(916) 518-3033
Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov



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

Retail Pharmacy Permit

LICENSE NO. PHY 50599
RECEIPT NO. 10130878

VALID UNTIL MARCH 01, 2022

WESTCLIFF COMPOUNDING PHARMACY
1901 WESTCLIFF DR #3A
NEWPORT BEACH CA 92660

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.

1/14/21

1/14/21 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)

BOARD OF PHARMACY

LICENSING DETAILS FOR: LSC 100822

NAME: WESTCLIFF COMPOUNDING PHARMACY
LICENSE TYPE: STERILE COMPOUNDING PHARMACY
LICENSE STATUS: CLEAR
ADDRESS
1901 WESTCLIFF DR #3A
NEWPORT BEACH CA 92660
ORANGE COUNTY

ISSUANCE DATE
JANUARY 6, 2016
EXPIRATION DATE
MARCH 1, 2022
CURRENT DATE / TIME
MARCH 1, 2021
1:49:17 PM

LICENSE RELATIONSHIPS

NAME: WESTCLIFF COMPOUNDING PHARMACY
LICENSE/REGISTRATION TYPE: PHARMACY
(COMMUNITY)
LICENSE NUMBER: 50599 **PRIMARY STATUS:**
CLEAR

ADDRESS :
1901 WESTCLIFF DR #3A
NEWPORT BEACH CA 92660
ORANGE COUNTY

*Still awaiting wall certificate
as of 3/24/21*



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

Sterile Compounding License

LICENSE NO: LSC 100822
RECEIPT NO: 00164800

VALID UNTIL MARCH 01, 2021

WESTCLIFF COMPOUNDING PHARMACY
1901 WESTCLIFF DR #3A
NEWPORT BEACH CA 92660

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.

26/20

26/20 The official status of this license can be verified at www.pharmacy.ca.gov

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

WPHLSC 09/30



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 Agency²⁴⁰⁵
Department of Consumer Affairs
Gavin Newsom, Governor



March 17, 2021

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

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: WESTCLIFF COMPOUNDING PHARMACY

License Type: STERILE COMPOUNDING

License Number: LSC 100822

Status: ACTIVE

Issue Date: 01/06/2016

Expiration Date: 03/01/2022

Address of Record: 1901 WESTCLIFF DR #3A NEWPORT BEACH CA 92660

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Anne Sodergren
Executive Officer

By

Barbera Schleicher
Individual Licensing Resource Analyst
(916) 518-3033
Barbera.Schleicher@dca.ca.gov



Visit our website at www.pharmacy.ca.gov



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



INSPECTION REPORT

Pharmacy ☒ Hospital Pharmacy ☐ Clinic ☐ Exempt Hospital ☐ Wholesaler ☐ Hypodermic ☐

Date: 1/20/2021 Inspector: Suzy Patell

Firm: WESTCLIFF COMPOUNDING PHARMACY Phone: (949) 272-0775

Address: 1901 WESTCLIFF DR #3A City: NEWPORT BEACH Zip: 92660

Ownership: CORPORATION

Permit #: LSC100822 PHY50599 Permit Exp: 3/1/2021 DEA#: FW2500432 DEA Exp: 5/31/2023

Date of Self Assessment Form: 4/19/2019 Other Permit #: N/A Date of DEA Inventory:

Hours M-F: 9am-5.30pm Hours Saturday: closed Hours Sunday: closed

PIC MICHAEL A PAVLOVICH RPH42798 Administrator

RPH Consultant

Staff RPH Name:	License #:	Staff Name:	License #:
<u>CHAD T KEARNS</u>	<u>RPH42817</u>	<u>JEYRA Z FRIAS</u>	<u>TCH64313</u>
		<u>MARISOL RIVAS</u>	<u>TCH38614</u>

Inspector Remarks:

Due to the COVID-19 Public Health Emergency, this inspection was performed remotely with data supplied by the facility. The information was reviewed by the inspector and conversations with the pharmacist-in-charge or pharmacy contact occurred as appropriate.

Retail outpatient pharmacy, with sterile compounding operations located in rooms P3 (HD cleanroom) and P2 (non HD cleanroom). Inspection conducted with PIC Michael Pavlovich. Chad Kearns RPH 42817 currently works here, per PIC. Pharmacy only compounds one preparation currently- naltrexone pellets, pursuant to a prescription (about 27 Rx's dispensed between 9/12/2020 and 11/30/2020, per report provided by PIC). A random check for patient specific Rx's performed.

Compounding self-assessments, list of CSPs received. No changes to facility in last 12 months. Inspections with applicable reports issued within the past 12 months discussed with PIC and validated 180 day BUD data reviewed for BUD justification.

ADRs: none per PIC, in the last 12 months.

Naivers: none in use currently, per PIC

Documents reviewed: 12/13/2020- 1/20/2021

Date of Inspection: 1/20/2021

Inspection Report finalized: 2/11/2021.

SC RENEWAL INSPECTION:

Compounding Area: based on facility of map, certification report and conversations with PIC, this area consists of an ISO 7 positive pressure anteroom (P1) leading to two cleanrooms- an ISO 7 negative pressure HD cleanroom (P3), with an ISO 5 3SC, vented through the ceiling; and an ISO 7 positive pressure non-HD cleanroom (P2), with an ISO 5 LFW and a negative pressure, non-sterile HD room (P4), with 1 powder hood, vented through the ceiling, for weighing.

Certification/Smoke pattern video: via Clean Room Services (CRS) on 10/15/2020

Environmental viable sampling: viable volumetric air and surface sampling-SPG method- in all ISO areas via CRS on 1/5/2020. Sampling map available.

Record Keeping Requirements:

- Master Formula/Compounding Worksheets: for lot #08312020@1, naltrexone 200mg pellet, batch yield 286 pellets, BUD 2/27/2021 reviewed with related QA documents including endotoxin, sterility and Certificate of Irradiation from



INSPECTION REPORT

Steri-Tek, dated 9/2/2020.

- Cleaning Documentation: daily, biweekly logs with use of Accel TB, sIPA, SporKlenz reviewed with PIC.
- Refrigerator/Room/Incubator Temp, Humidity, Pressure: Logs available. Continuous monitoring via data logger available.
- Training: high risk media fill w/sterilization via filtration, gloved fingertip sampling, written/math available for PIC and TCH Marisol Rivas. Observational validation of this year's hand hygiene and garbing, cleaning, gloved fingertip sampling for Miguel Melgoza Zapien provided for review.

Protective Clothing: reviewed in policy and training.

Policy and Procedures:

- Training of staff: available
- Hand hygiene and garbing: reviewed.
- Cleaning of Facilities/Equipment: reviewed and discussed with PIC
- Annual review by PIC: last documented 2/1/2020.
- Documentation used to determine BUD: naltrexone validation data up to 90 days, with additional data up to 180 days provided by PIC.
- Qualitative/Quantitative Analysis/quarantine and release: for lot# 08312020@1- endotoxin, sterility via ARL- 9/8/2020; 1 of 25 pellets weighed for theoretical weight; Steri-Tek certificate shows internal dose delivered falls within Approved Internal Dose Range.

DISCUSSION:

Please provide the following to Inspector Patell at suzy.patell@dca.ca.gov, no later than 2/12/2021:

1. Email compounding.pharmacy@dca.ca.gov (CC me) with designation of room numbers for the sterile compounding rooms. Please include a map of the facility with the rooms clearly labeled.

Licensee Remarks:

I have reviewed, discussed, understood and received a copy of this form.

Pharmacist (sign) _____

Pharmacist (print) _____

Inspector (sign) Suzy Patell 2/11/2021

Owner (sign) [Signature]

Inspector (print) SUZY PATELL

Owner (print) MIKE PANOVICH

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:

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/29/2018

Amount: \$ 515.00

License #: PH03379

WESTCLIFF COMPOUNDING PHARMACY
1901 WESTCLIFF AVE #3A
NEWPORT BEACH CA 92660

(ID Card)

 NEVADA STATE BOARD OF PHARMACY	Pharmacy
	Expires: 10/08/2021
WESTCLIFF COMPOUNDING PHARMACY 1901 WESTCLIFF AVE #3A NEWPORT BEACH CA 92660	
License # PH03379 Temporary	
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Trim ID Card to fit your wallet

Cut Here

License Type: Pharmacy

License #: PH03379

Managing Pharmacist :



Expires: 10/08/2021

STATUS: Temporary

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENSED

WESTCLIFF COMPOUNDING PHARMACY

1901 WESTCLIFF AVE #3A

NEWPORT BEACH CA 92660

NONTRANSFERABLE

POST THIS LICENSE PROMINENTLY IN A CONSPICUOUS PLACE

Reprinted: 04/08/2021.

NEVADA STATE BOARD OF PHARMACY

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

Designated Representative Application

Rev (04/22/2021)

Section 1: Pharmacy/Wholesaler Information

Name of Pharmacy/Wholesaler WESTCLIFF COMPOUNDING PHARMACY
 Physical Address 1901 WESTCLIFF DR #3A
 City NEWPORT BEACH State CA Zip 92660
 Mailing Address (if different from physical address) SAME
 City _____ State _____ Zip _____
 Telephone 949-272-0775 Website www.westcliffcompounding.com
 Licensing Company Email _____

Section 2: Personal Information

First MICHAEL Middle ANTHONY Last PYLOVICH
 Alias(es, nicknames, name changes, etc.) MIKE
 Date of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ X
 Mailing Address SAVONA WALK
 City LONG BEACH State CA Zip 90803
 Telephone _____ Email Mike@westcliffcompounding.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 W

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 UNIV OF THE PACIFIC SCHOOL OF PHARMACY		From - To (MM/YY - MM/YY) 08/86 - 05/89	
Address 751 BROOKSIDE RD	City STOCKTON	State CA	Zip 95211
Diploma/Degree obtained, if any PHARM. D. - CUM LAUDE			
School Name CAL STATE UNIV - FRESNO		From - To (MM/YY - MM/YY) 08/82 - 05/86	
Address CEDAR & SHAW AVE	City FRESNO	State CA	Zip 93710
Diploma/Degree obtained, if any NONE			
School Name REEDLEY COLLEGE		From - To (MM/YY - MM/YY) 01/82 - 05/84	
Address REED AVE	City REEDLEY	State CA	Zip 93654
Diploma/Degree obtained, if any NONE			
School Name SELMA HS		From - To (MM/YY - MM/YY) 09/89 - 06/82	
Address 3125 WRIGHT ST	City SELMA	State CA	Zip 93662
Diploma/Degree obtained, if any HS DIPLOMA			
School Name REEDLEY HS		From - To (MM/YY - MM/YY) 09/78 - 06/79	
Address	City REEDLEY	State CA	Zip 93654
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) 09/98 - 08/21	Address [REDACTED] SAVANA WALK	City LONG BEACH	State CA	Zip: 90803
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 WESTCLIFF COMPOUNDING PHARMACY		From - To (MM/YY - MM/YY) 04/11 - 08/21	
Business Address 1901 WESTCLIFF DR #3A		City NEWPORT BEACH	State CA
Phone 949-272-0785	Title 	Number of Employed Hours 20000+	
Description of Duties PHARMACEUTIST IN CHARGE - RESPONSIBLE FOR DAILY OPERATIONS, PERSONNEL, INVENTORY MANAGEMENT			

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 h

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 manufacture 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

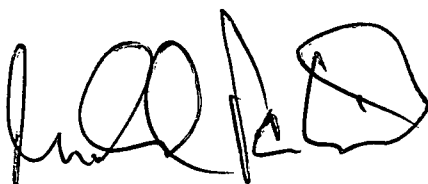
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 1. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
9/82	?	CA	Selma	Fresno
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
?	Selma Municipal Court			
Reason/Charge				
Minor under the influence of alcohol				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Michael Pavlovich			N/A	
Name of Business/Industry/Entity				
?				

Provide explanation below:

I was arrested for being under the influence of alcohol in public. At the time I was 18 years old. I attended a program as remediation shortly thereafter. The details are no longer crisp since it has been such a long time since the occurrence. The offense was resolved without going to court.



Original Signature (electronic, copies or stamps not accepted)

8/2/21

Date

Applicant's initials



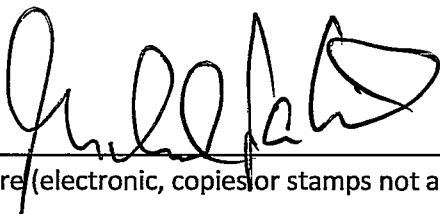
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 1. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
11/84	?	CA	Fresno	Fresno
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
?	Fresno Municipal Court			
Reason/Charge				
Minor in possession of alcohol				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Michael Pavlovich			N/A	
Name of Business/Industry/Entity				
California State University - Fresno				

Provide explanation below:

I was cited and pled nolo contendere for simply holding my friend's beer while standing in the concession line at a football game. She asked me to hold the beer while she returned her wallet to her purse. The officer was with campus security. I was 20 years old.



Original Signature (electronic, copies or stamps not accepted)

8/2/21

Date

Applicant's initials

MP 7

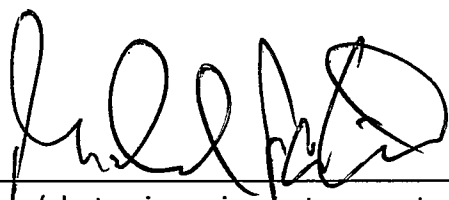
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # 4, 5. Provide all the following where applicable:

Date of Event/Arrest	Disposition Date	State	City	County
10/21/14		CA	Irvine	Orange
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
30-2013-0063007-CUMMCJC	Superior Court of the State of California - County of Orange			
Reason/Charge				
Plaintiff alleged we contributed to his decades long history of drug abuse				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Rivas, et al/Pavlovich, Westcliff Compounding Phy, et al			Lawsuit	
Name of Business/Industry/Entity				

Provide explanation below:

I was among several defendants who were sued by a mother and her son for contributing to his long-standing history of drug abuse. He had been served by the pharmacy occasionally on about 6 visits over the period of a year. He was under pain management with a local physician. He sued several pharmacies, including mine, and the PIC at each location. His attorney had just won a similar case in another county and had solicited for patients in the area to file similar complaints. The plaintiff had numerous rehabilitation failures and had expressed suicidal tendencies that occurred long before he had visited our pharmacy. The lawsuit was frivolous and was settled for <\$3000. The plaintiff's attorney had personally been arrested for drug-related offenses - under the influence and possession with the intent to distribute.



Original Signature (electronic, copies or stamps not accepted)

8/2/21

Date

Applicant's initials

W

1084734

CERTIFIED ORIGINAL

SUPERIOR COURT OF THE STATE OF CALIFORNIA,

FOR THE COUNTY OF ORANGE

LAURIE RIVAS; JOSEPH RIVAS;	)	
CHARLES HUGGARD; VERA HUGGARD,	)	
Plaintiffs,	)	
v	)	No. 30-2013-
JOHN FRANCIS PETRAGLIA, M.D.;	)	00663007-CU-MMCJC
HSUI-YING LISA TSENG, D.O.;	)	
COLLEEN MARIE GALVIN, P.A.;	)	
WHITE FRONT DRUG AND DISCOUNT,	)	
BLAKE LIEM VO, R.P.H.; WESTCLIFF	)	
COMPOUNDING PHARMACY; MICHAEL	)	
ANTHONY PAVLOVICH, R.P.H.; HILL	)	
PHARMACY; KYUSANG LEE, R.P.H.;	)	
RITE AID PHARMACY No. 5733;	)	
JAMES HUNG NGUYEN, R.P.H.; and	)	
DOES 1 to 100, Inclusive,	)	
Defendants.	)	

DEPOSITION OF MICHAEL A. PAVLOVICH, R.Ph.

Tuesday, October 21, 2014
Irvine, California

REPORTED BY: Katherine Henry-Sexton, CSR No. 13662

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
5/20/13	11/4/13	CO	Denver	
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
2013-575	Colorado State Board of Pharmacy			
Reason/Charge				
Distribution of prescription drugs without prescription orders				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Westcliff Compounding Pharmacy			Citation	
Name of Business/Industry/Entity				
Colorado State Board of Pharmacy				

Provide explanation below:

In late 2012 on the heels of the NECC debacle, the CO Board of Pharmacy requested an affidavit that attested we were not sending "office use" compounds into their state. We supplied the affidavit well within the time limit (with proof of receipt) and were subsequently informed that it had not been received and we would now have to supply ALL dispensing history into CO. We did so, and were then cited for distributing prescription goods with prescription orders. In reality, we had packaged and sold prescription goods to a licensed physician for dispensing/administration to her own patients in office and had recorded them using serial numbered labels for easy tracking. None of these were dispensed for profit and none were controlled substances. We provided less than 5% of the total doses dispensed by the pharmacy that year. They considered it wholesaling without a permit. The original fine was reduced to \$6000, which we paid. We subsequently did not renew our permit. I consider it an egregious failure of clerical duty on the part of the CO Board of Pharmacy. We could have chosen to relegate our permit when the demand for information beyond the original affidavit arrived but complied with the demands anyway. I still do not believe we did anything disallowed by regulation.



Original Signature (electronic, copies or stamps not accepted)

8/2/21

Date

Applicant's initials





Dora

Department of Regulatory Agencies

**Division of Professions
and Occupations**
Lauren Larson
Division Director

State Board of Pharmacy
Ronne Hines
Deputy Director for Healthcare

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

November 4, 2013

Westcliff Compounding Pharmacy
Attn: Mike Pavlovich
1901 Westcliff Drive, Suite 3 A
Newport Beach, CA 92660

RE: Westcliff Compounding Pharmacy, OSP 5969 and Case 2013-575

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE NON
RESIDENT PRESCRIPTION DRUG OUTLET REGISTRATION OF WESTCLIFF
COMPOUNDING PHARMACY OSP 5969,

Dear Mr. Pavlovich:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective November 4, 2013.

Please note that pursuant to section 12 – Discharge – Discharge from the requirements of the FAO must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

cc: John Paul Baer, Attorney for Respondent Pharmacy
File

1560 Broadway, Suite 1350
Fax 303.894.7692

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711



BEFORE THE STATE BOARD OF PHARMACY**STATE OF COLORADO****Case No. 2013-575**

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 WESTCLIFF COMPOUNDING PHARMACY, REGISTRATION NO. OSP 5969,

Respondent Pharmacy .

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Westcliff Compounding Pharmacy ("Respondent Pharmacy") to resolve all matters pertaining to Board Case Number 2013-575, 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 provisions of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2012).
2. Respondent Pharmacy was originally registered in the State of Colorado on or about July 11, 2011, being issued registration # OSP 5969, 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 1901 Westcliff Drive, Suite 3 A, Newport Beach, California 92660.
4. Respondent Pharmacy admits these findings and hereby waives any further proof in this or any other proceeding before the Board regarding the following facts.
5. Between March 1, 2011 and March 1, 2013, Respondent Pharmacy distributed 909 prescription drugs into Colorado without prescription orders.
6. Respondent Pharmacy admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and provides grounds for disciplinary action against Respondent Pharmacy's Colorado registration as a prescription drug outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this Article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-124. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that the applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

12-42.5-130. Nonresident prescription drug outlet--registration

(2) The registration requirements of this section apply only to a nonresident prescription drug outlet that only ships, mails, or delivers, in any manner, drugs and devices into this state pursuant to a prescription order.

12-42.5-303. Wholesaler license requirements

(1)(a) A wholesaler that resides in this state must be licensed by the board. A wholesaler that does not reside in this state must be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-42.5-304, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rule-making by the board.

7. The Board finds and concludes, and Respondent Pharmacy agrees, that based upon Respondent Pharmacy's above-described violations of the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances.

DISPOSITION

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(I), C.R.S., Respondent Pharmacy shall pay a fine of Six Thousand Dollars and No Cents (\$6,000.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Six Thousand Six Hundred Dollars and No Cents (\$6,600.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
9. **Compliance.** Respondent Pharmacy shall only dispense and deliver prescriptions into Colorado pursuant to valid, patient-specific prescription orders.
10. **Other Requirements.** Through its undersigned Authorized Representative, Respondent Pharmacy acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Pharmacy shall:
 - a. promptly pay all its own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.
11. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.

12. **Discharge.** Discharge from the requirements of this Final Agency Order must be requested in writing by Respondent Pharmacy. The Board will consider any request for discharge during the ordinary course of business and may require independent verification prior to release. In any request for discharge it shall be Respondent Pharmacy's sole responsibility to establish, through written and other documentation, that Respondent Pharmacy has met all terms and conditions of this Final Agency Order. Respondent Pharmacy's probation shall continue until formally discharged by the Board or its designated authority.
13. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
 - d. To appeal this Board order.
- Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.
14. **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.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.

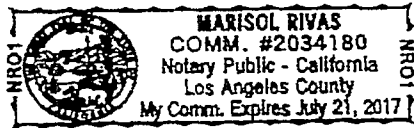
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Pharmacy at Respondent Pharmacy's address of record with the Board, or (b) service by electronic means on Respondent Pharmacy. Respondent Pharmacy hereby consents to service by electronic means if Respondent Pharmacy has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Pharmacy

[Signature] P-I-C Dated: 10/8/13
 Authorized Representative / Title

Subscribed and sworn to before me in the County of ORANGE,
 State of CALIFORNIA, this 8th day of OCTOBER, 2013
 by MICHAEL A. PAVLOVICH, in his/her capacity
 as an authorized agent of Westcliff Compounding Pharmacy.



[Signature]
 Notary Public

My commission expires: 7/21/17

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 4th day of November, 2013.

State Board of Pharmacy

BY: Chris Gassen

Chris Gassen

Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 4th day of November, 2013, addressed as follows:

Westcliff Compounding Pharmacy
Attn: Mike Pavlovich
1901 Westcliff Drive, Suite 3 A
Newport Beach, CA 92660

John Paul Baer, PharmD, JD
Baer Law Firm, LLC
25521 E. Smoky Hill Road, Suite 120
Aurora, CO 80016
Email: john@baerlaw.com


Agent of the Board

CALIFORNIA PHARMACY LAWYERS

Law Office of Tony J Park, Inc.

June 18, 2013

Laurie Rose
Office of Expedited Settlement
1560 Broadway, Ste. 1350
Denver, CO 80202
Lauri.Rose@state.co.us
(303) 894-7723

Re: Colorado Board of Pharmacy; Complaint No. 2013-575
Westcliff Compounding Pharmacy
Mike Pavlovich
1901 Westcliff Dr., Ste. 3A
Newport Beach, CA 92660

Dear Ms. Rose:

This law firm has been retained by Westcliff Compounding Pharmacy and Mike Pavlovich ("the Pharmacy") to assist in responding to your Expedited Settlement letter dated June 13, 2013 ("the Letter"). Please include this office in any future correspondence regarding this matter.

While we appreciate your offer for an expedited settlement process, we believe there is no cause, preponderance nor probable, to reasonably believe the Pharmacy violated any laws. Rather, it appears a good faith effort by the Pharmacy to fully disclose all of its activities to the Board, perhaps coupled with clerical/semantic mishaps and lack of communication, may have been inappropriately used by the Board to arrive at its legal conclusion that the Pharmacy acted unlawfully. For the reasons below, we respectfully and urgently ask that you and the Board reconsider the allegations against the Pharmacy and drop the matter altogether.

The single factual basis for the entire allegation in the Letter is "the Board found that between March 1, 2011 and March 1, 2013 the pharmacy distributed 909 prescription drugs into Colorado without prescription orders." To then reach the legal conclusion that the Pharmacy violated any laws and order that the Pharmacy pay nearly \$1,000,000 without at least an informal opportunity to discuss the matter and resolve misunderstandings, is not only arbitrary and capricious, but fails to offer even the most rudimentary procedural due process.

In fact, the Pharmacy was engaged in no more than the lawful practice of providing medications to licensed practitioners for administration to their patients.

Article 42.5 of the Colorado Revised Statutes (2012), § 12-42.5-102(42)(b) states that "[w]holesale distribution' does not include: (VI) The sale of minimal quantities of prescription drugs by retail pharmacies to licensed practitioners for office use. . ." Given the lack of definition of what constitutes "minimal quantities," we should look to the bright line rule offered within § 12-42.5-118(6)(b): "The rules must limit the amount of drugs a pharmacist may compound to no more than ten percent of the total number of drug dosage units dispensed and distributed on an annual basis by the outlet." Because the Pharmacy has always operated well below this threshold, and because all prescription drugs were sold exclusively to licensed practitioners for administration to their own patients, and not for resale, we believe the

6789 QUAIL HILL PARKWAY, SUITE 405, IRVINE, CA 92603

TOLL FREE: (866) 797-7686

DIRECT: (805) 259-3341

FAX: (949) 336-2314

EMAIL: TPark@CAPharmacyLaw.com

Pharmacy has followed all laws and regulations.

It should further be noted that none of the merchandise transferred to the licensed physician were controlled substances, nor considered drugs for diversion. The vast majority were antibiotic, or non-steroidal anti-inflammatory in nature, intended for acute administration only.

My client has made diligent, good faith efforts to operate in Colorado in an open and transparent manner, and will continue to do so. We firmly believe the Pharmacy acted lawfully at all times, and we urgently request that you reconsider this matter and ultimately dismiss it.

I look forward to your prompt response. I am available for further discussion - please email and/or call me at your convenience.

Sincerely,

Tony J. Park, Pharm.D., J.D.,
Attorney At Law
Direct: 805-259-3341
tpark@capharmacylaw.com

CALIFORNIA PHARMACY LAWYERS LAW FIRM

Law Office of Tony J. Park, Inc.

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August 10, 2013

Office of Expedited Settlement
ATTN: Lauri Rose
1560 Broadway, Ste. 1350
Denver, CO 80202
Lauri.Rose@state.co.us
303-894-7723

RE: Case 2013-575 against Westcliff Compounding Pharmacy (OSP 5969)

Dear Ms. Rose:

As per our Wednesday, August 7, 2013, telephone conversation, Mike Pavlovich, PharmD, owner and pharmacist in charge (PIC) of Westcliff Compounding Pharmacy (Westcliff), has retained Baer Law Firm as Colorado legal counsel to assist in responding to Colorado State Board of Pharmacy (Board) Complaint No. 2013-575. On behalf of Westcliff and Dr. Pavlovich, I would like to thank you for your assistance on this matter as I understand Dr. Pavlovich, through a California attorney, Dr. Tony Park, has already submitted a response and/or counteroffer to the Board that was ultimately denied. It is my intention to quickly and concisely respond to the Board's stipulation and fine of \$999,900. I would also like to thank the Board for allowing Dr. Pavlovich to submit an additional response and propose a new counteroffer that may be more acceptable to the Board. Finally, we believe there is a crucial document, my client's signed and dated affidavit, that was inadvertently lost or misplaced prior to January 17, 2013. We are asking the Board to review the following facts and documents as the disappearance of my client's affidavit after its timely January 10, 2013, submission resulted in my client having to turn over confidential prescription records and face a potential fine of nearly one million dollars.

To begin, I would like the Board to take note that the "Colorado.gov" online calendar lists the final 'agenda deadline submission' for the September 2013 Colorado State Board of Pharmacy Meeting as Monday, August 26, 2013. Please see attached "Exhibit A." However, in speaking to you, I was informed that the actual deadline for submission is Friday, August 16, 2013. The reason for the change in submission deadline is unclear and may be a moot point, but as my client is faced with a nearly one million dollar fine, an extra ten days is crucial with regards to document collection and review and in drafting a persuasive Board response. In addition, if a practitioner was solely relying on the "Colorado.gov" online calendar for information, a crucial

deadline could have easily been missed. Ultimately, as we are all aware, names, dates, times and time frames for document submission are crucial in the real world, and many times critical in the legal field.

In conclusion, I hope the Board will take note of the fact that an additional ten days was not afforded to my client in responding to the Boards stipulation and fine. We hope this discrepancy can be addressed in the future so all parties are well informed as to agenda deadline submissions.

Westcliff Pharmacy and Dr. Mike Pavlovich

As a background, Dr. Pavlovich has been the PIC of Westcliff since 2011 and has over 24 years of pharmacist experience. His name appears on the June 14, 2011, Colorado application for registration – non-resident prescription drug outlet (OSP). Dr. Pavlovich remains very active in the pharmacy profession in a variety of roles. He is an adjunct clinical professor at numerous schools of pharmacy and continues to educate pharmacists and pharmacy students on a variety of compounding issues including, but not limited to: elegant preparation of dosage forms, specialized equipment, product acquisition, drug information, sterile and non-sterile techniques and relevant regulation.

At Westcliff, Dr. Pavlovich specializes in compounding, sports medicine and chronic pain management. He has worked as a volunteer pharmacist for Team USA, where he coordinated packaging and delivery of all pharmaceuticals utilized by the United States Olympic Committee Medical Staff and athletes during the 2008 Summer Olympic Games in Beijing, China. Dr. Pavlovich continues to work closely with the USOC and numerous National Governing Boards of elite level and professional sports. He has consulted for all major professional sports leagues, including the National Football League, Major League Baseball, the National Hockey League and National Basketball Association. His role as pharmacist is to assist the team medical staffs with their pharmaceutical needs, develop formularies, and to ensure the teams are in full regulatory compliance. Dr. Pavlovich also regularly consults with the National Association of Boards of Pharmacy, the Food and Drug Administration, the Drug Enforcement Agency and other state and federal government agencies, including state boards of pharmacy, to proactively address pharmacy compliance issues. Finally, Dr. Pavlovich received the American Pharmacists Association Academy of Pharmacy Practice and Management Distinguished Achievement Award in Specialized Pharmacy Practice, which recognizes the achievements of an individual who has made a significant contribution or sustained contributions to the provisions of pharmaceutical care within specialized pharmacy practice.

All In all, Dr. Pavlovich is the consummate pharmacy professional. He takes enormous pride in being a proactive member of the pharmacy profession. He embraces every chance to educate current pharmacists, future pharmacists, physicians and patients on the changing pharmacy profession and strives to achieve excellence and perfection in the area of compounding.

Dr. Pavlovich is requesting that the Board thoroughly review the facts presented in this Board response as there appear to be a major clerical error or omission that should be strongly considered prior to having Dr. Pavlovich sign any Board stipulation or agree to any Board fine.

Dr. Pavlovich submits and respectfully requests that the Board consider the facts as follows:

FACTS OF CASE 2013 – 575 WESTCLIFF COMPOUNDING PHARMACY

OCTOBER and NOVEMBER 2012

In October 2012, an outbreak of fungal meningitis was reported in the United States. The United States Centers for Disease Control and Prevention traced the outbreak to fungal contamination to medication that was packaged by the New England Compounding Center (NECC). This horrific incident brought national attention to compounding pharmacies, the sterility and regulation of compounded products and the potential risks associated with compounded medications. In response, the National Association of Boards of Pharmacy (NABP) launched a nationwide program to identify and inspect compounding pharmacies as it was determined that many states (1) did not know which pharmacies engaged in compounding, (2) did not know whether pharmacies shipped compounded medications across state lines, and (3) did not know which pharmacies manufactured large quantities of compounded medications. Around the same time, the United States House of Representatives and United States Senate began analyzing the regulatory issues associated with compounding pharmacies and are working on the Pharmaceutical Quality, Security and Accountability Act.

DECEMBER 2012

In December mid-late 2012, the Board reached out to all of the nonresident pharmacies registered in Colorado and reiterated that nonresident pharmacies may not distribute prescription drugs into Colorado. Please see attached "Exhibit B". The Board noted that Colorado law only allows nonresident pharmacies to dispense a prescription for a patient and ship that furnished prescription to Colorado and that nonresident pharmacies may not distribute drugs, compounded or otherwise, into Colorado. Furthermore, each nonresident pharmacy was informed that if a pharmacy wishes to distribute drugs into Colorado, the nonresident pharmacy must register as a wholesaler in its state of residence and then obtain a registration in Colorado as an Out-of-State Wholesaler. Finally, the Board directed each nonresident pharmacy to sign an affidavit to confirm that the nonresident pharmacy is aware of Colorado law and that the nonresident pharmacy will not be distributing drugs into Colorado in violation of Colorado law. Per the Board's request, the affidavits were to be signed and returned to the Board at their letterhead address or emailed to DORA_pharmacyboard@state.co.us no later than January 17, 2013.

Dr. Pavlovich received this letter on or about December 30, 2012.

JANUARY 2013

On January 10, 2013 at 15:18, Dr. Pavlovich signed and dated the affidavit ("**Exhibit C**") and scanned in a copy to his computer. The scanned document was titled: **IMG20130110_15182322**, reflecting the date (1/10/2013 and time, 15:18). Moments later, Dr. Pavlovich, uploaded his signed and dated affidavit to the Westcliff's public email account, info@westcliffcompounding.com. Moments later at 15:20 on Thursday, January, 10, 2013, Dr. Pavlovich emailed the attached affidavit to the appropriate email as requested by the Board: DORA_pharmacyboard@state.co.us.

Dr. Pavlovich timely responded to the Board's request a full week in advance. Dr. Pavlovich received no formal confirmation response or receipt from the Board, nor did he receive any return email from the Board indicating that his email was addressed incorrectly or got bounced back.

Ultimately, Dr. Pavlovich reasonably determined that his email was sent appropriately and delivered to the Board as no facts indicated otherwise. Therefore, Dr. Pavlovich's email and the attached affidavit should be deemed delivered and accepted by the Board.

MARCH 2013.

On March 5, 2013, the Board contacted Westcliff ("**Exhibit D**") stating that since the affidavit was not received by the Board by its January 17, 2013, deadline, the Board initiated a complaint against Westcliff for failing to comply with the December 18, 2012, request. The Board requested a record detailing the dispensation and/or distribution of all prescription drugs and controlled substances from Westcliff to the State of Colorado between March 1, 2011 through March 1, 2013.

After receiving the Board's letter and learning, for the first time, that his affidavit was not received, Mr. Pavlovich immediately contacted the Board, but was only informed that the Board did not receive his affidavit and would not accept the original affidavit at that time, and he would have to submit the requested documentation. No other offers to explore the incident were offered and his requests were essentially ignored.

On March 21, 2013, at 11:00am, Dr. Pavlovich responded via email to Board representative, Jean Rowcliffe ("**Exhibit E**"). In this email Dr. Pavlovich also noted how "thoroughly surprised" he was that Ms. Rowcliffe or the Board's office "did not receive the document" that he "had faxed to your attention on January 10th." This March 2013 email was deemed delivered and accepted by the Board after sending as no other facts indicated otherwise.

On March 22, 2013, at 9:51 am PDT, Ms. Rowcliffe emailed Dr. Pavlovich back that she had received the requested Westcliff prescription documentation.

JUNE 2013

On June 13, 2013, the Board indicated that the Board had reviewed the prescription data that was submitted in March 2013 and found reasonable cause that Westcliff violated sections 12-42.5-123(1)(c) and (k), 12-42.5-130(2) and 12-42.5-303(1)(a), C.R.S. Based on its findings, the Board determined that Westcliff distributed 909 prescription drugs into Colorado without prescription orders and fined Westcliff in the amount of \$909,000 (\$1,000 for each occurrence) plus the statutorily mandated surcharge of 10% for a total fine of \$999,900.

On June 19, 2013, California Attorney, Tony Park, then representing Westcliff and Dr. Pavlovich, responded to the Board's June 13, 2013, Expedited Settlement letter in time for the matter to be heard at the July 2013 Board Meeting.

JULY 2013

On July 25, 2013, Attorney Park was informed by you via email that the Board rejected his counteroffer as the referenced statutes in Mr. Park's response were not applicable in this case. Mr. Park was informed that Westcliff could ("Exhibit F"):

1. Accept the Board's settlement offer of \$999,900; or
2. Relinquish its nonresident pharmacy registration in lieu of paying the fine (although this would still be considered a discipline); or
3. Propose another resolution

AUGUST 2013

Dr. Pavlovich decided he would best be served by retaining an attorney with greater experience in Colorado and contacted Baer Law Firm to inquire about Colorado specific pharmacy laws as related to his present case.

WESTCLIFF REQUEST FOR RELIEF

The facts of the Westcliff case, i.e. the error related to the missing Westcliff affidavit, need to be fully inspected, analyzed and addressed prior to finalizing any stipulation and fine against Westcliff.

Therefore, Dr. Pavlovich respectfully requests that the Board take all the referenced facts into consideration, especially all matters related to the emailed affidavit submission from January 10, 2013. The facts and attached "**Exhibit B**" show that Dr. Pavlovich responded to the Board's request in a timely fashion and well before the January 17, 2013, Board deadline. In addition, his March 2013 email response to Ms. Rowcliffe reference him submitting the January 10, 2013, affidavit.

Being that Dr. Pavlovich responded to the affidavit in a timely manner. Westcliff:

1. Should not have received the Board's March 5, 2013 letter;
2. A formal complaint should not have been initiated against Westcliff;
3. Westcliff should not have had to turn over all of its confidential prescription information;
4. Westcliff should not have been fined.

This obviously is an unfortunate situation where there appears to be a critical clerical, documentation, communication and/or procedural error that must be addressed as the resulting fine due to the Board not receiving Dr. Pavlovich's application resulted in a nearly one million dollar fine.

While there appear to be no Article 42.5 sections that could readily resolve this issue, one may have to look closely at Universal Commercial Code (UCC) and how the UCC addresses receipt and deliver of emails.

All in all, Dr. Pavlovich is requesting that Westcliff be treated like every other nonresident pharmacy that timely submitted their signed affidavits. It is our understanding that Board initiated complaints and later fines if applicable to only those pharmacies that did not return the requested affidavits in a timely fashion. As stated previously, the facts clearly show Dr. Pavlovich submitted the affidavit in a timely fashion and it remains unclear if the Board has had other issues with the electronic submission, i.e. email, or if the Board has also issued fines against other nonresident pharmacies that timely submitted their affidavits.

Now as the result of a clerical error of monumental proportions, Dr. Pavlovich's confidential list of prescriptions has been thoroughly reviewed by the Board and whether the Board determines the aforementioned facts to be relevant or not, Dr. Pavlovich wishes to address and correct the present situation. Dr. Pavlovich acknowledges and thanks the Board for bringing the critical Board issue(s) to his attention and strives to promptly correct his practice of sending non-patient specific prescriptions into the State of Colorado. He is fully aware and acknowledges that Westcliff will only dispense/deliver prescription drugs or controlled substances into Colorado pursuant ONLY to valid, patient specific prescription orders, as clearly stated in the updated Non-Resident Prescription Drug Outlet (OSP) application from December 2012. As legal counsel, I have also reviewed the Colorado Pharmacy Rules and Regulations (3 CCR 719-1), specifically 3.00.20, which states: **"The pharmacist may not dispense a prescription drug or a controlled substance to a practitioner based on an order that does not list a specific patient. A prescription order for 'office use' is not a valid order."**

WESTCLIFF COUNTEROFFER / PROPOSALS FOR RELIEF

Dr. Pavlovich's intent has always been to follow Colorado pharmacy laws and always be in full compliance with all applicable laws, not only in Colorado, but in each state where Westcliff is registered as a nonresident pharmacy. Dr. Pavlovich takes the actions of the Board very seriously and acknowledges that his

past pharmacy practices are not in-line with current Colorado pharmacy laws. Dr. Pavlovich would also like to ensure the Board that since Westcliff's initial licensure, no controlled substances have been shipped to Colorado and Westcliff has been in full compliance with Colorado's Prescription Drug Monitoring Program's regulations and requirements.

As such, Dr. Pavlovich respectfully requests the Board consider the following proposals:

1. That the Board reduce its fine against Westcliff to the amount of **zero dollars** as Westcliff has been full and forthright in its dealings with the Board, even in instances where such dealings may not have been warranted. The Board will issue a **confidential letter of concern** and Dr. Pavlovich as PIC will accept the confidential letter of concern and immediately correct his nonresident pharmacy practices to fully comply with the Colorado laws in that all prescription drugs and controlled substances shipped into Colorado by nonresident pharmacies be pursuant to valid, patient-specific prescription orders.

Under the terms of this agreement, Dr. Pavlovich agrees to submit biannual or quarterly, or at reasonable time decided upon by the Board, dispensation and/or distribution records of all prescription drugs and controlled substances to the State of Colorado for a period of two years starting October 1, 2013 and ending September 30, 2015. Dr Pavlovich acknowledges the disciplinary actions under 12-42.5-125, specifically 12-42.5-124(5)(a) and understands that future violations and/or penalties may be more severe.

In the alternative, if the Board deems the above proposal to be unacceptable, Dr. Pavlovich respectfully requests the Board consider the following:

2. That the Board reduce its fine against Westcliff to the amount of **zero dollars** as Westcliff has been full and forthright in its dealings with the Board, even in instances where such dealings may not have been warranted. The Board will issue a **letter of admonition** and Westcliff and Dr. Pavlovich will accept the letter of admonition and immediately correct his nonresident pharmacy practices to fully comply with the Colorado laws in that all prescription drugs and controlled substances shipped into Colorado by nonresident pharmacies be pursuant to valid, patient-specific prescription orders.

Under the terms of this agreement, Dr. Pavlovich agrees to submit biannual or quarterly, or at reasonable time decided upon by the Board, dispensation and/or distribution records of all prescription drugs and controlled substances to the State of Colorado for a period of two years starting October 1, 2013 and ending September 30, 2015. Dr Pavlovich acknowledges

the disciplinary actions under 12-42.5-125, specifically 12-42.5-124(5)(a) and understands that future violations and/or penalties may be more severe.

In the alternative, if the Board deems the above proposal to be unacceptable, Dr. Pavlovich respectfully requests the Board consider the following:

3. Westcliff agrees to relinquish its Colorado nonresident pharmacy license (OSP 5969) in lieu of paying the Board's fine of \$999,900 as even the request for reduction of the fine per statute to \$500.00 per occurrence, resulting in a fine of \$499,950, is quite unreasonable in this case where an obvious Board clerical error or omission resulted in the Board's request for confidential and private prescription data of United States Olympic athletes.

Again, on behalf of Dr. Pavlovich, we would like to thank you for taking the time to thoroughly review the facts of the case. We believe we have presented all the facts needed for the Board to make an educated decision.

Sincerely,

John Paul Baer, PharmD, JD

BAER LAW FIRM, LLC
Email: | john@baerlaw.com
Office | 720-222-1276
Web | www.baerlaw.com

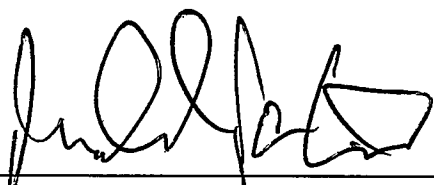
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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
10/6/15	1/8/16	HI	Honolulu	Oahu
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
PHA 2015-40-I	Hawaii State Board of Pharmacy			
Reason/Charge				
Distribution of prescription drugs without prescription orders				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Westcliff Compounding Pharmacy			Citation	
Name of Business/Industry/Entity				
Hawaii State Board of Pharmacy				

Provide explanation below:

Basically, the State of Hawaii piling on using "sister state" regulation to cite us for the discipline that occurred in Colorado. Despite being licensed in Hawaii for four years, we never sent a single prescription there. No drugs were ever shipped, no patient injuries ever occurred and no complaints were ever made against us. The information pertaining to the Colorado citation was included with our first renewal and was several days late in reaching the Board's attention, although it was disclosed roughly 45 days after the stipulation in Colorado was finalized. It took almost 22 months for the Hawaii Board to issue a disciplinary action after we had disclosed it.



Original Signature (electronic, copies or stamps not accepted)

8/2/21

Date

Applicant's initials

W 7

DARIA A. LOY-GOTO 6175
 JOHN T. HASSLER 5311
 Regulated Industries Complaints Office
 Department of Commerce and Consumer Affairs
 State of Hawaii
 Leiopapa A Kamehameha Building
 235 South Beretania Street, Suite 900
 Honolulu, Hawaii 96813
 Telephone: 586-2660

2016 JAN 11 P 1:48

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 2015-40-L
)
 PROFESSIONAL PARTNERS, INC.,) SETTLEMENT AGREEMENT PRIOR TO
 DBA WESTCLIFF COMPOUNDING) FILING OF PETITION FOR DISCIPLINARY
 PHARMACY,) ACTION AND BOARD'S FINAL ORDER
) EXHIBIT "I"
 Respondent.)

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, and Respondent PROFESSIONAL PARTNERS, INC., DBA
 WESTCLIFF COMPOUNDING PHARMACY (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 licensed by the BOARD OF
 PHARMACY (hereinafter the "Board") as a miscellaneous permit holder under permit number
 ✓ PMP 869. The permit was issued on or about August 5, 2013. The permit will expire or forfeit
 on or about December 31, 2015. 2017 (renewed) ✓

2. Respondent's mailing address for purposes of this action is 1901 Westcliff Drive,
 Suite 3A, Newport Beach, California 92660. *PLMS address*

I HEREBY CERTIFY THAT THE ATTACHED
 IS A TRUE AND CORRECT COPY OF THE
 ORIGINAL ON FILE IN THE DEPARTMENT
 OF COMMERCE & CONSUMER AFFAIRS.

Carli Foy

3. On or about December 17, 2013, Respondent submitted a renewal application indicating disciplinary action had been taken against Respondent in Colorado.

4. Respondent attached a copy of a November 4, 2013 Stipulation and Final Agency Order with the Colorado State Board of Pharmacy in In the Matter of Disciplinary Proceedings Regarding the Non-Resident Prescription Drug Outlet Registration In the State of Colorado of Westcliff Compounding Pharmacy, Registration No. OSP 5969, (Case No. 2013- 575) (hereinafter "the Colorado Order") (Exhibit "1").

5. The Colorado Order alleged Respondent distributed prescription drugs in Colorado without prescription orders in violation of Colorado licensing laws, and assessed a fine.

6. RICO alleges that disciplinary action was taken against Respondent by the State of Colorado and that Respondent failed to timely report the action.

7. Respondent provided written notice to the Board of the Colorado Order in letter received by the Board on or about December 23, 2013, which is approximately 49 days after the effective date of the Colorado Order.

8. The foregoing allegations, if proven at an administrative hearing before the Board, would constitute violations of Hawaii Revised Statutes ("HRS") § 436B-19(13) (disciplinary action by another state) and § 436B-19(15) (failure to report).

9. 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 licensed as a miscellaneous permit holder by the Board acknowledges that Respondent is subject to penalties including but not limited to, revocation, suspension or limitation of the permit and administrative fines, if the foregoing allegations are proven at hearing.

5. Respondent represents that while Respondent vehemently disagreed with the decision reflected in the Colorado Order, Respondent chose to pay the fine rather than surrender Respondent's permit or spend untold monies hiring a defense. Respondent represents that the essence of the citation was that the Colorado Board demanded information from Respondent regarding "office use" compounds to Colorado licentiates. Although Respondent believes that it supplied this information well before its deadline, Respondent feels that Respondent was compelled to comply. Respondent believes that Respondent was engaged in no more than the lawful practice of providing FDA-approved medications to licensed practitioners for administration to their patients, and not for resale. Respondent asserts that none of the merchandise transferred to the licensed physician were controlled substances, nor considered drugs for diversion. The vast majority were either antibiotics or NSAIDs, or intended for acute administration only.

6. Respondent represents that with respect to the subject matter of the Colorado Order, there was no intent to willingly subvert the law. An honest mistake was made, and Respondent pledges such a mistake will never again be made. Respondent represents that no harm to any individual was incurred.

7. Respondent represents Exhibit "1" is a true and correct copy of the Colorado Order.

8. Respondent asserts that it disclosed the Colorado Order to the Board when Respondent completed its renewal application, dated December 17, 2013, 43 days after the issuance of the Colorado Order.

9. 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.

10. 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.

11. 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.

12. Respondent agrees that this Settlement Agreement is intended to resolve the issues raised in RICO's investigation in RICO No. PHA 2015-40-L.

13. 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 a fine in the amount of ONE THOUSAND AND NO/100 DOLLARS (\$1,000.00). 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 of the fine 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 permit shall be automatically revoked upon RICO's filing of an affidavit with the Board attesting to such failure. In case of such revocation, Respondent shall turn in all indicia of the permit to the Executive Officer of the Board within ten (10) days after receipt of notice of the revocation. In case of such revocation, Respondent understands Respondent cannot apply for a new permit until the expiration of at least five (5) years after the effective date of the revocation. Respondent understands that if Respondent desires to become permitted again, Respondent must apply to the Board for a new permit pursuant to and subject to HRS §§ 92-17, 436B-21, and all other applicable laws and rules in effect at the time.

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.

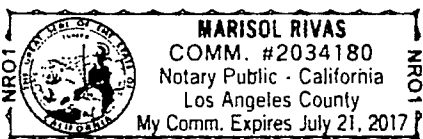
6. Any Ambiguities Shall be Construed to Protect the Consuming Public. It is agreed that any ambiguity in this Settlement Agreement is to be read in the manner that most completely protects the interests of the consuming public.

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.

STATE OF CALIFORNIA)
) SS.
 COUNTY OF ORANGE)

On this 12 day of DECEMBER, 2015, before me personally appeared
MIKE PAVLOVICH, to me known to be the person described, and who executed
 the foregoing instrument on behalf of PROFESSIONAL PARTNERS, INC., DBA WESTCLIFF
 COMPOUNDING PHARMACY as its PRESIDENT, and acknowledged
 that he/she executed the same as his/her free act and deed.

This 7-page _____
 document dated DECEMBER 12, 2015 was acknowledged before me by
MIKE PAVLOVICH this 12 day of DECEMBER, 2015, in the
 City of NEWPORT BEACH, in the County of ORANGE, in the State of
CALIFORNIA.



Name: MARISOL RIVAS
 Notary Public, State of CALIFORNIA

My Commission expires: 7/21/17

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF PROFESSIONAL PARTNERS,
INC., DBA WESTCLIFF COMPOUNDING PHARMACY; SETTLEMENT AGREEMENT
PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL
ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2015-40-L;

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

Keri Okamura
KERRI OKAMURA
Chairperson

3/31/16
DATE

GARRETT A. LAU
Vice Chairperson

MARCELLA CHOCK

MARY JO KEEFE

Carolyn S. Ma
CAROLYN S. MA

PVL 07/01/15

IN THE MATTER OF THE MISCELLANEOUS PERMIT OF PROFESSIONAL PARTNERS,
INC., DBA WESTCLIFF COMPOUNDING PHARMACY; SETTLEMENT AGREEMENT
PRIOR TO FILING OF PETITION FOR DISCIPLINARY ACTION AND BOARD'S FINAL
ORDER; EXHIBIT "1"; RICO CASE NO. PHA 2015-40-L;

APPROVED AND SO ORDERED:
BOARD OF PHARMACY
STATE OF HAWAII

KERRI OKAMURA
Chairperson

3/31/16
DATE

GARRETT A. LAU
Vice Chairperson

Marcella Ito Chock
MARCELLA CHOCK

Mary Jo Keefe
MARY JO KEEFE

CAROLYN S. J. MA

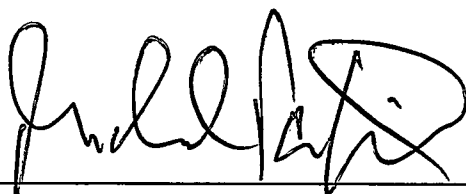
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement 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
5/2/16	5/17/17	MI	Lansing	
Case #	Governing, licensing, Arresting Presiding Body/Agency/Court			
53-15-140285	Michigan State Board of Pharmacy			
Reason/Charge				
Distribution of prescription drugs without prescription orders				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Westcliff Compounding Pharmacy			Administrative Complaint	
Name of Business/Industry/Entity				
Michigan State Board of Pharmacy				

Provide explanation below:

Basically, the State of Michigan enforcing their "sister state" regulation to cite us for the discipline that occurred in Colorado. No patient injuries ever occurred and no complaints were ever made against us. The information pertaining to the Colorado citation was included with our first renewal. It took more than a year for the Michigan Board to issue an administrative complaint after we had disclosed it. In fact, during the conference call with Board staff, it was stated that the action was "because of what happened with NECC". When I objected and explained that we had never sent any sterile product into Michigan, and there had been no patient complaints or injuries, she said "How do I know you haven't shipped into Michigan?" I was stunned. I tried to cancel my site permit immediately, but there was no process for that, even when my personal pharmacist permit expired (and was not renewed) and we could not legally operate in Michigan. We paid the small fine and closed the issue.



Original Signature (electronic, copies or stamps not accepted)

8/2/21

Date

Applicant's initials





STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

RICK SNYDER
GOVERNOR

SHELLY EDGERTON
DIRECTOR

May 2, 2016

Westcliff Compounding Pharmacy
1901 Westcliff Dr. #3A
Newport Beach, CA 92660

Re: File Number 53-15-140285

Westcliff Compounding Pharmacy:

Enclosed is an Administrative Complaint charging you with violation(s) of the Public Health Code. **You must respond to the Complaint IN WRITING WITHIN 30 DAYS from the date you received it.** If you fail to do so, the Complaint will be sent to your board's Disciplinary Subcommittee (DSC) to impose a sanction.

In your written response, please provide information demonstrating your compliance with the Public Health Code or explaining your conduct. Also, please do one of the following:

- **Request a settlement.** Your written response and a copy of the Complaint will be sent to a board member who will recommend a proposed settlement; **OR**
- **Request a compliance conference.** This is an optional, informal opportunity to meet with me to present evidence or information not contained in your written response for purposes of settlement. Use the enclosed form to request a compliance conference; **OR**
- **Request a formal administrative hearing.** An administrative law judge will receive evidence, take testimony, and determine whether a violation of the Public Health Code occurred. The hearing record will be sent to the DSC for consideration in making its final decision.

To exercise any of these options, you must respond **IN WRITING WITHIN 30 DAYS.**

You may obtain legal representation at your expense. If you have any questions, please contact me during normal business hours at the direct line listed below.

Sincerely,
Pamela J. Bacon
Bureau of Professional Licensing
Enforcement Division
Baconp3@michigan.gov
Telephone: (517) 373-6874
Fax: (517) 241-1431
Enclosure

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

WESTCLIFF COMPOUNDING PHARMACY
License Number: 53-01-010098

File Number: 53-15-140285
CONSENT ORDER AND STIPULATION

CONSENT ORDER

On April 28, 2016, the Department of Licensing and Regulatory Affairs (Department) executed an Administrative Complaint (Complaint) charging Westcliff Compounding Pharmacy (Respondent) with violating section(s) 17768(2)(d)¹ of the Public Health Code, MCL 333.1101 et seq.

Respondent has admitted that the facts alleged in the Complaint are true and constitute violation(s) of the Public Health Code. The Disciplinary Subcommittee of the Michigan Board of Pharmacy (Board) has reviewed the Consent Order and Stipulation (Order) 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 of section(s) 17768(2)(d) of the Public Health Code, supra.

¹ On March 2, 2017, an Errata was executed to correct the section of the Public Health Code cited in Complaint.
Consent Order and Stipulation
File Number: 53-15-140285

Accordingly, IT IS ORDERED that for the cited violation 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, Legal 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 file number 53-15-140285.

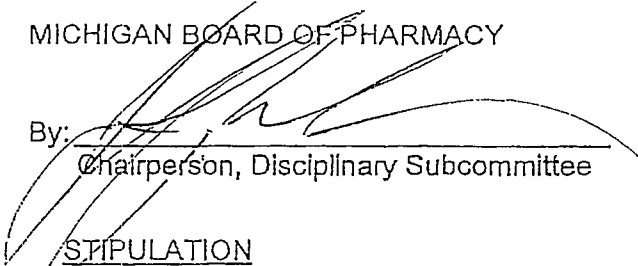
IT IS FURTHER ORDERED that if Respondent fails to comply with the terms and conditions of this Order, Respondent's license to practice as a pharmacy shall be automatically suspended for a minimum of one day. If, within six months of the suspension of the license, Respondent complies with the terms of this Order, the license shall be automatically reinstated.

IT IS FURTHER ORDERED that if Respondent's license to practice as a pharmacy remains suspended for more than six months, Respondent must apply for reinstatement of the license. In the event Respondent applies for reinstatement of the license, application for reinstatement shall be in accordance with sections 16245 and 16247 of the Public Health Code, supra.

IT IS FURTHER ORDERED that this Order shall be effective 30 days from the date signed by the Disciplinary Subcommittee, as set forth below.

Dated: 6-14-17

MICHIGAN BOARD OF PHARMACY

By: 
Chairperson, Disciplinary Subcommittee

STIPULATION

1. The facts alleged in the Complaint are true and constitute violation(s) of section 17768(2)(d) the Public Health Code, supra.

2. Respondent understands and intends that by signing this Stipulation, Respondent is waiving the right, pursuant to the Public Health Code, the rules promulgated thereunder, and the Administrative Procedures Act, 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 waving the right to appear with an attorney and such witnesses as Respondent may desire to present a defense to the charges.

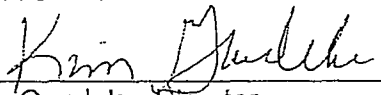
3. This matter is a public record required to be published and made available to the public pursuant to the Michigan Freedom of Information Act, MCL 15.231 et seq; and this action will be reported to the National Practitioner Data Bank, and any other entity as required by state or federal law, in accordance with 42 USC 11101-11152.

4. Patricia A. Keim, R.Ph. a member of the Michigan Board of Pharmacy, who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in this Order.

5. This Order is approved as to form and substance by Respondent and the Department and may be entered as the final order of the Disciplinary Subcommittee in this matter.

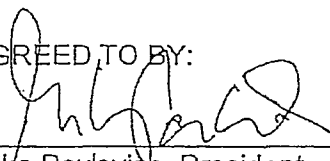
6. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee. Respondent and the Department expressly reserving the right to further proceedings without prejudice should the Order be rejected.

AGREED TO BY:


 Kim Gaedeke, Director
 Bureau of Professional Licensing
 Department of Licensing and
 Regulatory Affairs

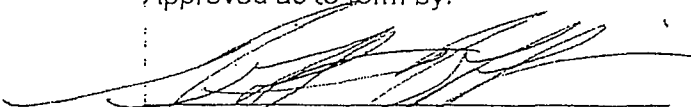
Dated: 05/17/2017

AGREED TO BY:


 Mike Pavlovich, President
 Westcliff Compounding Pharmacy
 Respondent Pharmacy

Dated: 5/18/17

Approved as to form by:


 Nicholas Nahorski (PT1264) 5/19/2017
 Attorney for Respondent Pharmacy

I, Michael Pavlovich, certify that as the designated representative for
Westcliff Compounding 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

Michael Pavlovich

Print Name (First, Last)


 Original Signature (electronic, copies or stamps not accepted)

8/2/2021

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.

Michael Pavlovich

Print Name (First, Last)

Original Signature (electronic, copies or stamps not accepted)

8/2/2021

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

Date

CALIFORNIA NOTARY
ACK. / JURAT ATTACHED

8 / 2 / 2021

Subscribed and Sworn to before me this _____ day of _____.

Notary Public Signature

(Seal)

Applicant's initials

h

California Jurat Certificate

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Orange

S.S.

Subscribed and sworn to (or affirmed) before me on this 2 day of August,
Month

20 21, by Michael Anthony Paulovich and _____
Name of Signer (1)

_____, proved to me on the basis of
Name of Signer (2)

satisfactory evidence to be the person(s) who appeared before me.

Leisha Mello
Signature of Notary Public



For value - Required Information (Section 17000, California Civil Code)

Fee

OPTIONAL INFORMATION

Although the information in this section is not required by law, it could prevent fraudulent removal and reattachment of this jurat to an unauthorized document and may prove useful to persons relying on the attached document.

Description of Attached Document

The certificate is attached to a document titled/for the purpose of

containing _____ pages, and dated _____

Additional Information

Method of Affiant Identification

Proved to me on the basis of satisfactory evidence:

☐ form(s) of identification ☐ credible witness(es)

Notarial event is detailed in notary journal on:

Page # _____ Entry # _____

Notary contact: _____

Other

☐ Affiant(s) Thumbprint(s) ☐ Describe: _____

15C

name change
also

NEVADA STATE BOARD (
985 Damonte Ranch Pkwy Suite 2
APPLICATION FOR OUT-OF-STAT

E

\$500.00 Fee made payable to: Nevada

(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 01886**)

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: Women's International Pharmacy, Inc.

Physical Address: 12012 N. 111th Ave.

Mailing Address: 12012 N. 111th Ave.

City: Youngtown State: AZ Zip Code: 85363

Telephone: 800-279-5708 Fax: 800-279-8011

✓ Toll Free Number: 800-279-5708 (Required per NAC 639.708)

E-mail: gina@womensinternational.com Website: www.womensinternational.com

Managing Pharmacist: Richard Allen Gaffin, II License Number: S008702 (AZ)

TYPE OF PHARMACY **AND****SERVICES PROVIDED**

Yes/No

☒ ☐ Retail

☐ ☒ Hospital (# beds _____)

☐ ☒ Internet

☐ ☒ Nuclear

☐ ☒ Ambulatory Surgery Center

☒ ☐ Community

☐ ☒ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

☐ ☒ Off-site Cognitive Services

☐ ☒ Parenteral **

☐ ☒ Parenteral (outpatient)

☐ ☒ Outpatient/Discharge

☒ ☐ Mail Service

☐ ☒ Long Term Care

☐ ☒ Sterile Compounding **

☒ ☐ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding **

☒ ☐ Other Services: 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 ☐ **See attached*
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

David W. Hill 2-4-2021
Original Signature of Person Authorized to Submit Application, no copies or stamps

David W. Hill, CEO & President

Print Name of Authorized Person

2-4-2021
Date

Page 2

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: WisconsinParent Company if any: Belmar MidCo., Inc.Mailing Address: 12012 N. 111th Ave. 2 Marsh Ct.City: Madison State: WI Zip: 53718Telephone: 800-279-5708 Fax: 800-279-8011Contact Person: Gina Besteman

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 Ownership Information.

Name Address

b) Name Address

c) Name Address

d) Name Address

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

3) What was the price paid per share? _____

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

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

List any physician shareholders and percentage of ownership.

Name: N/A %: _____Name: N/A %: _____**Hours of Operation for the pharmacy:**

Monday thru Friday	<u>8:00</u> am	<u>6:00</u> pm	Saturday	<u>9:00</u> am	<u>12:00</u> pm
Sunday	<u>N/A</u> am	<u>N/A</u> pm	24 Hours	<u>N/A</u>	

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

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, David W. Hill

Responsible Person of Women's International 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

David W. Hill, CEO & President
Print Name of Authorized Person

2-4-2021
Date

AFFIDAVIT for Out-of-State Pharmacy License

STATE OF COLORADO)
) ss.
DENVER COUNTY)

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

1. I am the CEO and President for Women's International 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.

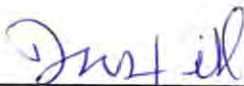
3. I understand and acknowledge that the Pharmacy and any of its Nevada-registered/licensed staff members may be subject to discipline by the Board if the Pharmacy sells or ships any compounded sterile product into Nevada without first obtaining written authorization from the Board to do so.

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


 Name

SUBSCRIBED AND SWORN TO
 before me, a notary public this
 ___ day of ___, 20__.

 NOTARY PUBLIC



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: 10/10/2019
Receipt Number: 201972849
Receipt Amount \$: 480.00

Pharmacy - Limited Service

Compounding - Non-Sterile

PERMIT NO
Y002879

EXPIRES
10/31/2021

Issued to :

Pet Health Pharmacy
A Division of Women's Intl. Pharmacy, Inc.
12012 N 111TH AVENUE
YOUNGTOWN, AZ 85363

Pet Health Pharmacy
12012 N 111TH AVENUE
YOUNGTOWN, AZ 85363

Kam Gault
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 : A Division of Women's Intl. Pharmacy, Inc.
LICENSE NUMBER : Y002879
EXPIRES : 10/31/2021

<http://www.azpharmacy.gov>

- Your license must be available for inspection 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.

1/13/2021

https://azbop.igovsolution.net/online/ProfileData/s_HmGhHSZmMWrbN9zhACdg==

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 : Pet Health Pharmacy
Address : 12012 N 111th Avenue Youngtown AZ 85363
License No : Y002879
Permit Type : Pharmacy
Sub Type : Limited Service
Date Issued : 06/01/1997
Expiration Date : 10/31/2021
Status : OPEN
Discipline : No

Kam Gandhi

1/13/2021

https://azbop.igovsolution.net/online/IProfileData/s_HmGhHSZmMWrbN9zhACdg==

**Executive Director
Arizona State Board of Pharmacy**

Date: 01/13/2021

United States of America
State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS

Division of Corporate & Consumer Services



To All to Whom These Presents Shall Come, Greeting:

I, PAUL M. HOLZEM, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

WOMEN'S INTERNATIONAL PHARMACY, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is April 12, 1988.

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



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 5, 2013.

Paul M. Holzem

PAUL M. HOLZEM, Administrator
Division of Corporate and Consumer Services
Department of Financial Institutions

Effective July 1, 1996, the Department of Financial Institutions assumed the functions previously performed by the Corporations Division of the Secretary of State and is the successor custodian of corporate records formerly held by the Secretary of State.

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: <http://www.wdfl.org/apps/ccs/verify/>

Enter this code: 119556-CB758F79



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

DEMOGRAPHICS

AZ permit# :	AZ Permit Exp.Date :	Business Name :
Y002879	10/31/2019	Pet Health Pharmacy
Address :		
12012 N 111th Avenue		
Zip :	City :	State :
85363	Youngtown	AZ
Phone :	Fax :	Email :
(623) 214-7700	(866) 373-0030	rich@pethealthpharmacy.com
Inspection Date :	PIC :	Pic License Exp Date :
06/11/2019	Richard Gaffin	10/31/2020
DEA # :	DEA # Exp. date :	Inspection Reviewed With :
BP5465720	05/31/2021	Richard Gaffin
Reviewers License# :	Inspection type :	
S008702	Routine	
Inspection Conducted By :		
Dennis Waggoner		

Facility Data

# Rxs/Week	RPh Hours/Week	# Rxs/Hours
1100	200	5.5

PERMITS

1	Arizona	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1933(A); R4-23-606(A)
2	DEA	☒ S ☐ N/I ☐ V ☐ N/A ARS § 36-2522(A)(2); 21 CFR 1301.35(c)
3	Suppliers	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1929; R4-23-601(A); R4-23-604(A); R4-23-605(A); R4-23-607(A)

LICENSES

1	Pharmacists	☒ S ☐ N/I ☐ V ☐ N/A ARS § 32-1925(A); R4-23-201(A)
2	Interns / Graduate interns	☐ S ☐ N/I ☐ V ☒ N/A ARS § 32-1923(B); R4-23-301(G)



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3	Technicians / Trainees	⊙S ⊙N/I ⊙V ⊙N/A	ARS § 32-1925(A); R4-23-1101(A); R4-23-1102(D); R4-23-1103(B)(2)
4	Current renewal licenses maintained	⊙S ⊙N/I ⊙V ⊙N/A	ARS § 32-1933(B)

PHARMACY

1	Drug storage and security	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-609(G)(H)
2	Personnel and security procedures	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-610
3	Facilities	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-611(A)
4	Drug supply	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-611(B)
5	Quarantine expired drugs	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-611(B)(4)
6	Equipment	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-612
7	Policies and procedures	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-610(A); R4-23-611(B)

TECHNICIANS

1	Training program	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-1105(B)(D)
2	Training program - compounds	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-1105(C)
3	Activities - trainees	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-1104(A)
4	Activities - technicians	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-1104(A)(B)
5	Policies and procedures	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-1104(F)(G)

COUNSELING

1	Documentation	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-402(G)(H)
2	Oral consultation	⊙S ⊙N/I ⊙V ⊙N/A	R4-23-402(C)(D)(E)



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

3

Written information

☒ S ☐ N/I ☐ V ☐ N/A

R4-23-402(C)(I)

PRESCRIPTION AUDIT

1

Prescription files

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1964; ARS § 36-2525(C)(1)(2)

2

Prescription label

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1968(D); ARS § 36-2525(L)

3

CII prescriptions

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1968; 36-2525(A) to (G); R4-23-407(A)

4

CIII - CV prescriptions

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1968; 36-2525(A)(C)(2)(H)(I); R4-23-407(A)

5

Non-controlled prescriptions

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1968; R4-23-407(A)

6

Transfers

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-407(D)

7

Telephone

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1968(A)(5); R4-23-402(A)(1)(2)

8

Refill authorizations

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1968(A)(6); R4-23-402(A)(13); R4-23-407(E)(5)

9

Facsimile

☒ S ☐ N/I ☐ V ☐ N/A

R4-23-407(E)

10

Electronically transmitted

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-407(F); R4-23-408(H)

11

Patient information

☒ S ☐ N/I ☐ V ☐ N/A

R4-23-402(A)(3)(4)

12

Allergies / medical conditions

☒ S ☐ N/I ☐ V ☐ N/A

R4-23-402(A)(3)(b)

13

Brand / generic

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1963.01

14

Foreign prescriptions

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1969

15

Prescription blank advertising prohibited

☒ S ☐ N/I ☐ V ☐ N/A

R4-23-404(B); ARS § 32-1901.01(B)(25)

16

Prescription audit numbers

C2: 28000600-28000699, C33-5: 90022100-90022199, Rx: 70464900-70464999



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

COMPUTER REQUIREMENTS

1	Security	☒ S ☐ N/I ☐ V ☐ N/A R4-23-408(F)
2	Log books / printout	☒ S ☐ N/I ☐ V ☐ N/A R4-23-408(C)(4)
3	Reports	☒ S ☐ N/I ☐ V ☐ N/A R4-23-408(B)(5)(6)
4	Policies and procedures	☒ S ☐ N/I ☐ V ☐ N/A R4-23-408(A)

IMMUNIZATIONS

1	Certification	☐ S ☐ N/I ☐ V ☒ N/A ARS § 32-1974(D)(K); R4-23-411(A)
2	Recordkeeping	☐ S ☐ N/I ☐ V ☒ N/A ARS § 32-1974(F)(3); R4-23-411(F)(I)
3	Reporting requirements	☐ S ☐ N/I ☐ V ☒ N/A ARS § 32-1974(F); R4-23-411(F)(2)
4	Current certificate maintained	☐ S ☐ N/I ☐ V ☒ N/A R4-23-411(C)(2)
5	Administration without a prescription	☐ S ☐ N/I ☐ V ☒ N/A ARS § 32-1974(A)(B); R4-23-411(A)
6	Prescription only administration	☐ S ☐ N/I ☐ V ☒ N/A ARS § 32-1974(C)(I); R4-23-411(A)(4); (B); (I)

MECHANICAL STORAGE / COUNTING DEVICES

1	Cell identification	☐ S ☐ N/I ☐ V ☒ N/A R4-23-615(A)(1)
2	Paper / electronic log	☐ S ☐ N/I ☐ V ☒ N/A R4-23-615(A)(2)(3)
3	Training	☐ S ☐ N/I ☐ V ☒ N/A R4-23-615(C)(1)(D)
4	Maintenance	☐ S ☐ N/I ☐ V ☒ N/A R4-23-615(C)(2)(D)
5	Accuracy validation testing	☐ S ☐ N/I ☐ V ☒ N/A R4-23-615(C)(3)(D)
6	Return by approval only	☐ S ☐ N/I ☐ V ☒ N/A R4-23-615(B)(G)



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

7

Policies and procedures

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-615(E)

MECHANICAL COUNTING DEVICES

1

Training

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-616(A)(1)(B)

2

Maintenance

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-616(A)(2)(B)

3

Accuracy validation testing

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-616(A)(3)(B)

4

Policies and procedures

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-616(C)

CONTROLLED SUBSTANCE RECORDS

1

CII's purchase / sale / disposal

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523(A); ARS § 36-2524; R4-23-601(D); R4-23-1003(A)(4)(B)

2

CIII - CVs purchase / sale / disposal

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523(A); R4-23-601(D); R4-23-612(11); R4-23-1003(A)(4)

3

Inventory

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523(B); R4-23-1003

4

Audit

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 36-2523

5

DEA 106 Theft/Loss reporting

☐ S ☐ N/I ☐ V ☒ N/A

R4-23-1003(A)(2); 21 CFR 1301.76(b)

MISCELLANEOUS

1

Badges - name / title

☒ S ☐ N/I ☐ V ☐ N/A

R4-23-402(K); R4-23-671(B)(4); R4-23-1104(E)

2

Sales of drugs to practitioners

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1981(7)(d); R4-23-601(D); R4-23-1003(A)(4)

3

Schedule V register

☐ S ☐ N/I ☐ V ☒ N/A

ARS § 36-2525(J)

4

Delivery

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1901.01(B)(23); R4-23-402(I)

5

CQA training / Policies and procedures

☒ S ☐ N/I ☐ V ☐ N/A

ARS § 32-1973; R4-23-620

Reminder to have documented training for all staff available for inspection.



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

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S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

6	Non-controlled substances purchase / sale / disposal	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D)
7	Dextromethorphan sales restrictions	☐ S ☐ N/I ☐ V ☒ N/A	ARS 32-1978
8	Federal medication guides	☐ S ☐ N/I ☐ V ☒ N/A	21 CFR part 208
9	Pharmacy to pharmacy transfer of drugs (intracompany)	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-601(D); R4-23-1003(A)(4)

METHAMPHETAMINE PRECURSORS

1	Storage	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1977(B)
2	Documentation	☐ S ☐ N/I ☐ V ☒ N/A	ARS § 32-1977(C); 21 CFR 1314
3	Self-certification	☐ S ☐ N/I ☐ V ☒ N/A	21 CFR 1314.35; 21 CFR 1314.40

SHARED SERVICES

1	Current resident / nonresident permit	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(A)
2	Same owner / written contract / common electronic file	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(B)
3	Notification to patients	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(C)
4	Maintain manual / electronic records	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(D)
5	Work outside pharmacy	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(F)
6	Policies and procedures	☐ S ☐ N/I ☐ V ☒ N/A	R4-23-621(E)

COMPOUNDING PRACTICES (GENERAL)

1	Documentation product compounded	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-410(C)(1)(e); R4-23-410(I)(K)
2	Patient label	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-410(I)(4)
3	Beyond-use dates	☒ S ☐ N/I ☐ V ☐ N/A	R4-23-410(I)(4)(b); R4-23-410(B)(3)(d)



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

Page 7 / 8

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

4	Equipment	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(F)(G)
5	Product produced in excess	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(B)(2); R4-23-410(J)
6	Component removed from original container	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(6)
7	Compounds for medical practitioners	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(B)(3); R4-23-601(D); R4-23-1003(A)(4)
8	Patient written list	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(I)(5)
9	Protective apparel	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(C)(2)(c)
10	Facility	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(E)
11	Components for compounding/storage	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(B)(H)
12	Policies and procedures	☒ S ☐ N/I ☐ V ☐ N/A R4-23-410(D)(G)(H)(I)(K)

STERILE COMPOUNDING

1	Compounding area	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(A)(E)(F)
2	Equipment	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(B)
3	Sterile product reference	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(B)(6)
4	Certification hood / environment	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(D)(14)(g)
5	Documentation routine cleaning / maintenance	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(D)(14)(g)
6	Personnel protective clothing	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(E)(3)(F)(2)
7	Annual / semi-annual media fill tests	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(E)(4)(F)(3)
8	Documentation of product compounded	☐ S ☐ N/I ☐ V ☒ N/A R4-23-410(C)(1)(e); R4-23-410(I)(K)



Arizona State Board of Pharmacy

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PHARMACY INSPECTION REPORT on 06/11/2019 for Pet Health Pharmacy

Page 8 / 8

S = SATISFACTORY N/I = NEEDS IMPROVEMENT V = VIOLATION N/A = NOT APPLICABLE / NONE OBSERVED

9	Beyond-use dates	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(D)(14)(d); R4-23-410(B)(3)(d)
10	Process / product validation testing	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(D)(14)(f)
11	Policies and procedures	☐ S ☐ N/I ☐ V ☒ N/A R4-23-670(C)(D)

AUDIT

Date Of Inventory :

04/30/2019

Inventory Taken :

Close

Date Of Audit :

06/11/2019

Name & Strength of Drug	Initial Inventory	Total Purchased	Total Accounted For	Closing Inventory	Sales (Rx & log)	Total Can Account for	Difference	Percentage
Hydrocodone/Homatropine 5/1.5 tab	1239	0	1239	589	651	1240	1	0.08
Tramadol 50mg tab	1038	0	1038	978	60	1038	0	0.00
Alprazolam 0.5mg tab	47	0	47	0	47	47	0	0.00

NOTES

Handouts: 2018 Statute/Rule Changes summary, Prescriptive Authority chart

Nevada State Board of Pharmacy
Women's International Pharmacy, Inc.
Change of Ownership Application

The Applicant, Women's International Pharmacy, Inc. located in Youngtown, Arizona, has no disciplinary history to report. However, Women's International Pharmacy, Inc. also operates a pharmacy in Madison, Wisconsin and, out of an abundance of caution, we disclose the following information in response to the above-referenced question.

In 1995, Women's International Pharmacy, Inc. of Madison, Wisconsin ("*Women's-Wisconsin*") entered into the attached Stipulation to resolve a disciplinary proceeding before the Wisconsin Pharmacy Examining Board. The Stipulation imposed certain limitations on Women's-Wisconsin's resident pharmacy license, however, those limitations were removed sixteen years ago, in 2004, after a showing of good cause. Women's-Wisconsin has operated under an unrestricted resident license since that time and without further discipline by any state board of pharmacy or federal authority. The Stipulation is attached for your reference.

In addition, Women's International Pharmacy, Inc. of Youngtown, Arizona operates a second separately licensed pharmacy operation at the Youngtown, Arizona facility ("*Women's Arizona – Second Location*"). The license held by this entity are not part of the change of ownership transaction and will be closed out as of the close of the transaction. Women's Arizona – Second Location was notified of a complaint by the California Board of Pharmacy on August 26, 2014. Women's Arizona – Second Location responded to their requests for information. A non-disciplinary citation and fine were issued on October 27, 2015. Women's Arizona – Second Location met with the California Board of Pharmacy to discuss the citation and fine via an informal office conference on February 9, 2016. The citation and fine were affirmed.

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST
WALLACE L. SIMONS, R.Ph.,
WOMEN'S INTERNATIONAL
PHARMACY, INC.
RESPONDENTS

STIPULATION
88 PHM 25, 90 PHM 70
90 PHM 70a, 94 PHM 66
94 PHM 111

It is hereby stipulated between the above Respondents and the undersigned prosecuting attorney for the Division of Enforcement of the Department of Regulation and Licensing, as follows:

1. This Stipulation is entered into as a result of a pending investigation of Respondents by the Division of Enforcement and a hearing in process. The parties consent to the resolution of the above files by agreement and without a conclusion of the ongoing hearing on the formal complaint which has been issued in this matter, or a hearing in 90 PHM 70a, and without any issuance of any other complaints in the other above-named investigations which have been opened with respect to these respondents. This agreement does not resolve the allegations of 95 PHM 25.
2. Respondents understand that by signing this Stipulation, respondents waive the following rights with respect to disciplinary proceedings: the right to a statement of the allegations against respondents; a right to a hearing at which time the State has the burden of proving those allegations; the right to confront and cross-examine the witnesses against respondents; the right to call witnesses on respondents' behalf and to compel attendance of witnesses by subpoena; the right to testify personally; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to respondents under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes, and the Wisconsin Administrative Code, except as expressly reserved elsewhere herein.
3. Respondents are aware of respondents' right to seek legal representation and have obtained legal advice before signing this Stipulation.
4. Respondents assure the Board that they have at all times complied with ¶A of the Order, and that they will make every effort to ensure that Genesis Systems Corporation complies with ¶F of the Order but they do not legally control Genesis. Respondents also deny and do not agree that any violations have been committed intentionally or otherwise, except those admitted in the Answer to the Complaint in 88 PHM 25/90 PHM 70, but agree to the adoption of the attached Final Decision and Order by the Board. The parties consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties. Respondent waives all rights to any appeal of the Board's order, if adopted in the form as attached.
5. If the terms of this Stipulation are not acceptable to the Board, the parties shall not be bound by the contents of this Stipulation or the proposed Final Decision and Order, and the matter shall be returned to the Division of Enforcement for further proceedings, including the resumption of the currently ongoing hearings. In the event that this Stipulation is not accepted by the Board, the parties agree not to contend that the Board has been prejudiced or biased in any manner by the consideration of this attempted resolution.

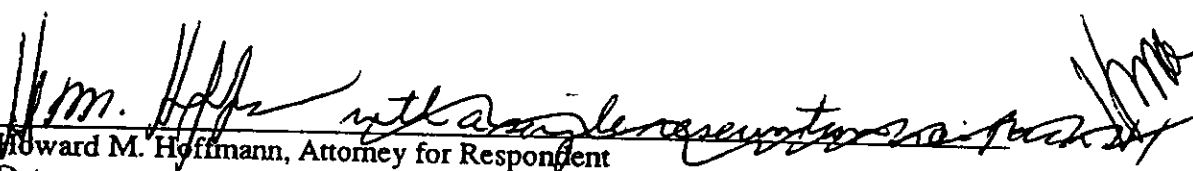
Stipulation
Page 2

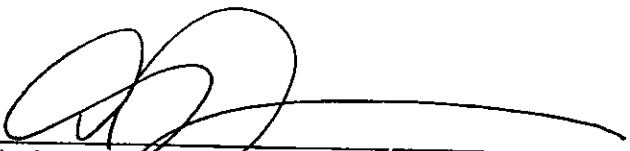
6. The parties agree that an attorney for the Division of Enforcement may appear before the Board, in open or closed session, without the presence of Respondents or Respondents' attorney, for the purposes of speaking in support of this agreement and answering questions that the members of the Board and its staff may have in connection with their deliberations on the case. Respondents have the option of appearing with the prosecuting attorney at all open or closed sessions, and any appearance shall be preceded by timely notice.
7. The Board Advisor in this matter may participate freely in any deliberations of the Board regarding acceptance of this Stipulation and the proposed Final Order, and may relate to the Board any knowledge and views of the case acquired during the investigation, the panel session, the hearing and the settlement negotiations.
8. The Division of Enforcement joins respondents in recommending that the Board adopt this Stipulation and issue the attached Final Decision and Order.
9. Respondents are informed that should the Board adopt this stipulation, the board's final decision and order is a public record and will be published in the Monthly Disciplinary Report issued by the department. A summary of the order will be published in the Wisconsin Regulatory Digest issued semiannually by the Board. This is standard department procedure and in no way specially directed at respondents.
10. Respondents do not waive, and may pursue any rights to reimbursement for costs, attorneys' fees, or disbursements, from any state agency, and before any forum. Any such agency may defend such claims on any grounds available. This agreement also does not preclude respondents and their attorneys from pursuing any sanctions arising out of this hearing over which the Pharmacy Examining Board has no jurisdiction.
11. The Division and its prosecuting attorney assure respondents that there are no actual or tacit agreements or understandings with the FDA, DEA, or any other state or federal agency that after the entry of this Order, the FDA, DEA, or other agency will proceed against respondents in the Division's stead, i.e. the Division and its prosecuting attorney have no agreement or understanding with another agency to undermine the finality of this Stipulation and Final Decision and Order. Respondents understand that the FDA and DEA may be conducting their own investigations, and that to the extent that they or other agencies request the cooperation of the Division, such cooperation will be provided only in a manner similar to cooperation routinely provided in other cases.
12. Any patient records, without limit as to form, in any of the above-captioned files kept by the Department of Regulation & Licensing will be released under a public records request only in accordance with §146.82, Wis. Stats. The department will notify respondent of any requests to view or copy any of the file documents received from respondents upon receipt of the request, including the identity of the requestor if known, and at least 30 days before release of any records. This does not limit the department's obligation to comply with §19.35 et seq., Wis. Stats.
13. The parties agree that the wording "Reprinted for educational and promotional purposes..." is substantially similar to the wording set forth in ¶F of the Order.

Stipulation
Page 3

WOMEN'S INTERNATIONAL PHARMACY, INC., by:


Wallace L. Simons, President
Wallace L. Simons, R.Ph., personally
8-16-95
Date


Howard M. Hoffmann, Attorney for Respondent
8/16/95
Date


Arthur Thoxton, Prosecuting Attorney
Division of Enforcement
8/16/95
Date

STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY
PROCEEDINGS AGAINST

WALLACE L. SIMONS, R.Ph.,
WOMEN'S INTERNATIONAL
PHARMACY, INC.
RESPONDENTS

FINAL DECISION AND ORDER

88 PHM 25, 90 PHM 70
90 PHM 70a, 94 PHM 66
94 PHM 111

The parties to this action for the purposes of §227.53, Wis. Stats., are:

Wallace L. Simons, R.Ph.
3305 Leyton Lane
Madison, WI 53713

Women's International Pharmacy, Inc.
5708 Monona Drive
Madison, WI 53716

Wisconsin Pharmacy Examining Board
P.O. Box 8935
Madison, WI 53708-8935

Department of Regulation and Licensing
Division of Enforcement
P.O. Box 8935
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Respondent Wallace L. Simons (dob 7/10/40) is and was at all times relevant to the facts set forth herein a registered pharmacist licensed in the State of Wisconsin pursuant to license #7258. At all times material, respondent Simons was the managing pharmacist of co-respondent Women's International Pharmacy, which was at all times relevant to the facts set forth herein a pharmacy licensed in the State of Wisconsin pursuant to license #7091.

2. The Respondents are charged in 88 PHM 25 and 90 PHM 70 with exceeding the legal limits for compounding and thus being manufacturers, of making certain recordkeeping errors with respect to controlled substances dispensed by them and their staff, and dispensing in a manner inconsistent with state law and the Food Drug & Cosmetic Act. Respondents deny all these allegations, but desire to settle this matter solely to avoid the expenses and uncertainties of litigation.

Final Order
Page 2

CONCLUSIONS OF LAW

3. The Wisconsin Pharmacy Examining Board has jurisdiction to act in this matter pursuant to §450.10, Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.

4. The Board concludes that respondents did in the past commit errors with respect to their dispensing of compounded testosterone prescriptions by failing to stamp some hard-copy prescriptions for controlled substances with a red "C" although they were combined with non-controlled substance records, failing to keep their hard copy prescription records in chronological order, and dispensing more than a 34 day supply at one time, all in violation of ch. Phar 8, Wis. Adm. Code. The Board has no evidence that such violations continued after June, 1993, when respondents adopted a new recordkeeping system.

5. The Board concludes that routinely dispensing large quantities of compounded drug products to practitioners (except as permitted in this Order) and respondents' providing compounded drug products to Health Pharmacies, Inc. in 1992-93, is not compounding for dispensing to a patient.

6. The Board concludes that if Women's International Pharmacy complies with this Final Decision and Order, its actions to be undertaken under this Order will be in conformance with applicable state and local laws regulating the practice of pharmacy, that it will be regularly engaged in dispensing prescription drugs upon the prescriptions of practitioners licensed to administer such drugs to patients under their care in the course of their professional practice, and that it will not be manufacturing under §450.01(13), Wis. Stats.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED, that respondents are REPRIMANDED for their actions described in ¶4, above.

IT IS FURTHER ORDERED, that the licenses of Wallace L. Simons, R.Ph., to practice pharmacy, and of Women's International Pharmacy to be a pharmacy are LIMITED in that all compounding performed by either is limited to the following:

- A. No compounded drug or drug product shall be dispensed unless all active ingredients are legally obtainable in the United States and of USP or equivalent grade and all inactive ingredients are either food grade or customarily used in the profession.
- B. No prescription drug shall be dispensed except directly to a patient in the pharmacy or delivered to a patient's home by an agent of the pharmacist, including a common carrier or the US Postal Service, or pursuant to this Order.
- C. No compounded drug product shall be delivered, dispensed, or otherwise transferred to another pharmacy for dispensing to a patient unless respondent has informed that pharmacy that the portion of the medication container label showing the name, address and telephone number of Women's International Pharmacy must appear on the medication container dispensed to the patient, and Women's International Pharmacy makes and documents direct telephone contact with each patient to provide a consultation.

Final Order
Page 3

- D. No substance shall be delivered, dispensed, or otherwise transferred to a practitioner's office more than once unless the practitioner certifies in writing that in-office administration of the substance to the practitioner's patients is medically necessary, and the quantities of such substance are reasonable under the circumstances to provide only that amount of product which will carry the patient from the time the practitioner administers the drug until a prescription can be presented to, and dispensed by, a pharmacy for that patient. In the absence of other evidence, such a period of time shall be presumed to be ten calendar days. The form of such certification shall be approved by the Board or its designee, which approval shall not be unreasonably withheld. The amount, if any, to be charged by respondents for the above permitted transfer of office supplies is within respondents' discretion. Except as permitted above, respondents shall not provide any "office samples" or other free or reduced-price products to practitioners. Records of office supplies provided to practitioners shall be clearly distinguishable from prescription dispensing records, and shall be readily retrievable and verifiable.
- E. Respondents shall compound only the number or quantity of medication called for by the initial-fill quantities stated on the prescriptions respondents have actually received at the time the compounding is commenced, or on the basis of prescriptions respondents have received in the past 30 days. Respondents may, in the case of capsules, round that number up to the number of capsules held by the pharmacy's equipment. Respondents shall not accept, compound or dispense two or more prescriptions for the same formula to the same patient at the same time, in an effort to evade the limitations of this paragraph. All drug products shall be dispensed and labeled with "beyond use" dates of six months from the date of compounding or 25% of the time before the expiration date of any component used in the compounding, whichever is nearer: any medication which will not be so used shall be discarded. Respondents may use any other beyond-use date which can be supported by reasonable stability testing.
- F. Respondents shall not provide reprints, articles or other printed materials purporting to state that the active ingredients in respondents' products, or formulae similar to those used by respondents, are safe or effective unless those articles were published in refereed journals. Respondents shall not promote directly or through Genesis Systems Corporation or another, any particular formula or dosage of any drug or drug product which they compound, and shall advise and counsel Genesis Systems Corporation not to so promote. Upon request, respondents shall submit all promotional and informational materials in use at that time (and for the year preceeding the request) to the Board for review by the Board or its designee. Such submission is for informational purposes only. All material intended to be sent to practitioners or patients shall bear the date of printing after 12/1/95. All reprints of articles or similar materials shall bear the disclaimer: "Reprinted for promotional purposes by Genesis Systems Corporation for Women's International Pharmacy" or similar wording, after 12/1/95.
- G. Respondents shall provide to any requesting licensed pharmacy (or pharmacist) which a patient desires to use with respondents' complete ingredient list and formula for any prescription which it has compounded for that patient, and shall make no statement concerning price, difficulty, or other issue which could reasonably be interpreted as an attempt to discourage the patient-selected pharmacy or pharmacist from compounding the prescription. If, in the course of transmitting all information necessary to truthfully describe the compounding process, respondents accurately apprise the pharmacy or pharmacist of the complexity of the process, such a statement does not violate this paragraph.

Final Order
Page 4

- H. All products containing progesterone or any estrogen shall contain a Patient Package Insert containing all FDA-required content no later than August 1, 1995. If, for reasons beyond respondents' control, the PPI cannot be made ready by this date, a reasonable extension shall be granted.
- J. Third party claims submitted by respondent may include the NDC numbers of the active ingredients if the claim processor has been informed that the product was compounded, that the NDC numbers refer only to the ingredients and not to the final product, and the processor has consented to the claim being filed in such fashion.

IT IS FURTHER ORDERED, that in 94 PHM 66, a distributor license shall be granted to respondents upon updating the application to answer all questions with currently accurate and complete information.

IT IS FURTHER ORDERED that the complaints in 88 PHM 25, 90 PHM 70, and 90 PHM 70a is DISMISSED and will not be reopened as long as the parties comply with this Stipulation and Final Decision and Order.

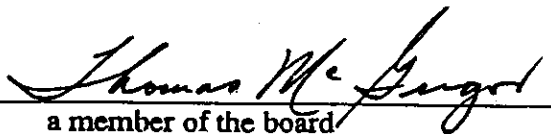
IT IS FURTHER ORDERED that 94 PHM 111 is CLOSED without disciplinary action.

IT IS FURTHER ORDERED, that the settlement agreement incorporated into this Order is binding upon respondents and their successors, and upon the Department of Regulation & Licensing and Pharmacy Examining Board and their successors, but without prejudice to the right of the legislature or Board to adopt statutory and administrative rules which may modify or change public policy as to future actions by licensees.

Dated this 16 day of August, 1995.

WISCONSIN PHARMACY EXAMINING BOARD

by:


a member of the board

akt
69

**STATE OF WISCONSIN
BEFORE THE PHARMACY EXAMINING BOARD**

**IN THE MATTER OF
DISCIPLINARY PROCEEDINGS AGAINST**

WALLACE L. SIMONS, R.Ph.,

**WOMEN'S INTERNATIONAL PHARMACY, INC.,
RESPONDENTS.**

**ORDER REMOVING
LIMITATIONS**

**Case Nos.
LS 9312291 PHM
LS 9405231 PHM**

PARTIES

The parties in this matter under section 227.44 of the Statutes and section RL 2.037 of the Wisconsin Administrative Code, and for purposes of review under sec. 227.53, Stats. are:

Disciplinary Authority:

Pharmacy Examining Board
1400 East Washington Ave.
Madison, WI 53703

The board and the division are represented by:

Division of Enforcement
Department of Regulation and Licensing
1400 E. Washington Ave.
Madison, WI 53703

Complainant:

Division of Enforcement
Department of Regulation and Licensing
Madison, WI 53708-8935

Respondents:

Wallace L. Simons, R.Ph.
5852 East Dalea Drive
P.O. Box 2125
Carefree, AZ 85377

The respondents are represented by:

Nia Enemuoh Trammell
Michael Best & Friedrich, LLP
One South Pinckney St.
Suite 700
Madison, WI 53703

Women's International Pharmacy, Inc.
2 Marsh Ct.
Madison, WI 53718

Howard M. Hoffman
Duane Morris
227 West Monroe St.
Suite 3400
Chicago, IL 60606

On October 13, 2004, the Wisconsin Pharmacy Examining Board reviewed the respondents' petition dated August 5, 2004, requesting that the removal of the limitations in paragraphs A

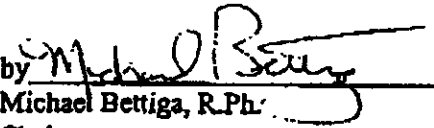
through J, inclusive, from the board's Final Decision and Order, dated August 16, 1995, case numbers LS 9312291 PHM and LS 9405231 PHM

Based upon the Board's review of the petition and good cause appearing therefore:

IT IS THEREFORE ORDERED: That the limitations in paragraphs A through J, inclusive, of the board's Final Decision and Order, dated August 16, 1995, case numbers LS 9312291 PHM and LS 9405231 PHM, be REMOVED. Wallace L. Simons, license number 7258, is hereby restored to the unlimited practice of pharmacy in the state of Wisconsin, with all right, title and privilege appurtenant thereto. Women's International Pharmacy, license number 7091, is hereby restored to the unlimited practice of pharmacy in the state of Wisconsin, with all right, title and privilege appurtenant thereto.

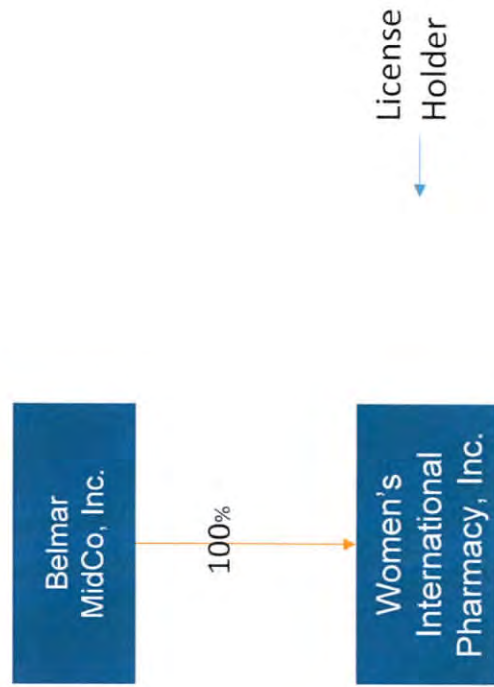
Dated : October 13, 2004

STATE OF WISCONSIN
PHARMACY EXAMINING BOARD

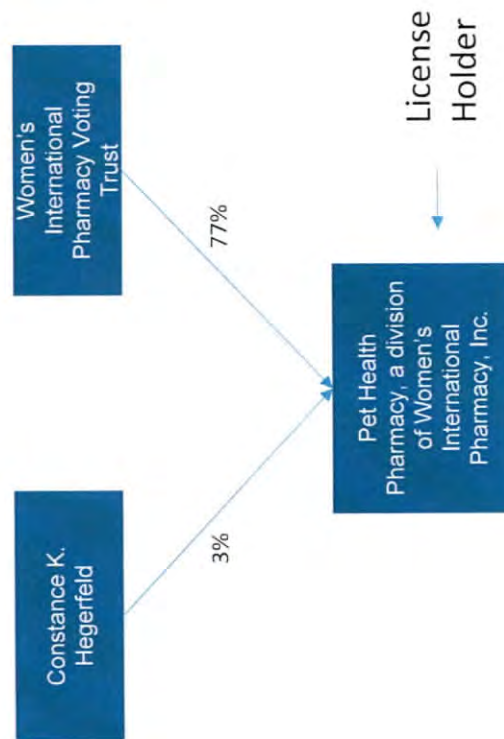
by 
Michael Bettiga, R.Ph.
Chairman

wipUNLIMITED9-28-04

Post-Change of Ownership Structure



Pre-Change of Ownership Structure



Ownership Information for Women's International Pharmacy, Inc.

Women's International Pharmacy, Inc.
12012 N. 111th Avenue
Youngtown, AZ 85363
Ph: 800-279-5708
Fx: 800-279-8011

Officers and Directors of Women's International Pharmacy, Inc.:

- David W. Hill, CEO and President
[REDACTED] S. Clayton St.
Denver, CO 80210
[REDACTED]
SSN: [REDACTED]
DOB: [REDACTED]
- Robert J. Kilgore, CFO and Vice President
[REDACTED] Garfield St.
Denver, CO 80206
[REDACTED]
SSN: [REDACTED]
DOB: [REDACTED]
- David P. Malm, Secretary, Treasurer and Director
[REDACTED] Boylston Street, [REDACTED]
Boston, MA 02116
[REDACTED]
SSN: [REDACTED]
DOB: [REDACTED]

Women's International Pharmacy will be wholly owned by Belmar MidCo, Inc.

Belmar MidCo, Inc.
c/o Webster Equity Partners
1000 Winter Street
Waltham, MA 02451
(781) 419-1515

Officers and Directors of Belmar MidCo, Inc.:

- David W. Hill, CEO and President
- Robert Kilgore, CFO and Vice-President
- David P. Malm, Secretary, Treasurer and Director



Driving progress
through partnership

David T. Hartmann

Direct Phone: +1 312 207 6556

Email: dhartmann@reedsmith.com

10 South Wacker Drive
Chicago, IL 60606-7507
+1 312 207 1000
Fax +1 312 207 6400
reedsmith.com

February 8, 2021

Via UPS

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

RE: Women's International Pharmacy, Inc. [License No. PH01866]

To Whom It May Concern:

On behalf of the Applicant, Women's International Pharmacy, Inc. ("*Women's*"), please accept the attached Change of Ownership Application for review and approval. Also enclosed is a Money Order made out to the Nevada State Board of Pharmacy in the amount of \$500.

By way of background, Women's is a compounding pharmacy located in Youngtown, Arizona that compounds non-sterile medications intended for animal or human use. On or about **March 10, 2021**, Women's current owners will sell 100% of their equity interest in Women's to Belmar MidCo, Inc. As of March 10, 2021, Women's will have a new parent owner, Belmar Midco, Inc.

Thereafter, the current licensee – Pet Health Pharmacy, A Division of Women's International Pharmacy, Inc. – will further undergo a name change and operate solely as "Women's International Pharmacy, Inc." While Women's name and corporate officers will change as a result of this transaction, Women's FEIN, location, operations, and day-to-day management will remain unchanged.

For ease of reference, we have attached before and after organization structure charts demonstrating the nature of the change, as well as updated ownership information.

Nevada State Board of Pharmacy
February 8, 2021
Page 2

ReedSmith

Should you require any additional information during the application review process, please contact me at (312) 207-6556 and dhartmann@reedsmith.com, or my colleague Alison Peters at (202) 414-9178 or apeters@reedsmith.com.

Very truly yours,

David T. Hartmann
David T. Hartmann
DTH

Alison H. Peters
Alison H. Peters
AHP

DTH:rl

16

16A

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

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

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

Application must be printed legibly or typed

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

☒ New MDEG	☐ Ownership Change	☐ Name Change	☐ Location Change
(Please provide current license number if making changes: MP or MW _____)			

☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership – Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	☒ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: Ivie Services LLC.

Physical Address: 7165 S. Buffalo Dr., Suite 125
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as above

City: Las Vegas State: NV Zip Code: 89113

Telephone: 702-575-7596 Fax: 888-545-6251

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

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm

Fri: 9am to 4pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Zachary Ivie

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NA		

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. (NA)

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

Name: (NA)
 Name: /
 Name: /
 Name: /
 Name: /
 Name: /

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Zachary Ivie

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

Zach Ivie

Print Name of Authorized Person

4/9/2021

Date

Board Use Only

Received: _____

Amount: 500

check #1094129718

APPLICATION FOR NEVADA MDEG LICENSE

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

Owner's Name: Zachary Ivie

Business Name: Ivie Services LLC

Current Business Address: 7117 Carmen Blvd

City: Las Vegas State: NV Zip: 89128

Telephone: 702-575-7596 Fax: 888-545-6251

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 InformationName of Pharmacy/MDEG/Wholesaler Ivie Services LLCPhysical Address 7165 S. Buffalo Dr. Suite#125City Las VegasState NVZip 89113Mailing Address (if different from physical address) Same as above

City _____

State _____

Zip _____

Telephone 702 575 7596

Website _____

Licensing Company Email iviemedical@gmail.com**Section 2: Personal Information**First ZacharyMiddle JamesLast IvieAlias(es, nicknames, name changes, etc.) ZachDate of Birth SSN or ITIN

Sex

☒ M☐ F☐ XMailing Address Carmen BlvdCity Las VegasState NVZip 89128Telephone Email iviemedical@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 ZI

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 College of Southern Nevada		From - To (MM/YY - MM/YY) Jan 2009 - Dec 2012	
Address 6375 W. Charleston Blvd	City Las Vegas	State nv	Zip 89146
Diploma/Degree obtained, if any Associates of Business Degree			
School Name Sierra Vista High School		From - To (MM/YY - MM/YY)	
Address 8100 W. Robindale Rd.	City Las Vegas	State NV	Zip 89113
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) July 2017 - Current	Address [REDACTED] Carmen Blvd	City Las Vegas	State NV	Zip 89128
From - To (MM/YY - MM/YY) 06/16 - 06/17	Address 5373 Nellie Bell	City Las Vegas	State NV	Zip 89118
From - To (MM/YY - MM/YY) 05/12 - 05/16	Address 8957 Via Bonita	City Las Vegas	State NV	Zip 89147
From - To (MM/YY - MM/YY) 01/11 - 04/12	Address 8964 Via Bonita	City Las Vegas	State NV	Zip 89147
From - To (MM/YY - MM/YY) 01/09 - 01/11	Address 7477 Ullom Dr	City Las Vegas	State NV	Zip 89139
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 ZI

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 Ivie Services LLC		From - To (MM/YY - MM/YY) 01/16 - Current	
Business Address 7117 Carmen Blvd	City Las Vegas	State NV	Zip 89128
Phone 702-575-7596	Title President - Sole Member		
Description of Duties Management of all business proceedings			
Business Name Surgical Orthopedic Skills Lab, LLC		From - To (MM/YY - MM/YY) 09/20 - Current	
Business Address 7165 S. Buffalo Suite#125	City Las Vegas	State NV	Zip 89113
Phone 702 -575-7596	Title Partner		
Description of Duties Sales Manager			
Business Name Self Employed		From - To (MM/YY - MM/YY) 01/14 - 01/16	
Business Address 7477 Ullom Dr	City Las Vegas	State NV	Zip 89139
Phone 702-575-7596	Title Independent Contractor		
Description of Duties Patient Care Representative - Provide patient in home instruction on use of Durable Medical Equipment			
Business Name Gabel Distributors LLC		From - To (MM/YY - MM/YY) 01/11 - 01/14	
Business Address 7165 S. Buffalo	City Las Vegas	State NV	Zip 89113
Phone 702-575-7596	Title Patient Care Representative		
Description of Duties Patient Care Representative - Provide patient in home instruction on use of Durable Medical Equipment			
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 ZI

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			

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 ZI

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 manufacture 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 ZI

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 # 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:

Zachary Linn
Original Signature (electronic, copies or stamps not accepted)

4/27/2021
Date
Applicant's initials ZL

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.

Zachary Ivie

Print Name (First, Last)

Zachary Ivie

Original Signature (electronic, copies or stamps not accepted)

4/27/2021

Date

Please have this section completed in the presence of a Notary Public.

State of Nevada, ss. County of Clark

I, Zachary Ivie, 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.

Zachary Ivie

Original Signature

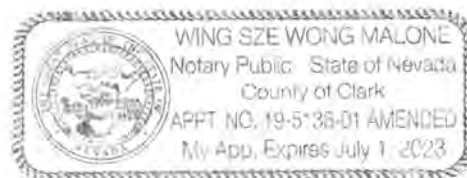
4/29/2021

Date

Subscribed and Sworn to before me this 29th day of April 2021

Wing Sze Wong Malone

Notary Public Signature



(Seal)

Applicant's initials ZI

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 4/29/2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for DME & O&P Provider

Nature of MDEG

Irie Services LLC 7165 S. Buffalo Suite B125 Las Vegas NV 89113
Name and Address of Business for Which MDEG Administrator Is Requested

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tvie Zachary James
 Last Name First Name Middle Name

Zach
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

717 Carmen Blvd Las Vegas NV 89113
 Present Residence Address-Street or RFD City State/Zip

7165 S. Buffalo Las Vegas NV 89113
 Present Business Address City State/Zip

President-Sole Member Dates 01/16 - Current
 Present Position with the MDEG

Phone: 5-594 Fax: 888-545-6251

Email address: iviemedical@gmail.com

██████████ Henderson, Clark, NV
 Date of Birth Place of Birth (City, County, State)

34 ██████████ Male
 Age Social Security Number or ITIN Sex

Blue Blonde 200lbs 6'1"
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics No tattoos, no scars, red beard

Are you a citizen of the United States? Yes No

If alien, registration No NA

If naturalized, certificate No NA Date NA

Place NA (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.

Jan 2012	Gabel Distributors 6398 Montessori St.	2,080 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient Care Representative	Instruct Patients on use of DME in home setting	Judd Whitney
Title	Description of Duties	Name of Supervisor
Jan 2013	Gabel Distributors 6398 Montessori St.	2,080 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Patient Care Representative	Instruct Patients on use of DME in home setting	Judd Whitney
Title	Description of Duties	Name of Supervisor
Jan 2014 - 2016	Self Employed/Contractor w/ Gabel Dist.	1,000 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Sales Representative	Account Manager - Coordinate Patient service	Andy Gabel
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☒ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☒ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☒ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information **and** provide a written explanation and/or documents.

- a) Board Administrative Action:
b)

State: NA

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

on.

NA



RAPH

.AST

:

Date of photograph 4/29/2021

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

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

Zachary Ivie
Original Signature of Applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/26/2021

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(les) 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 360 INSURANCE 6628 Sky Pointe Dr. Ste. 119 Las Vegas NV 89131	CONTACT NAME: Chris Huggins PHONE (A/C, No, Ext): 702-251-4000 FAX (A/C, No): 702-800-4634 E-MAIL ADDRESS: Request Certificates at www.360insurance.com														
INSURER(S) AFFORDING COVERAGE															
INSURED Ivie Services LLC 7117 CARMEN BLVD LAS VEGAS NV 89128	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER A : Kinsale Insurance Company</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>38920</td> <td></td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER A : Kinsale Insurance Company	NAIC #	38920		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Kinsale Insurance Company	NAIC #														
38920															
INSURER B :															
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY			0100151996-0	05/24/2021	05/24/2022	EACH OCCURRENCE \$ 1,000,000	
	☒ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000	
								MED EXP (Any one person) \$
								PERSONAL & ADV INJURY \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$ 2,000,000	
☒ POLICY ☐ PROJECT ☐ LOC							PRODUCTS - COMP/OP AGG \$ 2,000,000	
OTHER:							Deductible \$ \$5,000	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$	
	☐ ANY AUTO						BODILY INJURY (Per person) \$	
	☐ OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$	
	☐ HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$	
	☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$	
	UMBRELLA LIAB						EACH OCCURRENCE \$	
	EXCESS LIAB						AGGREGATE \$	
	☐ OCCUR ☐ CLAIMS-MADE						\$	
	DED RETENTION \$						PER STATUTE OTH-ER	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E.L. EACH ACCIDENT \$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	

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

PROOF OF INSURANCE

CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Chris Huggins
--------------------	--

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IVS

April 30, 2021

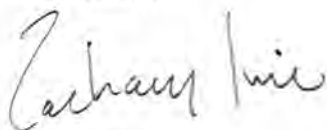
To Whom It May Concern:

Please find the attached completed Nevada State Board of Pharmacy application for Medical Device, Equipment & Gases (MDEG). The following are included:

1. Nevada State Board of Pharmacy Application for Nevada MDEG (sole owner application)
 - a. \$500.00 Application Fee (Cashier's Check)
2. Personal History Application
 - a. Complete with signature in presence of a Notary Public
3. Application to be the MDEG Administrator
 - a. Complete with personal photo
4. Proof of Insurance

I am grateful for the opportunity to submit this application. I am aware this application will arrive after the application cutoff for the next scheduled Nevada State Board of Pharmacy meeting. Is there anything I can do to expedite the process to allow this application to be placed on the next agenda? I fully understand that I cannot expect to be placed on the agenda. I must follow the same rules and guidelines as everyone else. If space/time in the upcoming agenda becomes available for the next meeting I will be available and ready to appear before the board as I am excited and eager about this new opportunity to provide service in my local community.

Sincerely,



Zach Ivie
Ivie Services LLC



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, **IVIE SERVICES LLC**, as a **DOMESTIC LIMITED-LIABILITY COMPANY (86)** duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since 01/04/2016, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 06/04/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certificate Number: B202106041725573

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

Zachary Ivie
7117 Carmen Blvd
Las Vegas, NV 89128, USA

Work Order #: W2021060401029
June 4, 2021
Receipt Version: 1

Special Handling Instructions:

Submitter ID: 98438

Charges

Description	Fee Description	Filing Number	Filing Date/Time	Filing Status	Qty	Price	Amount
Certificates	Fees	20211507949	6/4/2021 12:27:06 PM	Approved	1	\$50.00	\$50.00
Total							\$50.00

Payments

Type	Description	Payment Status	Amount
Credit Card	6228348142686577503095	Success	\$50.00
Total			\$50.00

Credit Balance: \$0.00

Zachary Ivie
[REDACTED] Carmen Blvd
Las Vegas, NV 89128, USA

Darlene Nases

From: Zach Ivie <iviemedical@gmail.com>
Sent: Thursday, August 5, 2021 12:04 PM
To: Darlene Nases
Subject: Re: MDEG Application - Ivie Services - LLC

Gabel Distributors LLC

On Thu, Aug 5, 2021 at 10:39 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Zach,

Who is the current entity there now?

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: Zach Ivie <iviemedical@gmail.com>
Sent: Thursday, August 5, 2021 10:30 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Subject: Re: MDEG Application - Ivie Services - LLC

Hi Darlene,

Thank you for reaching out.

No it is not an ownership change, the address is shared between two entities.

Let me know if you have any other questions, thank you.

On Thu, Aug 5, 2021 at 9:46 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

Hello Zach,

We were reviewing your application, and we wanted to confirm.

Is this an ownership change?

Your current physical address is associated with another license/company, so we just wanted to check.

Please let us know.

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: Friday, July 9, 2021 10:41 AM

To: 'Zach Ivie' <iviemedical@gmail.com>

Subject: RE: MDEG Application - Ivie Services - LLC

Hello Zach,

You need to be added to a Board Meeting for our Board to approve your application.

We are aiming to add you to the September meeting as we had other applications received before you that needed an appearance.

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov



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From: Zach Ivie <iviemedical@gmail.com>
Sent: Friday, July 9, 2021 10:37 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Subject: Re: MDEG Application - Ivie Services - LLC

Darlene,

I hope this email finds you well and all are healthy!

Would you be able to let me know the status of the applications I submitted? I am not very familiar with the standard procedure as these are the first applications I have submitted to the Board of Pharmacy. I do not see Ivie Services LLC on the agenda for the board's next meeting and just wanted to make sure I understood the process.

Thank you for any information you can provide.

Zach Ivie

Ivie Services LLC

On Wed, Jun 9, 2021 at 11:25 AM Zach Ivie <iviemedical@gmail.com> wrote:

Darlene,

Thank you for bringing this to my attention. I apologize for missing this item. Please find the Certificate attached below.

Let me know of anything else you need from me,

Thanks again,

Zach Ivie

On Fri, Jun 4, 2021 at 11:59 AM Darlene Nases <dnases@pharmacy.nv.gov> wrote:

To whom it may concern:

We received your MDEG Application; however, we are missing the below information.

Can you please provide so that I can attach to your application?

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

Regards,

Darlene Nases

Licensing Specialist

Nevada State Board of Pharmacy

(775) 850-1440

dnases@pharmacy.nv.gov



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16B

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy, Suite 206 – Reno, NV 89521 – (775) 850-1440
APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
 Application must be printed legibly or typed

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

☐ New MDEG	☐ Ownership Change	☐ Name Change	☒ Location Change
(Please provide current license number if making changes: MP or MW <u>MP00731</u>)			

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: National Seating & Mobility, Inc.

Physical Address: 7360 Eastgate Road, Suite 115, Henderson, NV 89011-4089
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5959 Shallowford Rd., STE 443

City: Chattanooga State: TN Zip Code: 37421-2245

Telephone: 423 756-2268 Fax: 423-362-5413

E-mail: NSMwest@nsm-seating.com Website: http://www.nsm-seating.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Tom Flynn, Branch 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 Prosthesis
Other: _____ |
|--|---|

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Tom Flynn Telephone: 702-565-5570

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 NV 0570710089

NV Medicaid 1154635878

AZ Medicaid 589986

- 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: <u>N/A</u>
☐ Advanced Practitioner of Nursing	Name: _____
☐ Physician's Assistant	Name: _____
☐ Physical Therapist	Name: _____
☐ Occupational Therapist	Name: _____
☐ Registered Nurse	Name: _____
☐ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

Jeffrey Matukewicz

Print Name of Authorized Person

Date

3/16/2021

Board Use Only

Received: _____

Amount: _____

500
Check # 5506780396

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**State of Incorporation: Tennessee

Parent Company if any: _____

Corporation Name: National Seating & Mobility, Inc.Mailing Address: 5959 Shallowford Rd., STE 443City: ChattanoogaState: TN, Zip: 37421-2245Telephone: 423 756-2268Fax: 423-362-5413

Contact Person: _____

Brenda Nepp

For any corporation non publicly traded, disclose the following:

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

a) <u>WCM NSM Acquisiton Corporation</u>	<u>5959 Shallowford Rd., STE 443 Chattanooga, TN 37421-224</u>
<u>Name</u>	<u>Address</u>
b) <u>WCM NSM Holdings Corporation (Indirect Owner)</u>	<u>5959 Shallowford Rd., STE 443 Chattanooga, TN 37421-2245</u>
<u>Name</u>	<u>Address</u>
c) <u>NSM Sub Holdings Corp. (Indirect Owner)</u>	<u>510 Madison Ave New York, NY 1002-5730</u>
<u>Name</u>	<u>Address</u>
d) <u>NSM Intermediate Holdings Corp. (Indirect Owner)</u>	<u>510 Madison Ave New York, NY 1002-5730</u>
<u>Name</u>	<u>Address</u>

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. 03) What was the price paid per share? 04) What date did the corporation actually receive the cash assets? 0

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.

See attached

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 3/24/2021

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Provider Location Change
 Nature of MDEG
National Seating & Mobility, Inc. 5959 Shallowford Rd., STE 443 Chattanooga, TN 37421-2245
 Name and Address of Business for Which MDEG Administrator Is Requested
National Seating & Mobility, Inc.
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Flynn Tom _____
 Last Name First Name Middle Name

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

Applecross Avenue Henderson, NV 89012
 Present Residence Address-Street or RFD City State/Zip

7360 Eastgate Road, Suite 115 Dates Henderson, NV 89011-4089
 Present Business Address City State/Zip

Branch Manager Dates 03/10/2014-current
 Present Position with the MDEG

Phone: Fax: 800-264-9032

Email address: tom.flynn@nsm-seating.com

 Bannockburn, Scotland
 Date of Birth Place of Birth (City, County, State)

57 Male
 Age Social Security Number or ITIN Sex

GREEN Black 185 5'11"
 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

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.

05/2014	7360 Ensigne Rd #115, Henderson NV 89011	6500
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Branch Mgr.	Manage Operations	
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
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Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

I have ☒ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☒ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☒ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☒ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents. *N/A*

a) Board Administrative Action:

State: _____

b)

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

☒ Yes ☒ No

5. Will you be employed fulltime with the MDEG?

☒ Yes ☒ No

6. Will you be present at the site of the MDEG during its normal operating hours?

☒ Yes ☒ No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....

N/A

ATI

PH

T/

IT



Date of photograph 3/24/2021

I, Tom 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 a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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



Original Signature of Applicant



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

BRAD CONDON
STE. 443
5959 SHALLOWFORD ROAD
CHATTANOOGA, TN 37421

April 6, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0411201

Issuance Date: 04/06/2021
Copies Requested: 1

Document Receipt

Receipt #: 006264396

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: [REDACTED]

\$20.00

Regarding: NATIONAL SEATING & MOBILITY, INC.

Filing Type: For-profit Corporation - Domestic

Control #: 215678

Formation/Qualification Date: 05/10/1989

Date Formed: 05/10/1989

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

NATIONAL SEATING & MOBILITY, INC.

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has filed the most recent annual report required with this office;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 045492135

**Organizational Chart
OWNERSHIP OF PROVIDER**

WCM NSM Acquisition Corporation (Direct Owner)
5959 Shallowford Rd., Ste. 443
Chattanooga, TN 37421-2245
EIN: 46-1521991
100% direct owner

WCM NSM Holdings Corporation (Indirect Owner)
5959 Shallowford Rd., Ste. 443
Chattanooga, TN 37421-2245
EIN: 90-0913815
100% indirect owner

NSM Sub Holdings Corp. (Indirect Owner)
510 Madison Ave.
New York, NY 10022
EIN: 81-3459062
100% indirect owner

NSM Intermediate Holdings Corp. (Indirect Owner)
510 Madison Ave.
New York, NY 10022
EIN: 81-3467660
100% indirect owner

NSM Top Holdings Corp. (Indirect Owner)
510 Madison Ave.
New York, NY 10022
EIN: 81-3459355
100% indirect owner

Hearts Acquisition Inc. (Indirect Owner)
510 Madison Avenue
New York, NY 10022
EIN: 84-3154681
100% indirect owner

Hearts Intermediate Holdings Inc. (Indirect Owner)
510 Madison Avenue
New York, NY 10022
EIN: 84-3167125
100% indirect owner

Hearts Holdings L.P. (Indirect Owner)
510 Madison Avenue

New York, NY 10022
EIN: 98-1509887
100% indirect owner

Sixth Cinven Fund (No. 1) LP (Indirect Owner)
510 Madison Avenue
New York, NY 10022
EIN: 98-1289882
17% indirect owner

Sixth Cinven Fund (No. 2) LP (Indirect Owner)
510 Madison Avenue
New York, NY 10022
EIN: 98-1289875
15% indirect owner

Sixth Cinven Fund (No. 3) LP (Indirect Owner)
510 Madison Avenue
New York, NY 10022
EIN: 98-1289887
8.5% indirect owner

Sixth Cinven Fund (No. 4) LP (Indirect Owner)
510 Madison Avenue
New York, NY 10022
EIN: 98-1289894
15% indirect owner

Cinven Broadway Limited Partnership (Indirect Owner)
East Wing, Trafalgar Court
Les Banques St Peter Port
Guernsey GY1 3PP
EIN: 98-1521355
17% indirect owner

Sixth Cinven FD Lux SCSp (Indirect Owner)
4 Rue Albert Borschette
Luxembourg Luxembourg L-1246
EIN: 98-1320959
18% indirect owner

Title	Name	Address	Telephone	Hire Date	Relationship to Any Other Person Listed	Date of Birth County Country	SSN	% Interest
President/CEO Board of Director	William Carter Mixon	302 Innovation Drive Suite 500 Franklin, TN 37067-5997 Williamson County	(615)595-1115	President 07/21/2014 CEO 07/01/2015 BOD 02/01/2016	None	[REDACTED] Hong Kong United Kingdom	[REDACTED]	N/A
Treasurer/CFO Board of Director	Allan Aquino Villegas	302 Innovation Drive Suite 500 Franklin, TN 37067-5997 Williamson County	(615)595-1115	Treasurer/CFO 01/11/2021 BOD 01/11/2021	None	[REDACTED] Lipa City, Philippines Asia	[REDACTED]	N/A
Secretary	Jeffrey Scott Matukewicz	5959 Shallowford Road Suite 443 Chattanooga, TN 37421-2245 Hamilton County	(423)756-2268	10/14/2013 Officer/Secretary 11/06/2015	None	[REDACTED] Douglas County, NE United States	[REDACTED]	N/A



CERTIFICATE OF LIABILITY INSURANCE

10/31/2021

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.

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 Lockton Companies 8110 E Union Avenue Suite 700 Denver CO 80237 (303) 414-6000	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:														
INSURED 1418818 National Seating & Mobility, Inc. 5959 Shallowford Road, Suite 443 Chattanooga, TN 37421-2285	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: National Fire and Marine Insurance Co</td> <td>20079</td> </tr> <tr> <td>INSURER B: Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td>INSURER C: Hartford Accident and Indemnity Company</td> <td>22357</td> </tr> <tr> <td>INSURER D: Twin City Fire Insurance Company</td> <td>29459</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: National Fire and Marine Insurance Co	20079	INSURER B: Hartford Fire Insurance Company	19682	INSURER C: Hartford Accident and Indemnity Company	22357	INSURER D: Twin City Fire Insurance Company	29459	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES**CERTIFICATE NUMBER:** 15041542**REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	N	N	42-GLO-100396-07	10/31/2020	10/31/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY	N	N	59ABS55506	10/31/2020	10/31/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$	N	N	42-UMO-100397-07	10/31/2020	10/31/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N	59WNS55504 (AOS)	10/31/2020	10/31/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	59WBR55505 (WI)	10/31/2020	10/31/2021	

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

CERTIFICATE HOLDER**CANCELLATION** See Attachments

15041542

Evidence of Coverage

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

AUTHORIZED REPRESENTATIVE

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National Seating & Mobility, Inc.
Named Insured Schedule

HEARTS Acquisition Inc.
NSM Top Holdings Corp.
NSM Intermediate Holdings Corp.
NSM Sub Holdings Corp.
WCM NSM Holdings Corporation
WCM NSM Acquisition Corporation
National Seating & Mobility, Inc.
Hudson Home Health Care, Inc.
Hudson Seating & Mobility
Home Medical Equipment, LLC
Home Medical Equipment NY, Inc.
Dependable Medical Equipment, Inc.
Dependable Medical Equipment, LLC
Travis Medical Supply Corporation
Travis Medical Sales Corporation DBA TM Supply
Kevin S. Jones, Inc. dba All American Medical Eqpt & Supplies
Mobility Solutions, Inc.
Scooters America, LLC
All Star Medical
Texas DME, Inc.
American Seating & Mobility
Allumed, Inc.

2000 W International Airport Rd, Units D3/D4/D5	Anchorage	AK	99518
2521 Meadowview Ln, Suites D & E	Pelham	AL	35124
854 Lakeside Dr., Suite B	Mobile	AL	36693
1406 I-85 Pkwy	Montgomery	AL	36106
115 45th Place North	Birmingham	AL	35222
25608 I-30 North	Bryant	AR	72202
6901 S Dallas St, Suite A	Fort Smith	AR	72903
523 Lexington Ave	Fort Smith	AR	72901
8550 N. 91 St. Ave, Suite 79	Peoria	AZ	85345
16509 Arminta St	Van Nuys	CA	91406
1125 East Stanford Ct	Anaheim	CA	92805
1650 S. Sinclair Street	Anaheim	CA	98206
4515 South B Street	Stockton	CA	95206
1190 Dell Ave, Unit L	Campbell	CA	95008
2462 Tripaldi Way	Hayward	CA	94545
7945 Dunbrook Rd, Suites F & G	San Diego	CA	92126
4705 New Horizon Blvd, Suite 2	Bakersfield	CA	93313
4980 E. University Ave, Units 111-114	Fresno	CA	93727
4960 E. University Ave, Unit 106	Fresno	CA	93727
3351 Business Dr., Ste 104	Sacramento	CA	95820
3651 Business Dr, Ste 120	Sacramento	CA	95820
3345 Industrial Drive, Unit 14	Santa Rosa	CA	95403
2850 Cordella Rd, Suites 140 & 150	Fairfield	CA	94534
350 Alabama St, Suites C/D/E/F	Redlands	CA	92373
6457 Skyway	Paradise	CA	95969
3535 Industrial Dr, Suite B1	Santa Rosa	CA	95403
310 Pine Ave, Ste A	Goleta	CA	93117
1240 Redwood Blvd	Redding	CA	96003
825 Arnold Drive, Suite 112	Martinez	CA	94553
12503 E. Euclid Drive, Suite 60	Centennial	CO	80111
2387 River Rd Ste 130	Grand Junction	CO	81505
11 Freedom Way, Units A3-A6	Niantic	CT	06357
151 Rockwell Dr	Newington	CT	06111
28 Mashamoquet Rd, Route 101	Pomfret Center	CT	06259
16C Mashamoquet Rd, Route 101	Pomfret Center	CT	06259
1335 NW 98th Ct, Unit 1	Doral	FL	33172
4300 Ford Street, Ext. Unit 101	Fort Myers	FL	33916
715-Q West SR 434	Longwood	FL	32750
1404 & 1406 SW 13th Ct, Bays A-3 and A-4	Pompano Beach	FL	33069
12505 Starkey Road, Suite C	Largo	FL	33773
7219 Bryan Dairy Rd, Ste 7219	Largo	FL	33771
11651 Central Parkway, Ste 121 & 120	Jacksonville	FL	32224
5914 Jet Port Industrial Blvd	Tampa	FL	33634
7123 State Road 54	New Port Richey	FL	34653
7135 State Road 54	New Port Richey	FL	34653
2517 Merchant Avenue # B	Odessa	FL	33556
502 Sunport Ln, Suite 350	Orlando	FL	32809
3417 Oakcliff Rd, Suite 106	Doraville	GA	30340
15 Heatco Court SW, STE A	Cartersville	GA	30120
1022 Walton Way, Ste D	Augusta	GA	30901
4406 Mercer University Drive, Suite D	Macon	GA	31210
4105 Adrian St	Tucker	GA	30084
6409 Abercorn St, Suite B-1	Savannah	GA	31406
96-1173 Waihona St, Unit A-3	Pearl City	HI	96782
2415 Heinz Rd	Iowa City	IA	52240

3936 & 3938 NW Urbandale Dr	Urbandale	IA	50322
5485 NE 17th St, Suite I	Des Moines	IA	50313
1640 E Schneidmiller Ave.	Post Falls	ID	83854
1640 East Schneidmiller Avenue	Post Falls	ID	83854
5444 East Ave, Unit A	Countryside	IL	60525
3808 W. Springfield Ave, Suites B & C	Champaign	IL	61822
4205 & 4209 Pfeiffer Rd	Bartonville	IL	61607
2626 Kotter Ave Suite C & Warehouse E	Evansville	IN	47715
3927 Kraft Pkwy, Suite A	Fort Wayne	IN	46808
7050 N Guion Rd, Suite A	Indianapolis	IN	46268
7050 N Guion Rd, Suite B	Indianapolis	IN	46268
4011 S Michigan St	South Bend	IN	46614
1454 Morthland Dr.	Valparaiso	IN	46385
1635 East 37th St North, Suite 5	Wichita	KS	67219
2025 Leestown Rd, Unit L	Lexington	KY	40511
11003 Bluegrass Parkway, Suite 460	Louisville	KY	40299
1000-B Albertson Pkwy, Units 7 & 8	Broussard	LA	70518
207 Roto Park Dr	Broussard	LA	70518
5515 Pepsi St, Suites A & B	Harahan	LA	70123
37326 Commerce Lane	Prairieville	LA	70769
8 Erie Drive, Unit A	Natick	MA	01760
12 Southville Rd.	Southborough	MA	01772
150 Padgette St, Unit F	Chicopee	MA	01022
470 Wildwood Ave, Suite 4	Woburn	MA	01801
101 Constitution Blvd., Ste. E	Franklin	MA	02038
401 VFW Drive	Rockland	MA	02370
7389 Washington Blvd Suite 101	Elkridge	MD	21075
1313 National Hwy, Ste 13	LaVale	MD	21502
8039 Penn Randall Place	Upper Marlboro	MD	20772
11438 Cronridge Dr. Suite X	Owings Mill	MD	21117
625 Broadway, Unit C	Bangor	ME	04401
5 Wellspring Rd	Biddeford	ME	04005
2612 Hwy US 41 W	Marquette	MI	49855
10341 Hercules Rd	Freeland	MI	48623
657 Chestnut Ct, Unit 3 & Garage 6	Gaylord	MI	49735
1438 E Michigan Ave	Lansing	MI	48912
419 Lentz Ct	Lansing	MI	48917
1100 W 13 Mile Rd	Madison Heights	MI	48071
G1101 N Ballenger Hwy, Ste B	Flint	MI	48504
3200 W Temperance Rd, Suite A-C	Temperance	MI	48182
1967 Woodslee Drive	Troy	MI	48083
1775 Old Highway 8 NW Ste 103	New Brighton	MN	55112
4700-4702 Happy Lane	Arnold	MO	63010
502 Earth City Plaza, Suite 200	Earth City	MO	63045
108 North Layfair Drive	Flowood	MS	39232
2747 Enterprise Ave Suite 4	Billings	MT	59102
454 Moore Lane, Suite 3	Billings	MT	59101
2475 North Cooke Street, Unit C	Helena	MT	59601
65 Shiloh Road	Asheville	NC	28803
1031 Malcolm Blvd	Connelly Springs	NC	28612
800 Central Avenue	Charlotte	NC	28204
8421 Old Statesville Rd., Suite 18	Charlotte	NC	28269
12362 Oak Ave	Bailey	NC	27807
3900 S 6th St, Suite 10	Lincoln	NE	68502
315 Derry Rd, Unit 4	Hudson	NH	03051

5146 W Hurley Pond Rd (Wall Township v Farmingdale)	Farmingdale	NJ	07727
160 Algonquin Parkway	Whippany	NJ	07981
125 Park Avenue	Madison	NJ	07940
4431 Anaheim Ave. NE Suite A	Albuquerque	NM	87113
7665 Commerical Way, Suite H	Henderson	NV	89011
7360 Eastgate Road, Suite 115	Henderson	NV	89011
747 Pierce Rd., Suite C	Clifton Park	NY	12065
1810 Military Road, Suite 100	Kenmore	NY	14217
19-B Ransier Drive	West Seneca	NY	14224
12 Jupiter Ln, Unit 4	Albany	NY	12205
40 Melville Park Road	Melville	NY	11747
1050 Stewart Ave	Garden City	NY	11530
1513 Olmstead Ave	Bronx	NY	10462
2069 Central Ave	Albany	NY	12205
2329 Crowne Point Dr	Sharonville	OH	45241
6501 Angola Rd, Unit P	Holland	OH	43528
306 E 5th Ave	Columbus	OH	43201
6430 Eastland Rd, Unit C	Brook Park	OH	44142
1777 Spencer Street	Toledo	OH	43609
1087 N Meridian Rd	Youngstown	OH	44509
3500 Lakeside Dr	Oklahoma City	OK	73179
3401 North May	Oklahoma City	OK	73112
William Medical Building, 6585 S Yale Ave, Ste 440	Tulsa	OK	74147
5616 S 122nd E Ave, Ste C	Tulsa	OK	74146
5820 Jean Rd, Ste 100	Lake Oswego	OR	97035
7525 NE Ambassador Place, Ste B	Portland	OR	97220
1601 Oak Street, Suite B	Eugene	OR	97401
3503 Old Hwy 99 S, Unit A	Roseburg	OR	97471
5250 High Banks Rd, Ste 600	Springfield	OR	97478
1957 Pioneer Rd, Bldg C	Huntingdon	PA	19006
730 Vista Park Dr	Pittsburgh	PA	15205
2030 Center St, Suite 103	Northampton	PA	18067
3324 Plaza Dr	Reading	PA	19605
6360 Flank Dr, Suite 1500	Harrisburg	PA	17112
117 N Keystone Ave	Sayre	PA	18840
5050 Ridge Rd, Ste 106	Erie	PA	16506
11 Knight St Units F22 & F23	Warwick	RI	02886
2551 Oscar Johnson Dr, Unit C	North Charleston	SC	29405
1401 St. Andrews Rd, Ste 120	Columbia	SC	29210
153 Grace Dr, Suite A	Easley	SC	29640
5959 Shallowford Rd, Suite 435-447, 423 & 529	Chattanooga	TN	37421
320 Premier Ct, Ste 220	Franklin	TN	37067
3930 South Perkins Rd	Memphis	TN	38118
1610 Elm Hill Pike, Suite A	Nashville	TN	37210
2180 Stein Dr, Ste 106	Chattanooga	TN	37421
115 Hayfield Rd, Ste A	Knoxville	TN	37922
3708 East Stone Dr	Kingsport	TN	37660
701 East Main Street	Hohenwald	TN	38462
9494 Kirby Dr	Houston	TX	77054
2300 Valley View Lane, Ste 205	Farmers Branch	TX	75050
8666 Huebner Rd, Suite 100	San Antonio	TX	78250
10945 Eastex Freeway	Beaumont	TX	77708
1201 W Houston Ave	McAllen	TX	78501
1003 NNE Loop 323	Tyler	TX	75708
211 S. Stemmons Fwy	Lewisville	TX	75067

3374 S Treadaway Blvd	Abilene	TX	79602
10810 State Hwy 191	Midland	TX	79707
172 Midway Center	Woodway	TX	76712
5470 E Loop 820 S #110	Ft. Worth	TX	76119
12402 Slide Road, Building 3, Suite 305	Lubbock	TX	79424
4103 Kramer Lane, Suite 201	Texarkana	TX	75501
2705 Bee Caves Rd, Ste 230	Austin	TX	78746
11436 Rojas Suite B6	El Paso	TX	79936
1724 Sunset Drive	San Angelo	TX	76904
118A South Park Drive	Brownwood	TX	76801
2910 S Padre Island Drive	Corpus Christi	TX	78415
6894 Alamo Downs Pkwy	San Antonio	TX	78238
2001 108th Street, Ste 104	Grand Prairie	TX	75050
1103 W Adams Ave	Temple	TX	76504
1332 Upland Drive	Houston	TX	77043
604 N Nolan River Road	Cleburne	TX	76033
3201 Industrial Terrace #130	Austin	TX	78758
12402 Slide Rd, Building 4, Suite 401	Lubbock	TX	79424
4397 Crawford	Abilene	TX	79602
10421 Gulfdale Street	San Antonio	TX	78216
1850 Crown Drive, Ste 1114	Farmers Beach	TX	75234
611 W Ben White Blvd	Austin	TX	78704
1578 West 7800 S, Ste 200	West Jordan	UT	84088
6553 S Cottonwood St	Murray	UT	84107
1719 W 2800 S, Suite 102	Ogden	UT	84401
3347 Enterprise Rd	Norfolk	VA	23502
3941 Deep Rock Rd	Henrico	VA	23233
88 Ivy Ridge Lane	Fishersville,	VA	22939
5306 Peters Creek Rd, Suite D	Roanoke	VA	24019
7420 Fullerton Rd, Suite 100	Springfield	VA	22153
6 Green Tree Dr., Unit 1	South Burlington	VT	05403
6601 220th Street SW, Ste 6	Mountlake Terrace	WA	98043
5709 Lacey Blvd SE, Suite 200	Lacey	WA	98503
170 Steward Rd SW	Pacific	WA	98047
2222 Simpson Avenue	Aberdeen	WA	98520
34310 9th Avenue S. Ste 105	Federal Way	WA	98003
1140 79th Avenue SE	Olympia	WA	98501
3302 Cedardale Road	Mount Vernon	WA	98273
5628 Clearwater Avenue, Suite C-16/C-17	Kennewick	WA	99336
12040 W Feerick St, Unit A	Wauwatosa	WI	53222
726 Walsh Road	Madison	WI	53714
N922 Tower View Dr, Unit N	Greenville	WI	54942
1551 Miller St, Suites A & B and Warehouse Suites B1 & B2	La Crosse	WI	54603
3334 Mormon Coulee Road	La Crosse	WI	54601
204 Roxalana Business Park	Dunbar	WV	25064

16C

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: Owens Healthcare - Medical Equipment, Inc.

Physical Address: 2700 Mill St., Ste. 800
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Reno State: NV Zip Code: 89502

Telephone: (775) 460-4080 Fax: (775) 201-1085

E-mail: tdodds@owenshealthcare.com Website: www.myowens.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 4PM Tue: 9AM to 4PM Wed: 9AM to 4PM Thu: 9AM to 4PM

Fri: 9AM to 4PM Sat: Not Open to Sun: Not Open to Holidays: Not Open to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Matthew Rotter

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Matthew Rotter Telephone: (775) 336-9076

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:

B08076039	8033208	

- 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

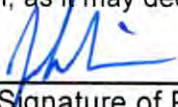
This page must be submitted for all types of ownership.

- 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

John Friesen
Print Name of Authorized Person

5/19/2021
Date

Board Use Only

Received: _____

Amount: 500check # 11082

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: CAParent Company if any: n/aCorporation Name: Owens Healthcare - Medical Equipment, Inc.Mailing Address: 2247 Court St.City: ReddingState: Zip: CA, 96001

Telephone: _____

530-246-1075

Fax: 530-246-8794 Contact Person: Todd Dodds

For any corporation non publicly traded, disclose the following:

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

a) John Friesen, [REDACTED] Bakers Hill Rd, Redding, CA 96001
Name Addressb) n/a

Name

Address

c) n/a

Name

Address

d) n/a

Name

Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 1,0003) What was the price paid per share? \$1.004) What date did the corporation actually receive the cash assets? 6/17/1994

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

INCORPORATED UNDER THE LAWS OF THE STATE OF CALIFORNIA

JUNE 17, 1994



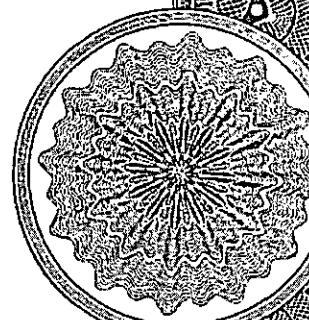
This ~~Certificate~~ JOHN A. FRIESEN REVOCABLE TRUST is the
registered holder of ONE THOUSAND Shares

Owens Healthcare - Medical Equipment, Inc.
transferable only on the books of the Corporation by the holder hereof or
person or by attorney upon surrender of this Certificate properly endorsed.

In Witness Whereof, the said Corporation has caused this Certificate to be signed
by its duly authorized officers and its Corporate Seal to be hereunto affixed
this 1st day of JANUARY A.D. 1994

[Signature]

SECRETARY



[Signature]

PRESIDENT

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.

Royce Friesen, Founder
John Friesen, Executive Chairman
John Friesen, President/CEO
John Friesen, CFO
John Friesen, Secretary



Secretary of State Certificate of Status

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

Entity Name: OWENS HEALTHCARE - MEDICAL EQUIPMENT, INC.
File Number: C1892161
Registration Date: 06/17/1994
Entity Type: DOMESTIC STOCK CORPORATION
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of May 17, 2021 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

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



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 18, 2021.

A handwritten signature in black ink, appearing to read "Shirley N. Weber".

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

Certificate Verification Number: Z7X76WZ

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/7/2021

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 InterWest Insurance Serv., LLC License #0801094 310 Hemsted Dr., Suite 200 Redding CA 96002-0935	CONTACT NAME: Jennifer Lakmann, CISR PHONE (A/C No. Ext): 530-222-1737 FAX (A/C, No): 530-222-3771 E-MAIL ADDRESS: jlakmann@iwins.com														
INSURED Owens Healthcare Inc. P.O. Box 990550 Redding CA 96099	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Citizens Insurance Company of America</td> <td>31534</td> </tr> <tr> <td>INSURER B: The Hanover Insurance Company</td> <td>22292</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Citizens Insurance Company of America	31534	INSURER B: The Hanover Insurance Company	22292	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 736509693 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☒ LOC OTHER:		LBF992729708	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben \$ 1,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		UHF993278308	5/1/2021	5/1/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$ PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				

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

Named Insured: Owens Healthcare, Inc., Owens Healthcare Specialty Pharmacy, Inc., Owens Healthcare Medical Equip. Inc., Owens Healthcare Closed Door Pharmacy, Inc., John A Friesen Revocable Trust; Coverage on the above listed policy is for the following covered locations per attached list.

CERTIFICATE HOLDER

CANCELLATION

Proof Of Insurance	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>P. O. W.</i>
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL GENERAL LIABILITY BROADENING ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SUMMARY OF COVERAGES

1.	Additional Insured by Contract, Agreement or Permit	Included
2.	Additional Insured – Primary and Non-Contributory	Included
3.	Blanket Waiver of Subrogation	Included
4.	Bodily Injury Redefined	Included
5.	Broad Form Property Damage – Borrowed Equipment, Customers Goods & Use of Elevators	Included
6.	Knowledge of Occurrence	Included
7.	Liberalization Clause	Included
8.	Medical Payments – Extended Reporting Period	Included
9.	Newly Acquired or Formed Organizations - Covered until end of policy period	Included
10.	Non-owned Watercraft	51 ft.
11.	Supplementary Payments Increased Limits	
	- Bail Bonds	\$2,500
	- Loss of Earnings	\$1000
12.	Unintentional Failure to Disclose Hazards	Included
13.	Unintentional Failure to Notify	Included

This endorsement amends coverages provided under the Commercial General Liability Coverage Part through new coverages, higher limits and broader coverage grants.

1. Additional Insured by Contract, Agreement or Permit

The following is added to **SECTION II – WHO IS AN INSURED:**

Additional Insured by Contract, Agreement or Permit

- a. Any person or organization with whom you agreed in a written contract, written agreement or permit that such person or organization to add an additional insured on your policy is an additional insured only with respect to liability for "bodily injury", "property damage", or "personal and advertising injury" caused, in whole or in part, by your acts or omissions, or the acts or omissions of those acting on your behalf, but only with respect to:

(1) "Your work" for the additional insured(s) designated in the contract, agreement or permit;

(2) Premises you own, rent, lease or occupy; or

(3) Your maintenance, operation or use of equipment leased to you.

- b. The insurance afforded to such additional insured described above:

(1) Only applies to the extent permitted by law; and

(2) Will not be broader than the insurance which you are required by the contract, agreement or permit to provide for such additional insured.

- (3) Applies on a primary basis if that is required by the written contract, written agreement or permit.
 - (4) Will not be broader than coverage provided to any other insured.
 - (5) Does not apply if the "bodily injury", "property damage" or "personal and advertising injury" is otherwise excluded from coverage under this Coverage Part, including any endorsements thereto.
- c. This provision does not apply:
- (1) Unless the written contract or written agreement was executed or permit was issued prior to the "bodily injury", "property damage", or "personal injury and advertising injury".
 - (2) To any person or organization included as an insured by another endorsement issued by us and made part of this Coverage Part.
 - (3) To any lessor of equipment:
 - (a) After the equipment lease expires; or
 - (b) If the "bodily injury", "property damage", "personal and advertising injury" arises out of sole negligence of the lessor
 - (4) To any:
 - (a) Owners or other interests from whom land has been leased which takes place after the lease for the land expires; or
 - (b) Managers or lessors of premises if:
 - (i) The occurrence takes place after you cease to be a tenant in that premises; or
 - (ii) The "bodily injury", "property damage", "personal injury" or "advertising injury" arises out of structural alterations, new construction or demolition operations performed by or on behalf of the manager or lessor.
 - (5) To "bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of or the failure to render any professional services.
- This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" or the offense which caused the "personal and

advertising injury" involved the rendering of or failure to render any professional services by or for you.

- d. With respect to the insurance afforded to these additional insureds, the following is added to **SECTION III - LIMITS OF INSURANCE**:

The most we will pay on behalf of the additional insured for a covered claim is the lesser of the amount of insurance:

- 1. Required by the contract, agreement or permit described in Paragraph a.; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

2. Additional Insured - Primary and Non-Contributory

The following is added to **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 4. Other Insurance:

Additional Insured - Primary and Non-Contributory

If you agree in a written contract, written agreement or permit that the insurance provided to any person or organization included as an Additional Insured under **SECTION II - WHO IS AN INSURED**, is primary and non-contributory, the following applies:

If other valid and collectible insurance is available to the Additional Insured for a loss covered under Coverages A or B of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary to other insurance that is available to the Additional Insured which covers the

Additional Insured as a Named Insured. We will not seek contribution from any other insurance available to the Additional Insured except:

- (1) For the sole negligence of the Additional Insured;
- (2) When the Additional Insured is an Additional Insured under another primary liability policy; or
- (3) when b. below applies.

If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in c. below.

b. Excess Insurance

- (1) This insurance is excess over any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is Fire insurance for premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner;
 - (c) That is insurance purchased by the Additional Insured to cover the Additional Insured's liability as a tenant for "property damage" to premises rented to the Additional Insured or temporarily occupied by the Additional Insured with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY.
- (2) When this insurance is excess, we will have no duty under Coverages A or B to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.
- (3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self insured amounts under all that other insurance.

We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each

insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first. If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers

3. Blanket Waiver of Subrogation

The following is added to SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 8. Transfer Of Rights Of Recovery Against Others To Us:

We waive any right of recovery we may have against any person or organization with whom you have a written contract that requires such waiver because of payments we make for damage under this coverage form. The damage must arise out of your activities under a written contract with that person or organization. This waiver applies only to the extent that subrogation is waived under a written contract executed prior to the "occurrence" or offense giving rise to such payments.

4. Bodily Injury Redefined

SECTION V – DEFINITIONS, Definition 3. "bodily injury" is replaced by the following:

3. "Bodily Injury" means bodily injury, sickness or disease sustained by a person including death resulting from any of these at any time. "Bodily injury" includes mental anguish or other mental injury resulting from "bodily injury".

5. Broad Form Property Damage – Borrowed Equipment, Customers Goods, Use of Elevators

- a. SECTION I – COVERAGES, COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. Exclusions subparagraph j. is amended as follows:

Paragraph (4) does not apply to "property damage" to borrowed equipment while at a jobsite and not being used to perform operations.

Paragraphs (3), (4) and (6) do not apply to "property damage" to "customers goods" while on your premises nor do they apply to the use of elevators at premises you own, rent, lease or occupy.

- b. The following is added to SECTION V – DEFINITIONS:

24. "Customers goods" means property of your customer on your premises for the purpose of being:

- a. worked on; or
 - b. used in your manufacturing process.
- c. The insurance afforded under this provision is excess over any other valid and collectible property insurance (including deductible) available to the insured whether primary, excess, contingent
- 6. **Knowledge of Occurrence**
The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit**:
 - e. Notice of an "occurrence", offense, claim or "suit" will be considered knowledge of the insured if reported to an individual named insured, partner, executive officer or an "employee" designated by you to give us such a notice.
- 7. **Liberalization Clause**
The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**:
Liberalization Clause
If we adopt any revision that would broaden the coverage under this Coverage Form without additional premium, within 45 days prior to or during the policy period, the broadened coverage will immediately apply to this Coverage Part.
- 8. **Medical Payments – Extended Reporting Period**
 - a. **SECTION I – COVERAGES, COVERAGE C – MEDICAL PAYMENTS**, Paragraph 1. **Insuring Agreement**, subparagraph a.(3)(b) is replaced by the following:
 - (b) The expenses are incurred and reported to us within three years of the date of the accident; and
 - b. This coverage does not apply if **COVERAGE C – MEDICAL PAYMENTS** is excluded either by the provisions of the Coverage Part or by endorsement.
- 9. **Newly Acquired Or Formed Organizations**
SECTION II – WHO IS AN INSURED, Paragraph 3.a. is replaced by the following:
 - a. Coverage under this provision is afforded until the end of the policy period.

10. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Paragraph 2. **Exclusions**, subparagraph g.(2) is replaced by the following:

g. Aircraft, Auto Or Watercraft

(2) A watercraft you do not own that is:

- (a) Less than 51 feet long; and
- (b) Not being used to carry persons or property for a charge;

This provision applies to any person who, with your consent, either uses or is responsible for the use of a watercraft.

11. Supplementary Payments Increased Limits

SECTION I – SUPPLEMENTARY PAYMENTS COVERAGES A AND B, Paragraphs 1.b. and 1.d. are replaced by the following:

1.b. Up to \$2,500 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

1.d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1000 a day because of time off from work.

12. Unintentional Failure to Disclose Hazards

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 6. **Representations**:

We will not disclaim coverage under this Coverage Part if you fail to disclose all hazards existing as of the inception date of the policy provided such failure is not intentional.

13. Unintentional Failure to Notify

The following is added to **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Paragraph 2. **Duties in the Event of Occurrence, Offense, Claim or Suit**:

Your rights afforded under this policy shall not be prejudiced if you fail to give us notice of an "occurrence", offense, claim or "suit", solely due to your reasonable and documented belief that the "bodily injury" or "property damage" is not covered under this policy.

ALL OTHER TERMS, CONDITIONS, AND EXCLUSIONS REMAIN UNCHANGED.

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 5-18-21

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein 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 Provider of medical devices, equipment and gases
Nature of MDEG

Owens Healthcare-Medical Equipment, Inc., 2700 Mill St., Ste. 800, Reno
NV, 89502
Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:Rotter

Last Name

MATTHEW

First Name

LAWRENCE

Middle Name

N/A

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

MANOR DR.

Present Residence Address-Street or RFD

RENO

City

NV. 89509

State/Zip

N/A

Present Business Address

Dates

City

State/Zip

BUSINESS DEVELOPMENT Dates6-1-2021

Present Position with the MDEG

Phone

Fax:

Email address:

Date of Birth

51

Age

Burbank CA

Place of Birth (City, County, State)

[REDACTED]

Social Security Number

M

Sex

BLUE

Color of Eyes

BROWN

Color of Hair

235

Weight

6'

Height

Scars, tattoos or distinguishing marks and/or characteristics NONEAre you a citizen of the United States? Yes ☒ No ☐

If alien, registration No

N/A

If naturalized, certificate No

Date

Place (If naturalized, document must be verified.)

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.

01/2000	BENNETT MEDICAL SERVICES	40,160
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
EXECUTIVE V.P.	MANAGEMENT	DOUG BENNETT
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

- a) Board Administrative Action: State: N/A
- 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?

☐ No ☐

If you answer No to questions 4, 5 or 6 please provide a written le

N/A

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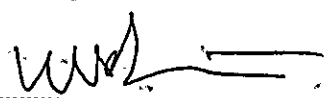
T



Date of photograph 5-19-21

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

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


Original Signature of Applicant

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 InformationName of Pharmacy/MDEG/Wholesaler Owens Healthcare - Medical Equipment, Inc.Physical Address 2700 Mill St., Ste. 800City Reno State NV Zip 89502Mailing Address (if different from physical address) n/a

City _____ State _____ Zip _____

Telephone 775-460-4080 Website www.myowens.comLicensing Company Email tdodds@owenshealthcare.com**Section 2: Personal Information**First John Middle Andrew Last FriesenAlias(es, nicknames, name changes, etc.) n/aDate of Birth _____ SSN or ITIN _____ Sex ☒ M ☐ F ☐ XMailing Address Bakers Hill RdCity Redding State CA Zip 96001Telephone _____ Email jfriesen@owenshealthcare.comAre 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

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 California State University, Chico			From - To (MM/YY - MM/YY) 09/1994 - 06/1996	
Address 400 W 1st St		City Chico	State CA	Zip 95929
Diploma/Degree obtained, if any Masters of Business Administration				
School Name University of the Pacific			From - To (MM/YY - MM/YY) 09/1987 - 06/1991	
Address 3601 Pacific Ave		City Stockton	State CA	Zip 95211
Diploma/Degree obtained, if any Doctor of Pharmacy				
School Name Shasta College			From - To (MM/YY - MM/YY) 09/1986 - 06/1987	
Address 11555 Old Oregon Trail		City Redding	State CA	Zip 96003
Diploma/Degree obtained, if any				
School Name Shasta High School			From - To (MM/YY - MM/YY) 09/1982 - 06/1986	
Address 2500 Eureka Way		City Redding	State CA	Zip 96001
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) 06/17 - present	Address [REDACTED] Bakers Hill Rd	City Redding	State CA	Zip 96001
From - To (MM/YY - MM/YY) 06/96 - 06/17	Address 1091 River Ridge Dr	City Redding	State CA	Zip 96003
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 JB

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 Owens Healthcare, Inc.		From - To (MM/YY - MM/YY) 06/1991- present	
Business Address 2247 Court St		City Redding	State CA
Phone 530-246-1075	Title Executive Chairman		
Description of Duties Head of the Board of Directors, advises the company executives.			

Business Name Owens Healthcare - Medical Equipment, Inc.		From - To (MM/YY - MM/YY) 06/1991- present	
Business Address 2247 Court St.		City Redding	State CA
Phone 530-246-1075	Title Executive Chairman		
Description of Duties Head of the Board of Directors, advises the company executives.			

Business Name Owens Healthcare - Retail Pharmacy, Inc.		From - To (MM/YY - MM/YY) 06/1991- 12/2020	
Business Address 2247 Court St.		City Redding	State CA
Phone 530-246-1075	Title Executive Chairman		
Description of Duties Head of the Board of Directors, advises the company executives.			

Business Name Owens Healthcare - Closed Door Pharmacy, Inc.		From - To (MM/YY - MM/YY) 06/1991- present	
Business Address 2247 Court St.		City Redding	State CA
Phone 530-246-1075	Title Executive Chairman		
Description of Duties Head of the Board of Directors, advises the company executives.			

Business Name Owens Healthcare - Specialty Pharmacy, Inc.		From - To (MM/YY - MM/YY) 06/1991- present	
Business Address 2247 Court St.		City Redding	State CA
Phone 530-246-1075	Title Executive Chairman		
Description of Duties Head of the Board of Directors, advises the company executives.			

Continue on next page if additional space is needed.

Applicant's initials

A

Business Name FP Investments, LLC		From - To (MM/YY - MM/YY) 6/01 - present	
Business Address 2247 Court St.		City Redding	State CA
Phone 530-241-3287	Title Managing partner		
Description of Duties Handles management duties, drives new acquisitions.			

Business Name Friesen Foundation		From - To (MM/YY - MM/YY) 02/19 - present	
Business Address 2247 Court St.		City Redding	State CA
Phone 530-440-5921	Title Board Member		
Description of Duties Oversee the non-profit's activities.			

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

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

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

Make copies of this page OR use a separate piece of paper if additional space is needed.			
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Applicant's initials *J*

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 manufacture 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 # ⁵ _____. Provide all the following where applicable:

Date of Event/Arrest DOL 5/19/16	Disposition Date Settled 2/22/18	State CA	City Redding	County Shasta
Case # 187413		Governing, licensing, Arresting Presiding Body/Agency/Court Shasta County Superior Court		
Reason/Charge Alleged pharmacy dispensing error				
Plaintiff/Defendant/Claimant/Respondent Marjorie McAleer v. Owens Healthcare - Retail Pharmacy, Inc.			Lawsuit/Arbitration/Bankruptcy Civil Lawsuit	
Name of Business/Industry/Entity Owens Healthcare - Retail Pharmacy, Inc.				

Provide explanation below:

Plaintiff, age 91 at the time, alleged that on the morning of 5/19/16 she ingested a pill from a prescription bottle for her morning dose of Metropolol (blood pressure). She alleged that even though she noticed it was a different shape than her normal Metropolol pill, she took it anyway, thinking that the manufacturer must have just changed the shape of the pill or that the pharmacy had given her a different brand of the same drug. However, within minutes, she was nauseated and vomiting severely.

She called her daughter who took her to the hospital. She was treated with Zofran and the nausea subsided immediately. However, just to be sure nothing else was going on that could have explained her symptoms, plaintiff was put through a battery of tests and procedures including xrays, CT scans, and EKGs. These all were normal for her age and condition. Nonetheless, she was kept for observation overnight even though she was back to normal health within about one hour of her admission.

Several days later, on 5/23/16, the daughter arrived at the defendant pharmacy with the prescription bottle from which her mother had allegedly taken that one tab. The bottle should have been filled with 30 tabs of Metropolol only. However, the pharmacist found 17 Oxycodone and 30 Metropolol tabs in the bottle. The pharmacist removed the 17 Oxycodone and gave the bottle with just 30 Metropolol tabs back to the daughter.

This lawsuit resulted. Plaintiff alleged that Owens Pharmacy somehow filled a bottle that should have only had 30 Metropolol tabs with not only 30 Metropolol tabs but also at least 18 additional Oxycodone tabs. That scenario is implausible. First, a single Oxycodone tab is unlikely to have caused such severe symptoms so quickly. Second, the method of filling prescriptions at the pharmacy categorically precludes an error of this sort. Such a scenario could not be explained by an error. It could only have happened intentionally - and the pharmacy certainly did not intentionally put 18 Oxycodone in a bottle of 30 Metropolol. The lawsuit settled for less than the costs of defense.


Original Signature (electronic, copies or stamps not accepted)

5-19-21
Date

Applicant's initials JP

CIV-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Jonz Norine, SBN 182220 KENNY & NORINE 2701 Park Marina Drive Redding CA 96001 TELEPHONE NO.: 530-225-8990 FAX NO.: 530-225-8944 E-MAIL ADDRESS: jnorine@lawnorcal.com ATTORNEY FOR (Name): defendant Owens Healthcare - Retail Pharmacy, Inc.	FOR COURT USE ONLY FILED MAR - 8 2018 CLERK OF THE SUPERIOR COURT BY: G. HOYT, DEPUTY CLERK
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA STREET ADDRESS: 1500 Court Street MAILING ADDRESS: Redding CA 96001 CITY AND ZIP CODE: BRANCH NAME:	
PLAINTIFF/PETITIONER: Marjorie McAleer DEFENDANT/RESPONDENT: Owens Pharmacy	
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE ☒ Personal Injury, Property Damage, or Wrongful Death ☐ Motor Vehicle ☒ Other ☐ Family Law ☐ Eminent Domain ☐ Other (specify):	CASE NUMBER: 187413

TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the Request for Dismissal. (Attach a copy completed by the clerk.)

Date: March 8, 2018

Jonz Norine

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

(SIGNATURE)

PROOF OF SERVICE

- I am over the age of 18 and not a party to this cause. My residence or business address is:
Business: 2701 Park Marina Drive, Redding, CA 96001
- ☒ I am a resident of or employed in the county where the mailing occurred. I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by mailing them, in a sealed envelope with postage fully prepaid, as follows:
 - ☐ I deposited the envelope with the United States Postal Service.
 - ☒ I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
 - Date of deposit: March 8, 2018
 - Place of deposit (city and state): Redding, California
 - Addressed as follows (name and address):
Steven H. Schultz, Law Office of Steven H. Schultz,
701 Howe Avenue, Suite A-3, Sacramento, CA 95825
- ☐ I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by personally delivering copies as shown below:
 - Name of person served:
 - Address at which person served:
 - On (date):
 - At (time):
- ☐ I served a copy of the *Notice of Entry of Dismissal* and *Request for Dismissal* by electronically serving copies as shown below (complete if electronic service is used based on a court order or agreement of the parties):
 - Name of person served:
 - Electronic service address of person served:
 - On (date):
 - At (time):
 - Electronic service address from which I served the documents:
 - ☐ Proof of electronic service is attached.
- ☐ Proof of service on additional parties is attached.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: March 8, 2018

Tamara Warren

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 1

CIV-110

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Jonz Norine - 182220 KENNY & NORINE 2701 Park Marina Drive Redding CA 96001 TELEPHONE NO.: 530-225-8990 FAX NO. (Optional): 530-225-8944 E-MAIL ADDRESS (Optional): jnorine@lawnorcal.com ATTORNEY FOR (Name): defendant Owens Healthcare - Retail Pharmacy, Inc.		FOR COURT USE ONLY FILED MAR 05 2018 CLERK OF THE SUPERIOR COURT BY: Y. YANEZ, DEPUTY CLERK CASE NUMBER: 187413
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA STREET ADDRESS: 1500 Court Street MAILING ADDRESS: Redding CA 96001 CITY AND ZIP CODE: BRANCH NAME:		
PLAINTIFF/PETITIONER: Marjorie McAleer DEFENDANT/RESPONDENT: Owens Pharmacy		
REQUEST FOR DISMISSAL *Filed with fax signature*		
A conformed copy will not be returned by the clerk unless a method of return is provided with the document. This form may not be used for dismissal of a derivative action or a class action or of any party or cause of action in a class action. (Cal. Rules of Court, rules 3.780 and 3.770.)		

1. TO THE CLERK: Please dismiss this action as follows:

- a. (1) ☒ With prejudice (2) ☐ Without prejudice
 b. (1) ☐ Complaint (2) ☐ Petition
 (3) ☐ Cross-complaint filed by (name):
 (4) ☐ Cross-complaint filed by (name):
 (5) ☒ Entire action of all parties and all causes of action
 (6) ☐ Other (specify):*

on (date):

on (date):

2. (Complete in all cases except family law cases.)

The court ☐ did ☒ did not waive court fees and costs for a party in this case. (This information may be obtained from the clerk. If court fees and costs were waived, the declaration on the back of this form must be completed).

Date: 2/12, 2018

Steven H. Schultz - SBN 163543

(TYPE OR PRINT NAME OF ☒ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

*If dismissal requested is of specified parties only or of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

(SIGNATURE)

Attorney or party without attorney for:

Marjorie McAleer

☒ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-Complainant

3. TO THE CLERK: Consent to the above dismissal is hereby given.**

Date:

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

** If a cross-complaint or Response (Family Law) seeking affirmative relief is on file, the attorney for cross-complainant (respondent) must sign this consent if required by Code of Civil Procedure section 681 (f) or (g).

(SIGNATURE)

Attorney or party without attorney for:

☐ Plaintiff/Petitioner ☐ Defendant/Respondent
☐ Cross-Complainant

(To be completed by clerk)

4. ☒ Dismissal entered as requested on (date): **MAR 05 2018**
 5. ☐ Dismissal entered on (date): as to only (name):
 6. ☐ Dismissal not entered as requested for the following reasons (specify):

7. a. ☒ Attorney or party without attorney notified on (date): **MAR 05 2018**
 b. ☐ Attorney or party without attorney not notified. Filing party failed to provide
☐ a copy to be conformed ☐ means to return conformed copy

Date:

MAR 05 2018

Clerk, by

Y. YANEZ

Deputy

CIV-110

PLAINTIFF/PETITIONER: Marjorie McAleer
 DEFENDANT/RESPONDENT: Owens Pharmacy

CASE NUMBER:
 187413

COURT'S RECOVERY OF WAIVED COURT FEES AND COSTS

If a party whose court fees and costs were initially waived has recovered or will recover \$10,000 or more in value by way of settlement, compromise, arbitration award, mediation settlement, or other means, the court has a statutory lien on that recovery. The court may refuse to dismiss the case until the lien is satisfied. (Gov. Code, § 68637.)

Declaration Concerning Waived Court Fees

1. The court waived court fees and costs in this action for (name):
2. The person named in Item 1 is (check one below):
 - a. ☐ not recovering anything of value by this action.
 - b. ☐ recovering less than \$10,000 in value by this action.
 - c. ☐ recovering \$10,000 or more in value by this action. (If Item 2c is checked, Item 3 must be completed.)
3. ☐ All court fees and court costs that were waived in this action have been paid to the court (check one): ☐ Yes ☐ No

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____

 (TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY MAKING DECLARATION)

 (SIGNATURE)



MEDICAL BOARD OF CALIFORNIA

Central Complaint Unit



REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD

Required by Section 801.01, California Business and Professions Code

PLEASE CHECK THE APPROPRIATE BOX:

- | | | |
|--|---|--|
| ☒ Section 801.01(b)(1) (Insurance Company) | ☐ Section 801.01(b)(2) (Self-Insured) | ☐ Section 801.01(e) (Plaintiff's Counsel) |
| ☐ Section 801.01(b)(3) (State or Local Government) | ☐ Section 801.01(c) (Employer-Prof. Corp., group practice, health care facility or clinic) | |

****PLEASE PRINT OR TYPE****

REPORTING ENTITY:

- | | |
|--|--|
| 1. Name of Entity <u>Citizens Insurance Company of America</u> | 3. Name of Person Preparing Report <u>Cheryl Resnick</u> |
| 2. Address <u>Liability Claim Dept, PO Box 15148, Worcester, MA 01615-0148</u> | 4. Telephone <u>(212) 709-2121</u> |

PHYSICIAN/PROVIDER:

- | | |
|---|---|
| 5. Name <u>Owens Healthcare - Retail Pharmacy, Inc.</u> | 9. Defense Counsel Name <u>Jonz Norina of Kenny & Norine</u> |
| 6. Address <u>2880 Chum Creek Road, Suite A</u> | 10. Defense Counsel Address <u>2701 Park Marina Drive, Redding CA 96001</u> |
| <u>Redding, CA 96002</u> | 11. Defense Counsel Telephone <u>(530) 225-8980</u> |
| 7. License Number <u>48404</u> | 12. SEE REVERSE FOR INSTRUCTIONS |
| 8. Specialty/subspecialty _____ | |

PLAINTIFF/CLAIMANT:

- | | |
|---|--|
| 13. Name <u>Marjorie McAleer</u> | 23. Plaintiff's Counsel Name <u>Steven Schultz</u> |
| 14. Address <u>Bountiful Path, Redding, CA 96003</u> | 24. Plaintiff's Counsel Address <u>701 Howe Avenue, #A-1, Sacramento, CA 95825</u> |
| 15. Relationship to Patient <u>Self</u> | 25. Plaintiff's Counsel Telephone <u>(916) 922-2310</u> |
| 16. Patient Name <u>Marjorie McAleer</u> | |
| 17. Patient Date of Birth <u> </u> | |
| 18. Deceased? ☐ Yes ☒ No | |
| 19. Medical Record Number _____ | |
| 20. Date of Occurrence <u>6/19/2018</u> | |
| 21. Hospital Name <u>Shasta Regional Medical Center</u> | |
| 22. Hospital Address <u>1100 Butte St., Redding, CA 96001</u> | |

26. SEE REVERSE FOR INSTRUCTIONS	27. Case Resulted in: (Check one) ☒ Settlement ☐ Judgment ☐ Arbitration Award* *Enclose Copy of Court Documents	28. Date Resolved: <u>1/23/2018</u>	29. Total Amount of Award: \$ <u>N/A</u>	30. Total Paid on Behalf of Physician: \$ <u>30,000</u>
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31. Name and Location of Court/Arbitrator: <u>Superior Court of California, County of Shasta</u>	32. Filing Date: <u>5/15/2017</u>	33. Docket Number: <u>187413</u>
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Failure to substantially comply with this section is a public offense punishable by a fine of not less than five hundred dollars (\$500) and not more than five thousand dollars (\$5000).

I certify under penalty of perjury under the laws of the State of California that to the best of my knowledge the information provided within this report and any attachments is true and correct.

Cheryl Resnick
Signature of Preparer

03/09/2018
Date

ENF-501 (Revised 03-11)

2005 Evergreen Street, Suite 1200, Sacramento, CA 95815-3831 (916) 263-2528 FAX: (916) 263-2435 www.mbc.ca.gov

M1022a (03-11) Wolters Kluwer Financial Services | Uniform Forms™

REVERSE PAGE – REPORT OF SETTLEMENT, JUDGMENT OR ARBITRATION AWARD

12. Enter the full name, address, license number and specialty of every licensee alleged to have acted improperly, whether or not that individual was a named defendant in the action and whether or not that individual was required to pay any damages pursuant to the settlement, arbitration award, or judgment:

Provider's Name	License #	Specialty	Amount Paid on Behalf of Physician (if Applicable)	
Owens Healthcare - Retail Pharmacy, Inc. 2880 Chum Creek Rd., Redding, CA 96002	48404		\$ 30,000	☒ Settlement ☐ Judgment ☐ Arbitration Award
			\$	☐ Settlement ☐ Judgment ☐ Arbitration Award
			\$	☐ Settlement ☐ Judgment ☐ Arbitration Award
			\$	☐ Settlement ☐ Judgment ☐ Arbitration Award
			\$	☐ Settlement ☐ Judgment ☐ Arbitration Award

26. Enter a comprehensive summary of the facts, including the date of occurrence and whether a death occurred, and the role of the provider(s) in the care or professional services provided to the patient with respect to those services at issue in the claim or action (Attach additional pages if necessary):

Complainant alleged that pharmacy negligently gave plaintiff incorrect medication. After taking one tablet of the incorrect medication on May 19, 2016, complainant experienced nausea, vomiting, and generalized weakness. Complainant was taken by ambulance to local ER where symptoms were relieved almost immediately with Zofran. Complainant alleged residual symptoms, but those were controverted by both her own treaters and by retained medical experts.

****PLEASE NOTE****: California Business & Professions Code Section 801.01(h)(3) requires every reporting entity that submits this report to include with the report copies of the records and depositions.

Records included: ☐ Yes ☒ No (if not, please provide reason):

Not required under §§ 800 and 801 for reports to Board of Pharmacy

MEDICARE ADDENDUM TO RELEASE

In further consideration for the Release to which this Medicare Addendum is attached and incorporated therein, RELEASEES rely on the following representations, warranties and promises made by RELEASOR and RELEASOR's counsel. Capitalized terms shall have the meaning defined in the Release, as applicable.

I. Representations and Warranties

RELEASOR and RELEASOR's Counsel agree that all representations and warranties made herein shall survive settlement.

A. Medicare Secondary Payer.

1. In entering into this settlement, it is the intent of the parties that the settlement terms adequately consider and protect Medicare's interests under the MSP laws, 42 U.S.C. §1395y(b), and regulations (collectively, "MSP Laws"). It is not the purpose of this settlement agreement to shift responsibility to Medicare for medical or prescription drug expenses that arise from, or relate to, the alleged Incident giving rise to this settlement and/or that arise from or relate to the matters forming the basis of the claims asserted by RELEASOR. RELEASOR and her Counsel acknowledge and agree that the parties hereto have taken reasonable steps to comply with the requirements of the MSP Laws.
2. RELEASOR and her Counsel are aware of Medicare's interest in this settlement to the extent Medicare has made any conditional payments under the MSP Laws for medical or prescription drug items or services received by RELEASOR that are related to the Incident giving rise to this settlement, and/or arising from or related to the matters forming the basis of the claims by RELEASOR.
3. RELEASOR and her counsel represent and warrant that they have provided or will provide the requisite information to RELEASEES or their attorneys necessary to comply with the mandatory reporting obligations under the MSP Laws. Any information requested by a RELEASEE shall be provided by RELEASOR on a timeframe that allows such RELEASEE to report to CMS timely, without penalty.

B. RELEASOR's Responsibility for Reimbursement of Medicare's Conditional Payments.

4. RELEASOR and her Counsel represent and warrant that they have notified CMS and/or its Coordination of Benefits Contractor of the Incident giving rise to this settlement.
5. RELEASOR agrees that it is her responsibility, and not the responsibility of RELEASEES, to reimburse CMS and/or its contractors for any such Medicare conditional payments. RELEASOR shall fulfill such obligation by means of the option selected below. (Check box).

Option A ☐

(1) RELEASOR agrees that within sixty (60) days of the receipt of a final demand letter from CMS and/or its contractor, RELEASOR shall reimburse CMS

and/or its contractors from settlement proceeds for any and all conditional payments, liens, claims and subrogated interests of whatever nature or character asserted or potentially asserted by CMS and/or its contractors (hereinafter "Medicare Claims") related to the Incident giving rise to this settlement, and/or arising from or related to the matters forming the basis of the claims asserted by RELEASOR, as required by the MSP Laws.

(2) RELEASOR's Counsel agrees that, as directed and agreed to by RELEASOR herein, he shall hold the Settlement Funds in an escrow account or client trust account without distributing them to RELEASOR or any other person or entity except CMS or its contractor until the Medicare Claims, if any, related to the Incident giving rise to this settlement, and/or arising from or related to the matters forming the basis of the claims asserted by RELEASOR, has been fully satisfied or waived as demonstrated by proof of claim or lien satisfaction or waiver from CMS or its contractor.

(3) RELEASOR and her Counsel agree that, prior to distributing any of the Settlement Funds to RELEASOR or any other person or entity, RELEASOR's Counsel will provide to RELEASOR and their attorneys written documentation from Medicare proving waiver or satisfaction and release of the Medicare Claims arising from or related to prior conditional payments, if any, made in connection with the Incident or the matters forming the basis of RELEASOR's claims.

Option B ☐

RELEASOR authorizes payment of the Settlement Funds pursuant to this Release to be made by check jointly payable to RELEASOR and CMS.

C. RELEASOR's Responsibility for Payment for Future Medical Services

1. RELEASOR agrees that it is her responsibility, and not that of RELEASOR, to pay for future Medical Services. RELEASOR shall hold RELEASOR harmless from any and all adverse consequences in the event that this settlement results in loss of Medicare benefits by RELEASOR that she would have been entitled to absent settlement.

With respect to future Medical Services, RELEASOR agrees that it is her sole responsibility to (1) maintain an accounting of all Medical Services after the date of settlement relating to the Incident giving rise to this settlement, and/or arising from or relating to the matters forming the basis of the claims asserted by RELEASOR in this litigation, and (2) sufficiently set aside and administer such funds for future Medical Services to protect Medicare's interest relating to this claim or litigation. All future Medical Services are the sole responsibility of RELEASOR and have been factored into the settlement amount and are to be paid out of the Settlement Funds.

II. Reliance on Representations and Warranties

In agreeing to the Release, RELEASOR and their attorneys are relying on the representations, warranties and/or agreements set forth in this Release, including without limitation regarding RELEASOR's Medicare status and the actions that have been and/or will be taken to satisfy any

RELEASE

I, **MARJORIE McALEER** ("RELEASOR"), for the sole consideration of Thirty Thousand and 00/100 Dollars (\$30,000.00) ("Settlement Funds") to be paid in accordance with the terms of this Release, do hereby for myself and for my heirs, executors, administrators, successors and assigns release, acquit and forever discharge **OWENS HEALTHCARE, OWENS HEALTHCARE - RETAIL PHARMACY, INC.** (erroneously sued herein as "Owen's Pharmacy"), **The Hanover Insurance Company, Hanover Insurance Group, and Citizens Insurance Company of America**, and any and all of their agents and attorneys, any and all Additional Insureds, servants, successors, heirs, executors, administrators and employees, corporations, subsidiaries, affiliates, firms, predecessors and successors in interest ("RELEASEES"), of and from any and all claims, actions, causes of action, liens or conditional payments, demands, rights, damages, costs, loss of service, expense and compensation whatsoever of every name and nature, known or unknown, which the RELEASOR now has or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen or unforeseen bodily and personal injuries, illnesses and damage and the consequences thereof resulting from or arising out of a claimed injury which occurred on or about **May 19, 2016** in the County of Shasta, State of California ("Incident"), and which is the subject of that certain action pending in the Superior Court of the State of California, County of Shasta, action number 187413, upon the files of said court, and entitled: *McAleer v. Owen's Pharmacy, et al.* The foregoing release and discharge is intended by RELEASOR to be as broad in favor of RELEASEES as she can possibly create.

RELEASOR recognizes that the consideration referred to above is intended to effectuate the compromise of a disputed claim, and is not to be construed as an admission of liability on the part of any of the RELEASEES, each of whom expressly denies liability.

RELEASOR further recognizes that any injuries or illnesses sustained in the Incident are or may be permanent and progressive and that the recovery from said injuries or illnesses is uncertain and indefinite, and in entering into this Release is not relying on any statement of any of the RELEASEES with respect to the nature, extent, or duration of said injuries. RELEASOR further declares and represents that no promise, inducement or agreement not herein expressed has been made to RELEASOR. RELEASOR further stipulates that the terms of this Release are contractual and not a mere recital and that the representations in this Release are material representations upon which RELEASEES have relied in making this settlement.

RELEASOR stipulates and agrees that she is responsible for payment of all outstanding and future bills relating to medical and prescription drug items or services associated with injuries or illnesses arising from or relating to the Incident or forming the basis of the claims asserted by RELEASOR ("Medical Services").

RELEASOR further stipulates and agrees that she is solely responsible for satisfying any conditional payment, lien or other obligation to reimburse the Centers for Medicare & Medicaid Services ("CMS") and/or its contractors, other governmental entities or programs, insurers or other sources of payment or benefits for any Medical Services furnished to RELEASOR. RELEASOR stipulates and agrees that it is her responsibility, and not that of RELEASEES, to satisfy any and all conditional payments, liens, subrogation and other claims or demands for payment associated with Medical Services that may arise in any manner, including without

limitation under the Medicare Secondary Payer ("MSP") statute (42 U.S.C. § 1395y(b)), contract, or other applicable state or federal law.

1. With respect to the Medicare status of **MARJORIE McALEER** (check and sign by the relevant box):



MARJORIE McALEER hereby represents and warrants that she (a) is not currently entitled to Medicare benefits, (b) was not entitled to Medicare benefits on or between the date of the Incident and execution of this Release and (c) does not reasonably expect to qualify for Medicare coverage within 30 months of executing this Release; or



MARJORIE McALEER hereby represents and warrants that she (a) currently qualifies for Medicare coverage, (b) was entitled to Medicare benefits on or between the date of the Incident and execution of this Release, or (c) expects to so qualify within 30 months of executing this Release. In further consideration for this Release, a Medicare Addendum dated 2/12/18 is attached hereto and incorporated herein by reference.

2. In order to give full effect to the intent expressed in this Release, RELEASOR stipulates and agrees in consideration for the aforesaid payment, to fully indemnify and hold harmless RELEASEES from any and all loss associated with any conditional payment, lien, subrogation or other claim or demand asserted by CMS and/or its contractors, other governmental entities or programs, insurers or other sources of payment or benefits that may arise in any manner, including without limitation under the MSP statute (42 U.S.C. § 1395y(b)), contract, or other applicable state or federal law relating to Medical Services or from RELEASOR's failure to make the payments and satisfaction described in this Release. RELEASOR further agrees to indemnify and hold harmless RELEASEES from any and all loss resulting from RELEASOR's failure to provide accurate representations and warranties or to adhere to the representations and warranties contained herein. This indemnification from loss includes all damages and costs incurred by RELEASEES and/or their attorneys, including without limitation, any attorneys fees, fines and penalties, interest, expenses, judgments, and multipliers.

BY SIGNATURE, RELEASOR AFFIRMS THAT SHE HAS READ THE FOREGOING RELEASE AND FULLY UNDERSTANDS IT.

Executed in Shasta County, California, this 22 day of February, 2018.

Marjorie McAleer
MARJORIE McALEER

See Attachment
For Notary Seal

NOTARY PAGE FOLLOWS NEXT

and all conditional payments, liens, subrogation, and other claims or demands for payment associated with medical or prescription drug items or services furnished to RELEASOR arising from or relating to the Incident and or arising from or relating to the matters forming the basis of RELEASOR's claims.

If the above representations are not correct or the above promised actions are not performed, it is acknowledged and agreed that RELEASOR is in material breach of this Medicare Addendum, and RELEASEES and their attorneys shall receive complete repayment of the Settlement Funds from the RELEASOR. In addition, RELEASOR shall indemnify RELEASEES as set forth elsewhere in this Release for their failure to adhere to the representations, warranties and/or agreements contained herein.

Executed in Shasta County, California, this _____ day of _____, 2018.

Marjorie A. McAleer
MARJORIE McALEER, RELEASOR

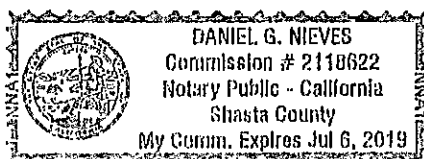
STEVEN H. SCHULTZ RELEASOR'S COUNSEL

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 Shasta)

On 2/22/18, 2018, before me, Daniel G. Nieves (notary public) (name and title of the officer), personally appeared MARJORIE McALEER 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, and that his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.

Notary

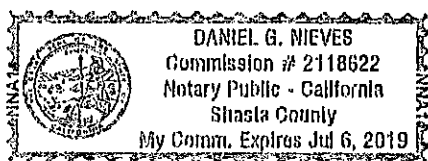
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California)

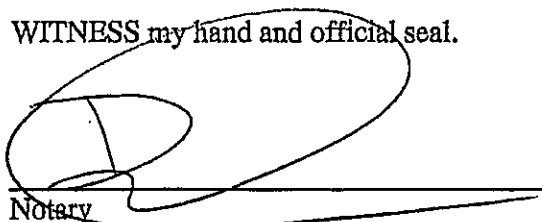
County of Shasta)

On 2/22, 2018, before me, Daniel G. Nieves ^(notary public) (name and title of the officer), personally appeared MARJORIE McALEER 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, and that his/her/their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.



WITNESS my hand and official seal.


Notary

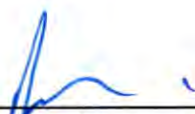
Please use and make copies of this page (if necessary) to provide information regarding any questions, 1-10, you have marked "YES" to in section 8 of the application. A signed statement of explanation for each event and a copy of all documents that identify the circumstance or contain an order, agreement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

This is in response to Question # ⁶ _____. Provide all the following where applicable:

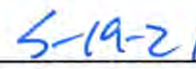
Date of Event/Arrest 10/31/2019	Disposition Date 4/23/2020	State CA	City Redding	County Shasta
Case # CI 2019 85664		Governing, Licensing, Arresting Presiding Body/Agency/Court CA State Board of Pharmacy		
Reason/Charge Contested Letter of Admonishment				
Plaintiff/Defendant/Claimant/Respondent			Lawsuit/Arbitration/Bankruptcy	
Name of Business/Industry/Entity Owens Pharmacy #26				

Provide explanation below:

On 4/23/2020, an office conference was held to contest a Letter of Admonishment received from an incident that occurred on 2/12/2019. The incident resulted in our pharmacist removing a controlled substance from the pharmacy with the intent to end his life. This was an isolated incident not in our control. The office conference resulted in a dismissal of the Letter of Admonishment.



Original Signature (electronic, copies or stamps not accepted)



Date
Applicant's initials  _____



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



October 31, 2019

VIA CERTIFIED MAIL
LETTER OF ADMONISHMENT

OWENS PHARMACY #26
ATTN: STEVEN MADSEN, CEO/PRS
2025 COURT ST. STE. E
REDDING, CA 96001

RE: CI 2019 85664
OWENS PHARMACY #26
PHY 54477

This LETTER OF ADMONISHMENT is being issued pursuant to Business and Professions Code section 4315 for failure to comply with 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 website at www.pharmacy.ca.gov, under Forms and Publications.)

The Board of Pharmacy has completed its investigation in the above referenced matter. All documentation and/or statements relating to the investigation have been accepted and included in an Investigation Report on file in this office. Facts contained in this report lead to the conclusion that the following violations of pharmacy laws or regulations have occurred:

JURISDICTION: Bus. & Prof. Code § 4315; 1714(b) - Operational Standards and Security; pharmacy responsible for pharmacy security

Failure To Maintain Adequate Pharmacy Security – California Code of Regulations Section 1714 subdivision (b) states in pertinent part: Each pharmacy licensed by the board shall maintain its facilities, space, fixture, and equipment so that drugs are safely and properly maintained and secured. A loss of controlled substances occurred at Owens Pharmacy #26, located at 2025 Court St., Ste., Redding, CA. The loss of controlled substances was attributed to theft by pharmacist Aaron Smith, who accessed the controlled substance room after hours and stole two containers of morphine sulfate concentrated solution. Owens Pharmacy #26's failure to maintain its facilities so that drugs are safely and properly secured was a violation of CCR 1714(b).

If you wish to contest this Letter of Admonishment, you may do so by submitting, within 30 days of the date of service of this Letter of Admonishment, namely November 30, 2019, the attached "Request for an Office Conference" form. If an office conference is not requested, compliance with the Letter of Admonishment shall not constitute an admission of the violations described in the Letter of Admonishment.

Unless it is dismissed following an office conference or you receive other instructions from the Board in writing, Pharmacy Law requires that you maintain and have readily available for inspection a copy of this Letter of Admonishment and any written corrective action plan, if any, for at least three years from the date of issuance at the top of this letter. The Letter of Admonishment will be considered a public record for purposes of disclosure for three years from issuance. The issuance of this Letter of Admonishment does not limit the board's ability to pursue other disciplinary or administrative action under Business and Professions Code section 4315, subdivision (f).

If you have any questions regarding this Letter of Admonishment, please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Sincerely



Anne Sodergren
Interim Executive Officer
Board of Pharmacy

INSTRUCTIONS

Read the Following Carefully and Thoroughly

You are hereby served with a Letter of Admonishment 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 admonishment process. In response to this Letter of Admonishment you may contest the admonishment and request an office conference.

CONTESTING THE LETTER OF ADMONISHMENT - Bus. Prof. Code § 4315 subd. (c)(1).

If you wish to contest your Letter of Admonishment you may request an informal office conference by completing and submitting the attached form according to the following instructions:

- Complete and mail attached "Request for Office Conference" form to the board office no later than 30 days from the service of this Letter of Admonishment, to the address at the bottom of the form.
- You may submit any declarations and/or documents pertinent to the subject matter of the Letter of Admonishment as attachments to the request form or they may be submitted by you at the office conference.
- 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 Letter of Admonishment 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 Letter of Admonishment may be affirmed, modified or withdrawn. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Letter of Admonishment, is affirmed you will have 30 days from the date of the decision letter to submit any additional written corrective action plan information required. If the Letter of Admonishment is modified, the letter originally issued shall be considered withdrawn and a new letter will be issued. This decision shall be deemed to be the final administrative decision concerning the Letter of Admonishment.

If you have questions regarding any documents enclosed with the Letter of Admonishment, please contact Stephanie Koenig, Associate Enforcement Analyst at (916) 518-3012.

Mailing Address: State Board of Pharmacy
Attn: Stephanie Koenig
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
(916) 518-3012.

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: OWENS PHARMACY #26

License No: PHY 54477

Citation Number : CI 2019 85664

I hereby acknowledge receipt of the Letter of Admonishment referenced above and notification of my rights to contest the citation.

Check ☐ I contest the Letter of Admonishment and request an Office Conference.

Check One:

☐ I contest the entire Letter of Admonishment or

☐ Specific violations for the following reasons (list each violation with your specific reason):

(Submit additional sheets if needed.)

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

DECLARATION OF SERVICE BY CERTIFIED MAIL

RE: OWENS PHARMACY #26 PHY 54477

LETTER OF ADMONISHMENT CI 2019 85664

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On October 31, 2019, I served the attached:

Cover Letter, Instructions to Respondent, Letter of Admonishment, Request for Office Conference.

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, addresses as follows:

NAME

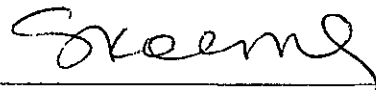
OWENS PHARMACY #26
ATTN: STEVEN MADSEN, CEO/PRS
2025 COURT ST. STE. E
REDDING, CA 96001

CERTIFIED MAIL NO

7019 0160 0000 9009 2006

I declare under penalty of perjury that the forgoing is true and correct.

Executed on October 31, 2019, at Sacramento, California.



DECLARANT

Stephanie Koenig
Associate Enforcement Analyst



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



May 07, 2020

CERTIFIED MAIL

OWENS PHARMACY #26
ATTN: STEVEN MADSEN, CEO/PRS
2025 COURT ST. STE. E
REDDING, CA 96001

Ivan Petrzela, PharmD, JD, MBA
Gemini Law
P O BOX 552
Red Bluff, CA 96080

RE: CI 2019 85664
OWENS PHARMACY #26
PHY 54477

After thorough and careful consideration of the explanation and information you provided at the office conference, it was decided to dismiss the Letter of Admonishment CI 2019 85664 as originally issued. Effective immediately the Letter of Admonishment will be dismissed.

This decision is the final administrative order regarding the Letter of Admonishment.

Please contact Associate Enforcement Manager Susan Cappello at (916) 518-3008, if you have any questions.

Sincerely

Thomas P. Lenox
Chief of Enforcement
Board of Pharmacy

DECLARATION OF SERVICE BY FIRST CLASS CERTIFIED MAIL

**RE: CI 2019 85664
OWENS PHARMACY #26
PHY 54477**

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and no party to the within entitled cause. My business address is 2720 Gateway Oaks Drive, Suite 100, Sacramento, California 95833.

On May 07, 2020, I served the attached:

in said cause, by placing a true copy thereof enclosed in two separate sealed envelopes w postage thereon fully prepaid by Certified Mail and First Class Mail, in the United States m at Sacramento, California, addresses as follows:

NAME

CERTIFIED MAIL NO

**OWENS PHARMACY #26
ATTN: STEVEN MADSEN, CEO/PRS
2025 COURT ST. STE. E
REDDING, CA 96001**

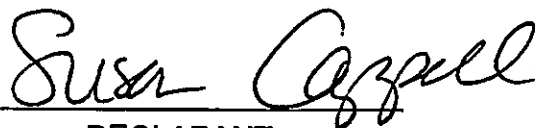
7018 3090 0000 5169 8913

**Ivan Petrzela, PharmD, JD, MBA
Gemini Law
P O BOX 552
Red Bluff, CA 96080**

7018 3090 0000 5169 8920

I declare under penalty of perjury that the forgoing is true and correct.

Executed on May 07, 2020, at Sacramento, California.



DECLARANT

**Susan Cappello
Enforcement Manager**

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 Friesen

Print Name (First, Last)

John Friesen

Original Signature (electronic, copies or stamps not accepted)

5/19/2021

Date

Please have this section completed in the presence of a Notary Public.

State of CA, ss. County of Shasta

I, JOHN FRIESEN, 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.

John Friesen

Original Signature

5/19/2021

Date

Subscribed and Sworn to before me this 19 day of June 2021

Christina E. Viveros

Notary Public Signature



(Seal)

Applicant's initials JF

16D

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 <u>MP-00050</u>)			

☐ Publicly Traded Corporation – Pages 1,2,3,4	☒ ^{Limited} 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: Braden Partners, L.P. dba Pacific Pulmonary Services

Physical Address: 9220 S Eastern Ave, Ste 100, Las Vegas, NV 89123-3242
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 220 W Germantown Pike, Ste 250

City: Plymouth Meeting State: PA Zip Code: 19462-1437

Telephone: (702) 368 - 2356 Fax: _____

E-mail: Licensing@adapthealth.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:30am to 4:30pm Tue: 9:30am to 4:30pm Wed: 9:30am to 4:30pm Thu: 9:30am to 4:30pm
Fri: 9:30am to 4:30pm Sat: On Call to Sun: On Call to Holidays: On Call to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Sylvia Corona

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

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

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: On Call Telephone: (702) 368-2356

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 - 0393850034

NV Medicaid 003302605

- 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: <u>N/A</u>
☐ Advanced Practitioner of Nursing	Name: <u>N/A</u>
☐ Physician's Assistant	Name: <u>N/A</u>
☐ Physical Therapist	Name: <u>N/A</u>
☐ Occupational Therapist	Name: <u>N/A</u>
☐ Registered Nurse	Name: <u>N/A</u>
☐ Respiratory Therapist	Name: <u>N/A</u>

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Michael Kalbaugh

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

Michael Kalbaugh
Print Name of Authorized Person

03/19/2021
Date

Board Use Only

Received: _____

Amount: 500
Check # 0000101683

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A PARTNERSHIP**

List names of 4 largest partners and percentage of ownership:

Name: PPS HME LLC (General Partner of Braden Partners, L.P.) %: 99%Name: PPS Holdings LLC (Limited Partner of Braden Partners, L.P.) %: 1%

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: Braden Partners LPMailing Address: 220 W Germantown Pike, Ste 250City Plymouth Meeting State: PA Zip Code: 19462-1437Telephone Number: 215-388-1719 Fax Number: _____Contact Person: Michael Kalbaugh**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*.



CERTIFICATE OF LIABILITY INSURANCE

2586

5/17/2021

DATE (MM/DD/YYYY)

4/7/2021

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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Benchmark Insurance Company INSURER B: Hartford Fire Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:
INSURED 1422153 Braden Partners, L.P. DBA Pacific Pulmonary Service 9220 S Eastern Ave Ste 100 Las Vegas NV 89123-3242	NAIC # 41394 19682

COVERAGES

CERTIFICATE NUMBER: 17471676

REVISION NUMBER: XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:	N	N	D1019 G6279-1	5/17/2020	5/17/2021	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000 MED EXP (Any one person) \$ \$10,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$3,000,000 PRODUCTS - COMP/OP AGG \$ \$1,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$	N	N	UM1019 6280-1	5/17/2020	5/17/2021	EACH OCCURRENCE \$ \$10,000,000 AGGREGATE \$ \$10,000,000 \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NOT APPLICABLE			PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A B	Prof Liab. Blanket BPP	N	N	D1019 G6279-1 39 UUN DF2446	5/17/2020 5/17/2020	5/17/2021 5/17/2021	\$1MM per occ/\$3MM agg Limit: \$58,939,860

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

CERTIFICATE HOLDER

17471676
 National Supplier Clearinghouse
 AG-495 Palmetto GBA
 P.O. Box 100142
 Columbia SC 29202-3142

CANCELLATION

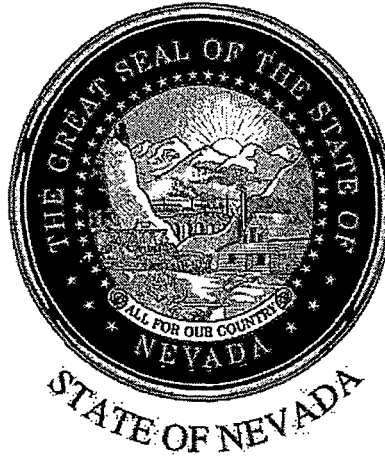
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael R. Calabrese

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SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

BRADEN PARTNERS, L.P.

Nevada Business Identification # NV20021176764

Expiration Date: 08/31/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 08/12/2020.

Certificate Number: B20200812999339

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

BARBARA K. CEGAVSKE
Secretary of State

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 04/09/2021

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 Sylvia Corona

Nature of MDEG

Braden Partners LP dba Pacific Pulmonary Services 9220 S Eastern Ave #100 Las Vegas, Nevada 89123-3242

Name and Address of Business for Which MDEG Administrator Is Requested

Pacific Pulmonary Services

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Corona Sylvia Teresa
 Last Name First Name Middle Name

Olivia - Acosta
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

N Prince Lane Las Vegas NV 89110
 Present Residence Address-Street or RFD City State/Zip

9220 Eastern Ave *100 Las Vegas NV 89110
 Present Business Address City State/Zip

Customer Service Manager 2017 - current
 Present Position with the MDEG Dates

Phone: [REDACTED] Fax: [REDACTED]

Email address: scorona@adapthealth.com

[REDACTED] La Mirada CA
 Date of Birth Place of Birth (City, County, State)

31 [REDACTED] F
 Age Social Security Number or ITIN Sex

Brown Blonde Brown 120 lbs 5'3
 Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Yes tattoos; arm, hand, ankle

Shoulder-

Are you a citizen of the United States? Yes No

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

EMPLOYMENT:

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

July 2014 - current	AA Medical 9220 SEASTERN AVE WNW 99123	7,280 hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Customer Service Manager	Assist with any training, improving customer exp. Assigning work assignments. Develop procedures.	Bill Smith
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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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: Nevada

b)

Date: 1/14/2009

Case Number: C-09C251142

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

13 years ago I was involved in a crime
I was charged with robbery. I was young
and not thinking. That is no representation
of who I am now. I have left that in my
past. It is the only thing on my record.

4. Will you be actively involved in and aware of the daily operation of the MDEG?

☒ Yes ☒ No

5. Will you be employed fulltime with the MDEG?

☒ Yes ☒ No

6. Will you be present at the site of the MDEG during its normal operating hours?

☒ Yes ☒ No

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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ATTACH PHOTOGRAPH

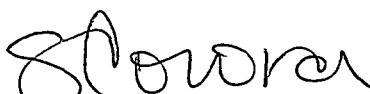
TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 4/21/2021

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

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


.....
Original Signature of Applicant





CERTIFICATE OF LIABILITY INSURANCE

5/17/2022

DATE (MM/DD/YYYY)

5/19/2021

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 Lockton Companies 1185 Avenue of the Americas, Suite 2010 New York NY 10036 646-572-7300	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Benchmark Insurance Company</td> <td>41394</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Benchmark Insurance Company	41394	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Benchmark Insurance Company	41394														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED 1493146 AdaptHealth 122 Mill Road Suite A130 Phoenixville PA 19460															

COVERAGES **CERTIFICATE NUMBER:** 17579319 **REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:	N N	D1020 G6279-2	5/17/2021	5/17/2022	EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ \$1,000,000 MED EXP (Any one person) \$ \$10,000 PERSONAL & ADV INJURY \$ \$1,000,000 GENERAL AGGREGATE \$ \$3,000,000 PRODUCTS - COMP/OP AGG \$ \$3,000,000 S
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY		NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX S XXXXXXXX
A	☒ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION S	☒ OCCUR ☐ CLAIMS-MADE	N N UM1020 6280-2	5/17/2021	5/17/2022	EACH OCCURRENCE \$ \$1,000,000 AGGREGATE \$ 15,000,000 S XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐ N/A	NOT APPLICABLE			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX
A	Professional Liability	N N	D1020 G6279-2	5/17/2021	5/17/2022	\$1,000,000 Occ/\$3,000,000 Agg

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

INSURED LOCATION: 9220 S Eastern Ave #100 Las Vegas NV 89123-3242 / NAMED INSURED: Braden Partners, L.P. Pacific Pulmonary Services. : THE EVIDENCED INSURED LOCATION AND NAMED INSURED ARE INCLUDED UNDER THE EVIDENCED COVERAGE FOR ADAPTHEALTH, LLC. NATIONAL SUPPLIER CLEARINGHOUSE IS INCLUDED AS ADDITIONAL INSURED AS REQUIRED BY WRITTEN CONTRACT.

CERTIFICATE HOLDER

CANCELLATION

17579319
EVIDENCE OF INSURANCE
 AdaptHealth, LLC
 122 Mill Road, A130
 Phoenixville PA 19460

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

Michael A Calabrese

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May 13, 2021

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



Re: MDEG: MP00050
Braden Partners LP dba Pacific Pulmonary Services.
595 E Brook Ave #301
North Las Vegas, NV 89030

Dear Board of Pharmacy,

This notification is to inform Nevada State Board of Pharmacy, Braden Partners L.P. dba Pacific Pulmonary Services has changed its location from 595 E Brook Ave #301, North Las Vegas, NV 89030 to 9220 S Eastern Ave., Ste 100, Las Vegas, NV 89123-3242.

Also enclosed please find the NV MDEG Administrator application for Sylvia Corona to be the NV MDEG Admin for the new location along with a check for \$500.00 made payable to Nevada State Board of Pharmacy.

If any questions, please feel to contact me at 215-399-1719 or Licensing@adapthealth.com

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Kalbaugh".

Michael Kalbaugh
Governmental Credentialing Manager



Secretary of State Certificate of Status

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

Entity Name: BRADEN PARTNERS, L.P.
File Number: 199019400019
Registration Date: 07/13/1990
Entity Type: DOMESTIC LIMITED PARTNERSHIP
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of May 31, 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 June 1, 2021.

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

Certificate Verification Number: REQ332R

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.

Darlene Nases

From: Michael Kalbaugh <Michael.Kalbaugh@adapthealth.com>
Sent: Monday, June 21, 2021 10:53 AM
To: Darlene Nases
Cc: Mark I. Sedar; Terra Black
Subject: RE: MP00050 - MDEG Application - Location Change
Attachments: Braden Partners LP CA Secretary of State Good Standing Certificate 6.1.2021.pdf

Importance: High

Hello Darlene,
 I apologize for the delay. Please let me know of any questions.

The officers and directors for Braden Partners DBA Pacific Pulmonary Services are:

- Yehoshua Parnes, CEO
- Steve Feldman, Corporate Secretary

NV MDEG Administrator Sylvia Corona:

- Sylvia's background report has a misdemeanor charge in 2008. This involved Sylvia providing prescriptions to her then boyfriend knowing that the prescriptions were not ordered by an actual MD. It was the boyfriend's aunt who worked for the doctor. The aunt was allegedly submitting the prescriptions for the boyfriend and forging the doctor's signature. Sylvia confirmed she was at fault and has had no other issues since 2008. The case number is C-09C251142.

Please let me know if any additional information is required. I appreciate your patience on this issue.

Thank you.

For licensing inquiries and correspondence please e-mail licensing@adapthealth.com.

 **adapthealth**

Michael Kalbaugh

Governmental Credentialing Manager, AdaptHealth

Michael.Kalbaugh@adapthealth.com

P: 215-388-1719

F: 336-346-8360

www.adapthealth.com

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From: Michael Kalbaugh
Sent: Tuesday, June 1, 2021 10:52 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Terra Black <terrab@adapthealth.com>
Subject: RE: MP00050 - MDEG Application - Location Change
Importance: High



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: Michael Kalbaugh <Michael.Kalbaugh@adapthealth.com>
Sent: Friday, May 21, 2021 7:40 AM
To: Darlene Nases <dnases@pharmacy.nv.gov>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>; Terra Black <terrab@adapthealth.com>
Subject: RE: MP00050 - MDEG Application - Location Change

Hello,
 This is for an address change only. Please let me know of any questions. Thank you for time.

For licensing inquiries and correspondence please e-mail licensing@adapthealth.com.

 **adapthealth**

Michael Kalbaugh

Governmental Credentialing Manager, AdaptHealth

Michael.Kalbaugh@adapthealth.com

P: 215-388-1719

F: 336-346-8360

www.adapthealth.com

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From: Darlene Nases <dnases@pharmacy.nv.gov>
Sent: Friday, May 21, 2021 10:33 AM
To: Licensing <licensing@adapthealth.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: MP00050 - MDEG Application - Location Change

Hello Licensing,

We received an application for Braden Partners dba Pacific Pulmonary Services (MP00050).

I see that the application is for a location change, but I wanted to confirm if its only a location change or if you have a change in ownership, as well.

FILED

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3. Ms. Corona diverted approximately two-hundred hydrocodone/acetaminophen 10-325 tablets since February 2014, and approximately two-hundred carisoprodol 350 mg. tablets since April 2014.

4. Ms. Corona diverted the controlled substances at issue for personal use.

5. These findings are evidenced by Ms. Corona's written statement, dated July 24, 2014, a Report of Theft or Loss of Controlled Substances, which CVS filed with the Federal Drug Enforcement Administration and written evidence from CVS, which were presented to the Board during the hearing, and which the Board received and admitted into evidence. These findings are further supported by Ms. Corona's testimony at the hearing.

CONCLUSIONS OF LAW

6. The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Sylvia Corona, Certificate of Registration No. PT14105, was a registered pharmaceutical technician with the Board at the time of the events alleged in the Accusation on file herein.

7. By diverting controlled substances, as alleged in the Accusation, and as stated in the findings above, Ms. Corona violated Nevada Revised Statute (NRS) 453.331(1)(d), NRS 453.336(1), and Nevada Administrative Code (NAC) 639.945(1)(g) and (h).

8. Those violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and (12), as well as NRS 639.255.

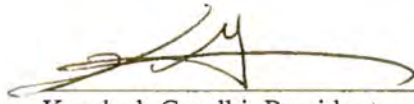
THEREFORE, THE BOARD HEREBY ORDERS:

9. The registration of Respondent Ms. Corona, Certificate of Registration No. PT14105, is hereby revoked effective immediately.

10. Ms. Corona may not work in any facility licensed by the Board, including a pharmacy, in any capacity, unless and until she has applied to the Board for reinstatement and the Board reinstates her registration.

11. In the event Ms. Corona applies for reinstatement, or for any other registration or certificate with the Board, she shall appear before the Board to answer questions and give testimony regarding her application and the facts and circumstances underlying this matter.

Signed this 13 day of November, 2014.


Kamlesh Gandhi, President
Nevada State Board of Pharmacy



BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,	)	CASE NO. 14-055-PT-S
	)	
Petitioner,	)	
v.	)	
	)	NOTICE OF INTENDED ACTION
SYLVIA CORONA, PT	)	AND ACCUSATION
Certificate of Registration No. PT14105,	)	
	)	
Respondent.	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter because Respondent Sylvia Corona, PT (Ms. Corona), Certificate of Registration No. PT14105, was a registered pharmaceutical technician with the Board at the time of the events alleged herein.

II.

On or about August 8, 2014, Board Staff received notification from a CVS Regulatory Compliance Manager indicating that CVS terminated Ms. Corona from her employment as a pharmaceutical technician at CVS Pharmacy #5286. CVS terminated Ms. Corona's employment for diversion of controlled substances.

III.

In a written statement, Ms. Corona admitted to diverting approximately two-hundred hydrocodone/acetaminophen 10-325 tablets since February 2014, and approximately two-hundred carisoprodol 350 mg. tablets since April 2014. Ms. Corona claimed that she diverted the controlled substances for personal use due to back pain.

FIRST CAUSE OF ACTION

IV.

By diverting controlled substances, namely, two-hundred hydrocodone/acetaminophen 10-325 tablets, and two-hundred carisoprodol 350 mg. tablets, Sylvia Corona violated Nevada Revised Statute (NRS) 453.331(1)(d) and/or NRS 453.336(1), and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h), which violations are grounds for action pursuant to NRS 639.210(1), (4), (11), and/or (12), as well as NRS 639.255.

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 10th day of September, 2014.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

16E

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: Patients Choice, LLC

Physical Address: 2350 W Cheyenne Ave #140, North Las Vegas, NV 89032
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2350 W Cheyenne Ave #140,

City: North Las Vegas, State: NV Zip Code: 89032

Telephone: 847-481-6084 Fax: 866-725-3567

E-mail: del@patientschoicemedical.com Website: www.patientschoicemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 am to 3:00 pm Tue: 9:00 am to 3:00 pm Wed: 9:00 to 3:00 Thu: 9:00 am to 3:00 pm
 Fri: 9:00 am to 3:00 pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: Daniel Scott Graves Jr (Alias: "DeeJay")

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

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

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

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

5928030001

1538373998

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒
- 2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒
- 3) Are any of the owners health professionals? If yes, please check the box and list name.

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

Name: Not Applicable
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____
 Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

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

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

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

Daniel Scott Graves Jr.
Original Signature of Person Authorized to Submit Application, no copies or stamps

Daniel Scott Graves Jr.
Print Name of Authorized Person

3/9/2021
Date

Board Use Only

Received: _____

Amount: 500

fee paid already

APPLICATION FOR NEVADA MDEG LICENSE**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: Not Applicable

Corporation Name: Patients Choice, LLC

Mailing Address: 2350 West Cheyenne Ave. Suite #140

City: North Las Vegas State: Nevada Zip: 89032 Telephone: 847-481-6084

Fax: 866-725-3567 Contact Person: Daniel Scott Graves Jr.
"DeeJay"

For any corporation non publicly traded, disclose the following:

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

a)	<u>Delbert Rinquest, CEO / Founder</u>	<u>W Farm Springs LN, Midway, UT 84049</u>
	Name	Address
b)	<u></u>	<u></u>
	Name	Address
c)	<u></u>	<u></u>
	Name	Address
d)	<u></u>	<u></u>
	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. 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

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

3/9/2021

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 herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Assistive Equipment MDEG License
 Nature of MDEG
Patients Choice LLC 2350 W Cheyenne Ave #140 North Las Vegas NV 89032
 Name and Address of Business for Which MDEG Administrator Is Requested
Patients Choice LLC
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Graves Jr. Daniel Scott
 Last Name First Name Middle Name

"DeeJay"

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

MORNING DROP AVE. LAS VEGAS NV. 89129
 Present Residence Address-Street or RFD City State/Zip

2350 W Cheyenne Ave #140 North Las Vegas NV 89032
 Present Business Address City State/Zip

MANAGER / ATP 10/1/2020 - PRESENT
 Present Position with the MDEG Dates

(866) 725-3567
 Phone Fax

deejay@patientschoicemedical.com
 Email address

NORWALK, HURON, OH 10
 Date of Birth Place of Birth (City, County, State)

43 MALE
 Age Social Security Number Sex

BROWN BROWN 190 6'0"
 Color of Eyes Color of Hair Weight Height

RIGHT SHOULDER
 Scars, tattoos or distinguishing marks and/or characteristics

LION TATTOO

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

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

EMPLOYMENT

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

PATIENT'S CHOICE - NV		
OCT 2020 - PRESENT	2350 W. CHEYENNE AVE #40 NORTH LAS VEGAS, NV 89032	880 (22 WEEKS x 40)
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
NV MAR/ATP	SPECIALIZED EQUIPMENT EVALUATIONS	JERRY MITCHELL - ATP
Title	Mgr of Personnel	DEL RINQUEST - CEO
Description of Duties		
TRUMOBILITY INC. 3100 E. CHARLESTON BLVD #104 LAS VEGAS, NV 89105		
MARCH 2018 - SEPT 2020		OVER 5200 (131 WEEKS) x 40
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
MAR/ATP	SPECIALIZED EQUIPMENT EVALUATIONS	(801) 440-5592
Title	Mgr Local Operations	DANNY LUMPKIN - CEO
Description of Duties		
*** TRUMOBILITY WAS IN UT/NV AND SOLD IN SEPT OF 2020 TO NATIONAL SEATING AND MOBILITY - ALSO IN UT/NV/OTHER STATES.		
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

Title	Description of Duties	Name of Supervisor
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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.

.....



Date of photograph _____

3/8/2021

I, Daniel Scott Graves 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 cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

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


 Original Signature of Applicant 3/9/2021

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 3-9-21

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 Resident MDEG License

Patients Choice LLC 2350 W Cheyenne Ave #140 North Las Vegas, NV 89032

Name and Address of Establishment for Which License Is Requested

Patients Choice LLC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Rinquest Delbert S

Last Name First Name Middle Name

N/A

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

W Farm Springs LN, Midway, Utah 84049

Present Residence Address-Street or RFD City State/Zip

2350 West Cheyenne Ave. Suite #140 North Las Vegas, NV 89032

Present Business Address City State/Zip

CEO, Founder of Patient's Choice, LLC 10/16/2007-Present

Occupation Dates

Phone: Residence [REDACTED]

Business 847-481-6084

Date of Birth 43 [REDACTED] [REDACTED]

Place of Birth (City, County, State)

Age Social Security Number or ITIN Sex

Blue Blonde White 168 Med 6'0

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's Initial

DR.

MARITAL INFORMATION-Continued

A. Current Marriage July 26, 2020 Salt Lake City, UT

Spouse's full name (Maiden) Jessica Laursen City, County and State
SS# or ITIN [REDACTED]

Date of Birth [REDACTED] Place of Birth Salt Lake City, UT

Resident address [REDACTED] W Farm Springs Ln., Midway, UT 84049
Street City State Zip

Telephone: Residence [REDACTED] Business N/A

Spouse's employer N/A Occupation Home Maker

Address of employer N/A
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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
Wallace Ringquest	[REDACTED]	Salt Lake City	[REDACTED] W Farm Springs Ln, Midway UT
Will Ringquest	[REDACTED]	Woodstock, IL	[REDACTED] W Farm Springs Ln, Midway UT
Georgia Ringquest	[REDACTED]	Woodstock, IL	[REDACTED] W Farm Springs Ln, Midway UT

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 initialDR

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			
Harry H Rinquest		Deceased	
Mother			
Elizabeth Marie Rinquest		West Valley, UT	Retired
Father-in-Law			
Paul Laursen		Castlevue DR. WVC UT	Carpenter
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Renee Ringuest Taylor		West Jordan, UT	Nurse
Spouse Jeremy Taylor		West Jordan, UT	Engineer
David Ringuest		South Jordan, UT	IT Specialist
Spouse Dezerce Ringuest (mae)		South Jordan, UT	Transcriber
Wendy Marie Young		Highland, UT	Mercheter
Spouse Randal S. Young		Highland, UT	Grounds, SLCC
Robert Callahan Ringuest		Taylorville, UT	Counselor @ Governors University
Spouse Debbie (Auerkamp)		Taylorville, UT	massage therapist

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School John F Kennedy	West Valley, UT	91-94	☒ Yes ☐ No
High School Hunter High	West Valley, UT	94-97	☒ Yes ☐ No
College University Weber State University	Ogden, UT	2000-03	☒ Yes ☐ No
Other			☐ Yes ☐ No

Type of degree obtained, if any Business ManagementCollege or university where obtained Weber State

Applicant's Initial

Mh.

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

DR.

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
6/2015-9/2020	3815 360 E	Midway	UT
03/2012- 06/2015	1212 Galloway Drive	Woodstock	IL
7/2003 - 3/2012	2215 Serenity Ln	Woodstock	IL
07/2000 - 07/2003	3195 S 3600 W	WVC	UT
9/1978 - 7/2000	3642 S. Baunoch	WVC	UT

Applicant's Initial

DA.

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
05/2007	Patients Choice, LLC	N/A Still Own and Operate

Title	Description of Duties	Name of Supervisor
Owner	Sales, Delivery Compliance , Management	N/A

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03 / 2003	Source One Medical Irvine, CA	-to start Patients Choice

Title	Description of Duties	Name of Supervisor
Area Manager	Sales and Management	Dennis Kline (Owner)

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving

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

DR.

9. CHARACTER REFERENCES

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Monty Tate</u>	Home	<u>Double Eagle Dr.</u>	<u>Midway, UT</u>	<u>84049</u>	[REDACTED]	<u>2</u>
Employer <u>Retired</u>	Business					
Name <u>Robert Sorenson</u>	Home	<u>Midway</u>	<u>UT</u>	<u>84049</u>	[REDACTED]	<u>6</u>
Employer <u>Sorenson Insurance</u>	Business	<u>(Same)</u>				
Name <u>Brady Spencer</u>	Home	<u>Herriman,</u>	<u>UT</u>	<u>84032</u>	[REDACTED]	<u>12</u>
Employer <u>Guardian Ins.</u>	Business					
Name <u>Julian Critchfield</u>	Home	<u>Highland,</u>	<u>UT</u>	<u>80536</u>	[REDACTED]	<u>8</u>
Employer <u>IT Drones</u>	Business					
Name <u>Brandon Cope</u>	Home	<u>Midway,</u>	<u>UT</u>	<u>84049</u>	[REDACTED]	<u>5</u>
Employer <u>Cope Investments</u>	Business					

- 10** Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes No
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
----------------------------------	----------	----------------	------------------

- 11** Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes No

If yes, state type, where and years held

- 12** Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes Yes 3-9-21 PK.
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.

Patients Choice operates in several other states as we have in Nevada. Those include
* IL (corp. office), * GA, * IN, * MO, * TX, * CO, UT w/ brick + mortar in states with *
I also own a retail division in business in IL called Choice Mobility, DBA. I also
own Scooter Chair Repair, DBA Patients Choice, our division in Georgia.

Applicant's Initial

PK.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer)? Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 3-9-21

Applicant's initial DA

STATE OF Nevada

SS.

COUNTY OF Clark

I, Delbert Rinquest, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

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

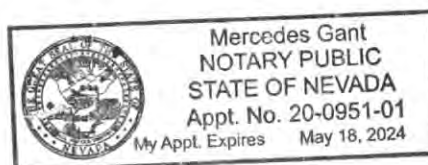
Delbert Rinquest
Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of March 2021

M. Gant
Notary Public

Commission Exp. 5/18/2024

(seal)



Applicant's initial

DR.

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ADDITIONAL INFORMATION

I own 100% of Patients Choice and am actively involved in operations. We do business in several states and have 5 physical locations similar to this new location we now have in North Las Vegas. Thank You!

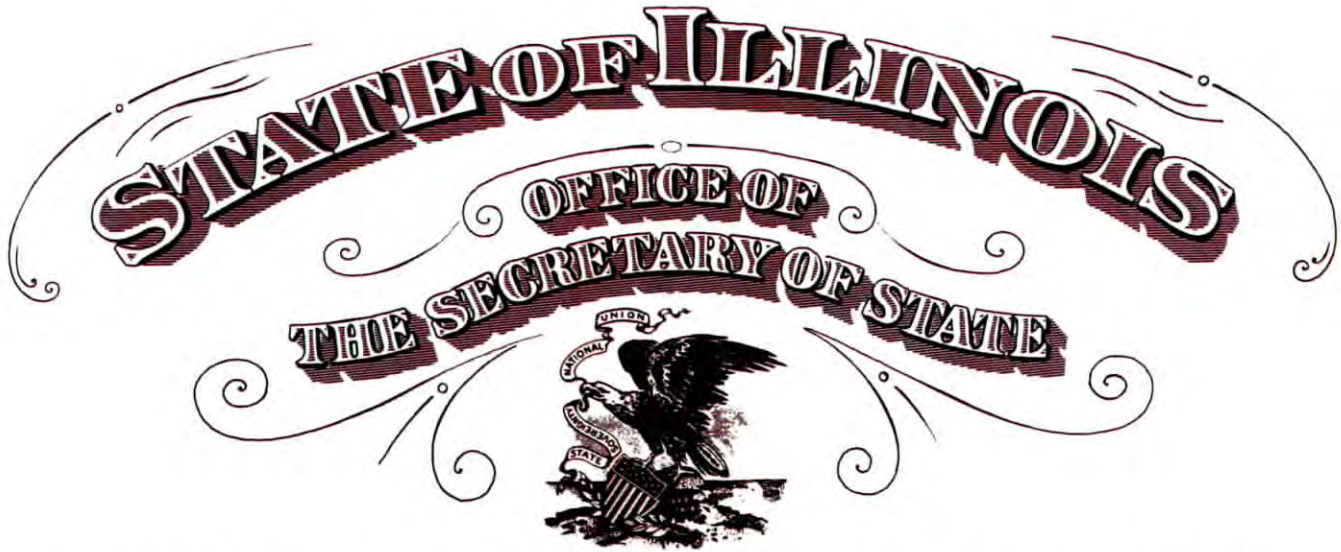
Applicant's initial

DR.

Page 10

File Number

0219900-9



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

PATIENT'S CHOICE, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 14, 2007, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 17TH
day of NOVEMBER A.D. 2020 .***

Jesse White

SECRETARY OF STATE



Executive Committee

Del Rinquest
CEO - Owner
3601 Edison Place
(847) 772-2941
Chief Executive Officer

Brigit Bourget
Reimbursement Manager, Liaison Team Lead
3601 Edison Place
(847) 380-1292
Reimbursement Manager, Liaison Manager

Jerry Mitchell
President, ATP, CRTS, Rehab Consultant
3601 Edison Place
(630) 639-2317
President, ATP, CRTS

Todd Davis
HR, Business Manager
3601 Edison Place
(847) 242-8854
Business Manager

Maryam Ali
Compliance Manager
3601 Edison Place
(224) 347-4787
Compliance Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
The Buckner Company
6550 S Millrock, Suite #300
Salt Lake City UT 84121

CONTACT NAME: Jennifer Eckersley

PHONE (A/C No. Ext): 801-937-6719

FAX (A/C No.):

E-MAIL ADDRESS: jeckersley@buckner.com

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Continental Casualty Company

20443

INSURER B: The Continental Insurance Company

35289

INSURER C: American Casualty Company of Reading, PA

20427

INSURER D:

INSURER E:

INSURER F:

INSURED
Patient's Choice, LLC
2350 W. Cheyenne Ave #140
North Las Vegas NV 89032

License#: 92480
PATICO-01

COVERAGES

CERTIFICATE NUMBER: 68072445

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			2097767256	5/11/2020	5/11/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY ☐ OTHER:			4024485712	5/11/2020	5/11/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A	WC429430220	5/11/2020	5/11/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

Alexander and Belmont, LLC
6130 Washburn St
Las Vegas, NV 89032

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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/23/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER The Buckner Company 6550 S Millrock, Suite #300 Salt Lake City UT 84121	CONTACT NAME: Jennifer Eckersley PHONE (A/C No, Ext): 801-937-6719 FAX (A/C No): E-MAIL: jeckersley@buckner.com ADDRESS:
INSURED Patient's Choice LLC 3601 Edison Place Rolling Meadows IL 60008	License#: 92480 PATCHO-01

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Continental Casualty Company	20443
INSURER B: The Continental Insurance Company	35289
INSURER C: American Casualty Company of Reading, PA	20427
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 2018896903

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		2097767256	5/11/2020	5/11/2021	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		4024485712	5/11/2020	5/11/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐ N/A	WC429430220	5/11/2020	5/11/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

Location: 3601 Edison Place Rolling Meadows, IL 60008

Otto Landholdings LLC is Additional Insured for General Liability per form SB146932E (6-11).

CERTIFICATE HOLDER**CANCELLATION**

Otto Landholdings LLC 3603 Edison Place Rolling Meadows IL 60008	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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(Ed. 06/11)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

BLANKET ADDITIONAL INSURED – LIABILITY EXTENSION

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

Coverage afforded under this extension of coverage endorsement does not apply to any person or organization covered as an additional insured on any other endorsement now or hereafter attached to this Policy.

1. ADDITIONAL INSURED – BLANKET VENDORS

WHO IS AN INSURED is amended to include as an additional insured any person or organization (referred to below as vendor) with whom you agreed, because of a written contract or agreement to provide insurance, but only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

1. The insurance afforded the vendor does not apply to:

- a. "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
- b. Any express warranty unauthorized by you;
- c. Any physical or chemical change in the product made intentionally by the vendor;
- d. Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
- e. Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
- f. Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;
- g. Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- h. "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its

own acts or omission or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

- (1) The exceptions contained in Subparagraphs d. or f.; or
- (2) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

2. This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing such products.

3. This provision 2. does not apply to any vendor included as an insured by an endorsement issued by us and made a part of this Policy.

4. This provision 2. does not apply if "bodily injury" or "property damage" included within the "products-completed operations hazard" is excluded either by the provisions of the Policy or by endorsement.

2. MISCELLANEOUS ADDITIONAL INSUREDS

WHO IS AN INSURED is amended to include as an insured any person or organization (called additional insured) described in paragraphs 2.a. through 2.h. below whom you are required to add as an additional insured on this policy under a written contract or agreement but the written contract or agreement must be:

1. Currently in effect or becoming effective during the term of this policy; and
2. Executed prior to the "bodily injury," "property damage" or "personal and advertising injury," but

Only the following persons or organizations are additional insureds under this endorsement and coverage provided to such additional insureds is limited as provided herein:

a. Additional Insured – Your Work

That person or organization for whom you do work is an additional insured solely for liability





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(Ed. 06/11)

due to your negligence specifically resulting from your work for the additional insured which is the subject of the written contract or written agreement. No coverage applies to liability resulting from the sole negligence of the additional insured.

The insurance provided to the additional insured is limited as follows:

- (1) The Limits of Insurance applicable to the additional insured are those specified in the written contract or written agreement or in the Declarations of this policy, whichever is less. These Limits of Insurance are inclusive of, and not in addition to, the Limits of Insurance shown in the Declarations.
- (2) The coverage provided to the additional insured by this endorsement and paragraph F.9. of the definition of "insured contract" under **Liability and Medical Expenses Definitions** do not apply to "bodily injury" or "property damage" arising out of the "products-completed operations hazard" unless required by the written contract or written agreement.
- (3) The insurance provided to the additional insured does not apply to "bodily injury," "property damage," or "personal and advertising injury" arising out of the rendering or failure to render any professional services.

b. State or Political Subdivisions

A state or political subdivision subject to the following provisions:

- (1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with premises you own, rent, or control and to which this insurance applies:
 - (a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoistaway openings, sidewalk vaults, street banners, or decorations and similar exposures; or
 - (b) The construction, erection, or removal of elevators; or
- (2) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

This insurance does not apply to "bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality.

c. Controlling Interest

Any persons or organizations with a controlling interest in you but only with respect to their liability arising out of:

- (1) Their financial control of you; or
- (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for such additional insured.

d. Managers or Lessors of Premises

A manager or lessor of premises but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the premises leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or
- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

e. Mortgagee, Assignee or Receiver

A mortgagee, assignee or receiver but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of a premises by you.

This insurance does not apply to structural alterations, new construction or demolition operations performed by or for such additional insured.

f. Owners/Other Interests – Land is Leased

An owner or other interest from whom land has been leased by you but only with respect to liability arising out of the ownership, maintenance or use of that specific part of the land leased to you and subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any "occurrence" which takes place after you cease to lease that land; or



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- (2) Structural alterations, new construction or demolition operations performed by or on behalf of such additional insured.

g. Co-owner of Insured Premises

A co-owner of a premises co-owned by you and covered under this insurance but only with respect to the co-owners liability as co-owner of such premises.

h. Lessor of Equipment

Any person or organization from whom you lease equipment. Such person or organization are insureds only with respect to their liability arising out of the maintenance, operation or use by you of equipment leased to you by such person or organization. A person's or organization's status as an insured under this endorsement ends when their written contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded these additional insureds, the following additional exclusions apply:

This insurance does not apply:

- (1) To any "occurrence" which takes place after the equipment lease expires; or
- (2) To "bodily injury," "property damage" or "personal and advertising injury" arising out of the sole negligence of such additional insured.

Any insurance provided to an additional insured designated under paragraphs b. through h. above does not apply to "bodily injury" or "property damage" included within the "products-completed operations hazard."

3. The following is added to Paragraph H. of the BUSINESSOWNERS COMMON POLICY CONDITIONS:

H. Other Insurance

4. This insurance is excess over any other insurance naming the additional insured as an insured whether primary, excess, contingent or on any other basis unless a written contract or written agreement specifically requires that this insurance be either primary or primary and noncontributing.

4. LEGAL LIABILITY - DAMAGE TO PREMISES

- A. Under B. Exclusions, 1. Applicable to Business Liability Coverage, Exclusion k.**

Damage To Property, is replaced by the following:

k. Damage To Property

"Property damage" to:

1. Property you own, rent or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;
2. Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;
3. Property loaned to you;
4. Personal property in the care, custody or control of the insured;
5. That particular part of any real property on which you or any contractors or subcontractors working directly or indirectly in your behalf are performing operations, if the "property damage" arises out of those operations; or
6. That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraph 2 of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs 1, 3, and 4, of this exclusion do not apply to "property damage" (other than damage by fire or explosion) to premises:

- (1) rented to you;
- (2) temporarily occupied by you with the permission of the owner, or
- (3) to the contents of premises rented to you for a period of 7 or fewer consecutive days.

A separate limit of insurance applies to Damage To Premises Rented To You as described in Section D - Liability and Medical Expenses Limits of Insurance.





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(Ed. 06/11)

Paragraphs 3, 4, 5, and 6 of this exclusion do not apply to liability assumed under a sidetrack agreement.

Paragraph 6 of this exclusion does not apply to "property damage" included in the "products-completed operations hazard."

- B. Under B. Exclusions, 1. Applicable to Business Liability Coverage, the last paragraph of 2. Exclusions is deleted and replaced by the following:

Exclusions c, d, e, f, g, h, i, k, l, m, n, and o, do not apply to damage by fire to premises while rented to you or temporarily occupied by you with permission of the owner or to the contents of premises rented to you for a period of 7 or fewer consecutive days. A separate limit of insurance applies to this coverage as described in Section D. Liability And Medical Expenses Limits Of Insurance.

- C. The first Paragraph under item 5. Damage To Premises Rented To You Limit of Section D. Liability And Medical Expenses Limits Of Insurance is replaced by the following:

The most we will pay under Business Liability for damages because of "property damage" to any one premises, while rented to you, or temporarily occupied by you, with the permission of the owner, including contents of such premises rented to you for a period of 7 or fewer consecutive days, is the Damage to Premises Rented to You limit shown in the Declaration.

5. Blanket Waiver of Subrogation

We waive any right of recovery we may have against:

- a. Any person or organization with whom you have a written contract that requires such a waiver.

6. Broad Knowledge of Occurrence

The following items are added to E. Businessowners General Liability Conditions in the Businessowners Liability Coverage Form:

- e. Paragraphs a. and b. apply to you or to any additional insured only when such "occurrence," offense, claim or "suit" is known to:
 - (1) You or any additional insured that is an individual;

- (2) Any partner, if you or an additional insured is a partnership;
- (3) Any manager, if you or an additional insured is a limited liability company;
- (4) Any "executive officer" or insurance manager, if you or an additional insured is a corporation;
- (5) Any trustee, if you or an additional insured is a trust; or
- (6) Any elected or appointed official, if you or an additional insured is a political subdivision or public entity.

This paragraph e. applies separately to you and any additional insured.

7. Bodily Injury

Section F. Liability and Medical Expenses Definitions, item 3. "Bodily Injury" is deleted and replaced with the following:

"Bodily injury" means bodily injury, sickness or disease sustained by a person, including death, humiliation, shock, mental anguish or mental injury by that person at any time which results as a consequence of the bodily injury, sickness or disease.

8. Expanded Personal and Advertising Injury Definition

- a. The following is added to Section F. Liability and Medical Expenses Definitions, item 14. Personal and Advertising Injury, in the Businessowners General Liability Coverage Form:
 - h. Discrimination or humiliation that results in injury to the feelings or reputation of a natural person, but only if such discrimination or humiliation is:
 1. Not done intentionally by or at the direction of:
 - a. The insured; or
 - b. Any "executive officer," director, stockholder, partner, member or manager (if you are a limited liability company) of the insured; and
 2. Not directly or indirectly related to the employment, prospective employment, past employment or termination of employment of any person or person by any insured.
- b. The following is added to Exclusions, Section B.:



SB-146932-E
(Ed. 06/11)

(15) Discrimination Relating to Room, Dwelling or Premises

Caused by discrimination directly or indirectly related to the sale, rental, lease or sub-lease or prospective sale, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured.

(16) Fines or Penalties

Fines or penalties levied or imposed by a governmental entity because of discrimination.

- c. This provision (**Expanded Personal and Advertising Injury**) does not apply if

Personal and Advertising Injury Liability is excluded either by the provisions of the Policy or by endorsement.

9. Personal and Advertising Injury Re-defined

Section F. Liability and Medical Expenses Definitions, item 14, Personal Advertising Injury, Paragraph c. is replaced by the following:

- c. The wrongful eviction from, wrongful entry into, or invasion of the right of private occupancy of a room dwelling or premises that a person or organization occupies committed by or on behalf of its owner, landlord or lessor.

40020005620977672562620



View/Print Label

1. Ensure there are no other shipping or tracking labels attached to your package. Select the Print button on the print dialogue 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 scheduled Pickup

- o Your driver will pickup your shipment(s) as usual.

Customers without a scheduled Pickup

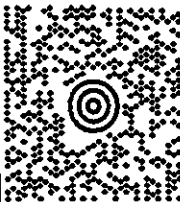
- o Schedule a Pickup on ups.com to have a UPS driver pickup all of your packages.
- o Take your package to any location of The UPS Store®, UPS Access Point(TM) location, UPS Drop Box, UPS Customer Center, Staples® or Authorized Shipping Outlet near you. To find the location nearest you, please visit the 'Locations' Quick link at ups.com.

UPS Access Point™
TOTAL WIRELESS 97
97 MAMARONECK AVE
WHITE PLAINS NY 10601-5204

UPS Access Point™
WESTCHESTER ROAD RUNNER
179 E POST RD
WHITE PLAINS NY 10601-4901

UPS Access Point™
ADVANCE AUTO PARTS STORE 4514
22 WESTMORELAND AVE
WHITE PLAINS NY 10606-1913

FOLD HERE

JENNIFER SELZER 8002920909 CT CORPORATION-LICENSING 140 GRAND STREET WHITE PLAINS NY 10601		LTR		1 OF 1	
SHIP TO: UI TAX / EMPLOYER ACCOUNTS 220 FRENCH LANDING DRIVE NASHVILLE TN 37243					
		TN 371 9-02 			
UPS NEXT DAY AIR		1			
TRACKING #: 1Z 3R5 E32 01 3002 1701					
BILLING: 3RD PARTY					
XCL 21.02.07 NV45-42.DA 01/2021*					

CT

March 11, 2021

UI Tax / Employer Accounts.
220 French Landing Dr., 3-B,
Nashville, TN 37243

Re: **State and Liberty Clothing Company LLC**
Unemployment Tax Registration

To Whom It May Concern:

Enclosed please find an **Unemployment Tax Registration** for our client **State and Liberty Clothing Company LLC**. Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenselogix.com



Wolters Kluwer

CT

RETURN TO: TN DEPT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER ACCOUNTS/EMPLOYER SERVICES 220
FRENCH LANDING DRIVE, 3-B
NASHVILLE TN 37243-1002
PHONE (615) 741-2486 FAX (615) 741-7214
EMAIL: EMPLOYERSTATUS.RATES@TN.GOV



TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

REPORT TO DETERMINE STATUS APPLICATION FOR EMPLOYER NUMBER

1. Enter Federal Number, Business Name and Address

Federal Number 47-2540542 ☐

Employer Name State and Liberty Clothing Co

Trade Name N/A

Mailing Address 670 Airport Blvd., STE. 1
Ann Arbor, Michigan, 48108

Physical Business Address in Tennessee (other than employee residence) if different from above:
5053 Broadway Pl, Nashville TN 37203

Business Website: stateandliberty.com

OFFICIAL USE ONLY			
Tennessee ID Number	M. No.	County	Alt Zip
Liab. Org.	First Employment	Date Liable	
Comp Year	NAICS	M-NAICS	Verified
Previous No.	Rate		

Phone: 301-502-5362 Fax: N/A

Email Address: steven@stateandliberty.com

2. Have you previously had an account with this department? ☐ YES ☒ NO If YES, Account Number N/A

3. Is your organization a Professional Employer Organization (PEO)? ☐ YES ☒ NO If YES, Tennessee license number N/A

Is your organization a client of a Professional Employer Organization (PEO)? ☐ YES ☒ NO

IF YES, STOP. Please complete LB-0910, Application for Client Number.

NOTE: If corporation is a nonprofit, exempt from Federal Income Taxes under Section 501(C)(3) of the IRS Code, STOP.

Please complete LB-0444, Report to Determine Status, Nonprofit Organization.

4. CHECK (X) FORM OF ORGANIZATION	5. Name of Owner, Partners, Corporate Officers, Limited Liability Company Members and Managers (If Board Managed), General Partners (Attach separate sheet if necessary.)	Social Security Number
☐ INDIVIDUAL	<u>Steven Fisher, CEO</u>	
☐ PARTNERSHIP	<u>Lee Moffie, President</u>	
☐ CORPORATION		
☒ LIMITED LIABILITY COMPANY		
☐ LIMITED PARTNERSHIP		
☐ OTHER		

NOTE: If a Limited Liability Company, are you treated by IRS as a(n) ☐ Individual Proprietorship ☐ Partnership or as a ☒ Corporation?

6. Name of person responsible for payroll records Steven Fisher Phone Number 301-502-5362

7. A. Number of workers you have employed (will employ) in TN 2
B. Date you first employed (will employ) a worker in TN 3/1/2021
C. Date you first paid (will pay) a worker in Tennessee 3/1/2021

D. Are you presently reporting for U.I. purposes in another state?
☒ YES ☐ NO If YES, which state? Michigan

E. If a corporation or LLC, provide formation information.
Date 3/1/2021 State MI Control No. 801764118

8. REGULAR BUSINESS EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Have you employed or do you expect to employ at least one worker in twenty different calendar weeks during a calendar year? ☒ YES ☐ NO
If YES, give earliest month and year the twentieth week occurred (will occur). MONTH March YEAR 2021

B. Have you had or do you expect to have a quarterly payroll of \$1,500 or more? ☒ YES ☐ NO

If YES, give earliest quarter and year this occurred (will occur). QUARTER 1 YEAR 2021

9. HOUSEHOLD EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic services? ☐ YES ☐ NO

If YES, give earliest quarter and year this occurred (will occur). QUARTER N/A YEAR N/A

10. AGRICULTURAL EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID.)

A. Have you employed or do you expect to employ at least ten or more workers in some part of a day in twenty different weeks during a calendar year? ☐ YES ☐ NO If YES, give earliest month and year this occurred (will occur). MONTH N/A YEAR N/A

B. Have you had or do you expect to have a quarterly payroll of \$20,000 or more? ☐ YES ☐ NO

If YES, give earliest quarter and year this occurred (will occur). QUARTER N/A YEAR N/A

C. Is all activity performed on a farm? ☐ YES ☐ NO If NO, what percentage is? N/A Please explain in 13A on page 2.

Must be signed by owner, partner, authorized limited liability company member or manager, or officer of the corporation.

Signature Steven Fisher, CEO Title Steven Fisher, CEO Date 03-10-21

PLEASE COMPLETE PAGE 2.

FAILURE TO DO SO WILL RESULT IN RECEIVING THE HIGHEST PREMIUM RATE ASSIGNABLE

11. (A) Name and Address of predecessor employer N/A

(B) Account Number of predecessor employer N/A (C) Date of acquisition N/A

(D) Did you acquire all of your predecessor's business in Tennessee? ☐ YES ☐ NO If No, what percentage did you acquire? _____

(E) Did your predecessor continue in business in Tennessee? ☐ YES ☐ NO

(F) Tennessee Employment Security Law provides for the mandatory transfer of an employer's benefit and premium experience whenever there is any common ownership, management or control between the predecessor and successor employers. Did any owner or manager of this company have an ownership interest in or participate in the management or control of the business acquired? ☐ YES ☐ NO

If "YES," please explain: _____

Per TCA 50-7-403(b)(2)(C)(ii) "Common ownership, management or control" includes any individual who has at least a 10% ownership interest in - or who participates in the management or control of - the predecessor's trade or business and has a relative with a 10% ownership interest in - or who participates in the management or control of - the successor's trade or business.

Does anyone who had a 10% or more ownership interest in the previous company - or who participated in its management or control - have a relative with a 10% or more interest in this company or who participates in its management or control?

☐ YES ☐ NO If "YES," please explain: _____

If you are not subject to a mandatory transfer of experience but wish to succeed to the experience of the predecessor employer, Form LB-0483, Application for Transfer of Experience Rating Record, must be submitted by no later than the end of the quarter following the quarter in which the acquisition occurred.

12. Enter below the amount of total payroll for each quarter in which you have had or expect to have employment.

YEAR	JAN-MAR	APR-JUNE	JUL-SEPT	OCT-DEC	YEAR	JAN-MAR	APR-JUNE	JUL-SEPT	OCT-DEC
2021	\$10000	\$30000	\$30000	\$30000					

13. FAILURE TO PROPERLY COMPLETE THIS SECTION WILL RESULT IN RECEIVING THE HIGHEST PREMIUM RATE ASSIGNABLE.

(A) Describe the major business activity of the account to be covered, listing any products manufactured or sold, or service provided. **Be as descriptive as possible.** Selling men's clothing

(B) In what Tennessee County is your company located? Davidson County
(If account covers sales reps or other personnel working from home, list county or city of residence.) N/A

(C) Is the primary purpose of the employee(s) covered by this application to **support other locations of your company?** ☐ YES ☒ NO
If YES, then check the category that best applies. Add comments as necessary. N/A

☐ HEADQUARTERS (e.g., corporate or regional management offices) N/A

☐ ADMINISTRATIVE (e.g., bookkeeping, accounting, payroll, HR, PR) N/A

☐ WAREHOUSING (e.g., storage, distribution, equipment yard) N/A

☐ SALESMAN (indicate product) N/A

☐ INFORMATION TECHNOLOGY (e.g., software publication, programming, systems design, data processing)

☐ OTHER (e.g., repair shop, security office, maintenance, employee recreation facility)

(D) Below are some industries that often need additional clarification. This section may not apply to every employer. If you see your industry, please answer the corresponding question(s):

Construction: What type of construction? _____ **Mostly** ☐ residential or ☐ non-residential?

Property Mgmt.: Does this business manage property for ☐ others or for ☐ itself? **Mostly** ☐ residential or ☐ non-residential?

Trucking: Is the main trucking activity ☐ local or ☐ long distance? **Mostly** ☐ truckload or ☐ less than truckload?

Empl. Agency: Is this a ☐ Temporary Staffing Service or an ☐ Employment Placement Agency?

Health Care: Is this a ☐ Doctor's Office, ☐ Multi-Disciplinary Clinic, ☐ Freestanding Urgent Care Center or ☐ Other?
Please specify: _____

Info Tech (IT): Which category best fits your business? ☐ Software Publication, ☐ Programming, ☐ Systems Design, ☐ Data Processing Is

Restaurant: the restaurant ☐ Full Service, ☐ Fast Food, ☐ Cafeteria/Buffer, ☐ Snack Bar, ☐ Other? Please specify: _____

Consulting: What is the primary type of consulting? ☐ Administrative, ☐ Human Resources, ☐ Marketing, ☐ Process/Logistics,
☐ Environmental, or ☐ Other - Please specify: _____

Home Health: Does the care involve skilled nursing? ☐ YES ☐ NO

Retail: What is the primary product? Selling men's clothing

Wholesale: What is the primary product? _____

Mining: What is the primary product? _____

Convenience Store: Does the store sell gasoline? ☐ YES ☐ NO

Manufacturing: What is the primary product? _____

INFORMATION FOR COMPLETING STATUS APPLICATION

Enclosed is a Report to Determine Status/Application for Employer Number. The Tennessee Employment Security Law and Regulations requires each employing unit in Tennessee to file this report with the Department of Labor and Workforce Development for the purpose of determining status. If you answer "Yes" to question 7(d) or any one of the questions in items 8, 9 or 10 on the status application, you are liable for unemployment insurance coverage with this department. Please complete and submit the enclosed form as soon as you have paid wages for services performed in Tennessee.

The requirements for liability are:

REGULAR BUSINESS EMPLOYERS

Items 8 A and B on the status application do not pertain to farm or household employees.

Item 8A. During some part of a day in each of twenty calendar weeks of a calendar year, did you employ or do you expect to employ one or more persons? (The weeks need not be consecutive and both full and part-time workers are counted.)

OR

Item 8B. Have you paid or do you expect to pay wages of **\$1,500** or more in any calendar quarter?

HOUSEHOLD EMPLOYERS

Item 9A. Did you have or do you expect to have a calendar quarter in which you paid household employee(s) **\$1,000** or more in cash wages? If so, you are liable for all wages paid during that year and the following calendar year.

AGRICULTURAL EMPLOYERS

Item 10A. During some part of a day in each of twenty weeks of a calendar year did you employ or do you expect to employ ten or more persons? (The weeks need not be consecutive and both full and part-time workers are counted.)

OR

Item 10B. Have you paid or do you expect to pay wages of **\$20,000** or more in any calendar quarter?

Leave the space under Item 1 for Federal Number blank if you have not yet been assigned a FEIN (Federal Employer Identification Number). You will receive a letter asking for this number after we establish your state account. Return the letter with your FEIN when you receive the number from the Internal Revenue Service.

If you are completing quarterly reports and/or the Application for Transfer of Experience Rating (LB-0483), please return them in the same envelope with this application. **DO NOT** write in the box titled **State Account Number** if you are submitting quarterly Premium (LB-0456) and Wage (LB-0851) Reports along with this application. Your new number will be recorded here when assigned.

Anyone who is paid for personal services by a corporation is considered to be an employee of the corporation **even if** that person is an officer and/or owns stock in the corporation.

NOTE: PLEASE BE SURE TO **SIGN** YOUR STATUS APPLICATION at the bottom and include the appropriate information. Also, complete both pages of your Status Application form.

Failure to complete both pages of the application or to provide sufficient information upon which to correctly classify the industry code will result in the highest new employer rate being assigned.

**Mail To: TN Dept of Labor and Workforce Development
Division of Employment Security
Employer Accounts/Employer Services
220 French Landing Drive, 3-B
Nashville TN 37243-1002**

PREMIUM RATE INFORMATION

New employers in Tennessee are initially subject to a "new employer" rate until their account has been subject to premiums and chargeable with benefits for thirty-six consecutive months ending on the computation date (December 31 of each year). They then become eligible, beginning on the next July 1, for a premium rate based on their individual reserve experience.

New employer rates are determined separately for each major industry group based on the combined reserve experience of each industry group as a whole. Presently, all industries, except construction, have a new employer rate of 2.7%. The new employer rates for construction, mining, and manufacturing are listed below.

Rate Year	Construction	Mining and Extraction	Manufacturing		
			Sector 31 ●	Sector 32 ■	Sector 33 ◆
July '14 – June '15	7.0%	5.0%	2.7%	2.7%	5.5%
July '15 – June '16	6.5%	2.7%	2.7%	2.7%	5.0%
July '16 – June '17	6.0%	2.7%	2.7%	2.7%	2.7%
July '17 – June '18	6.0%	2.7%	2.7%	2.7%	2.7%
July '18 – June '19	5.5%	2.7%	2.7%	2.7%	2.7%
July '19 – June '20	5.0%	2.7%	2.7%	2.7%	2.7%
July '20 – June '21	5.0%	2.7%	2.7%	2.7%	2.7%

- NAICS Manufacturing Sector 31 includes food, beverage, and tobacco products, as well as textiles, leather, and apparel products.
- NAICS Manufacturing Sector 32 includes wood products, paper products, printing and related support activities, petroleum and coal products, chemical manufacturing, plastics and rubber products, and nonmetallic mineral products.
- ◆ NAICS Manufacturing Sector 33 includes metal products, machinery, computer and electronic products, electrical equipment, appliances, transportation equipment, and furniture manufacturing.



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

July 21, 2021

VIA CERTIFIED U.S. MAIL

Delbert Rinquest
Daniel Graves Scott Jr.
Patients Choice LLC
2350 W. Cheyenne Avenue, #140
Las Vegas, NV 89032

**Re: CEASE and DESIST/CITATION: Unlicensed Activity in Nevada
Case No. 21-091-S**

Dear Mr. Rinquest and Mr. Scott:

The Nevada State Board of Pharmacy ("Board") has determined, based upon your admissions and/or documents submitted at a Board meeting, Patients Choice LLC ("Patients Choice") has engaged in the business of furnishing medical devices or assistive 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 639.6942.

Patients Choice is hereby ordered pursuant to NRS 639.2895(1) to CEASE and DESIST from engaging in the business of furnishing medical devices in this State. This letter shall serve as a CITATION pursuant to NRS 639.2895(2), for unlicensed operation of activity. The Board has assessed an administrative fine of five thousand dollars (\$5,000.00) pursuant to NRS 639.2895(3).

Patients Choice 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.

Patients Choice 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.

9171 9690 0935 0250 5405 99

Sincerely,

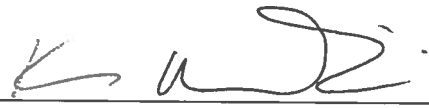
A handwritten signature in black ink, appearing to read "Courtney K. Lee".

Courtney K. Lee
General Counsel
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 21st day of July, 2021, I served a true and correct copy of the foregoing document by Certified U.S. Mail to the following:

Delbert Rinquest
Daniel Graves Scott Jr.
Patients Choice LLC
2350 W. Cheyenne Avenue, #140
Las Vegas, NV 89032



KRISTOPHER MANGOSING

17

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

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

(Check only) Application must be printed legibly or typed

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

☒ New MDEG ☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Non Publicly Traded Corporation – Pages 1,2,3,5	☐ Ownership Change (Please provide current license number if making changes: MP or MW _____) ☐ Partnership - Pages 1,2,3,6 ☐ Sole Owner – Pages 1,2,3,7
---	---

Please check box for type of ownership and complete correct part of the application.

FACILITY INFORMATION

Facility Name: Lincare Inc.

Physical Address: 707 Spence Lane Nashville, TN 37217
 (This must be a business address, we cannot issue a license to a home address)

Mailing Address: Attn: Licensing, P.O. Box 9004

City: Clearwater State: FL Zip Code: 33758

Telephone: (888) 544-2715 Fax: 727-431-9356

E-mail: CWALLER1@lincare.com Website: www.lincare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Joseph A. Lattke

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

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

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

Name: Joseph A. Lattke Telephone: (888) 544-2715

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:

This location will be a distribution center, shipping supplies nationwide for the Lincare organization.

Although Lincare does hold a number of medicare and Medicaid numbers, these would not be applicable for the business practice at this location.

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☒ No ☐

Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed?

Yes ☐ No ☒

Are any of the owners health professionals? If yes, please list name.

☒ Practitioner	Name: <u>N/A</u>
☒ Advanced Practitioner of Nursing	Name: _____
☒ Physician's Assistant	Name: _____
☒ Physical Therapist	Name: _____
☒ Occupational Therapist	Name: _____
☒ Registered Nurse	Name: _____
☒ Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

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

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

This page must be submitted for all types of ownership.

- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☒ No ☐

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

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

X Crispin Teufel

Original Signature of Person Authorized to Submit Application, no copies or stamps

Crispin Teufel, Chief Operations Officer

Print Name of Authorized Person

12/4/20

Date

Board Use Only

Received: _____

Amount: 500.00
check # 18305413

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Lincare Holdings Inc.Corporation Name: Lincare IncMailing Address: Attn: Licensing, P.O. Box 9004City: Clearwater State: FL Zip: 33758Telephone: 727-431-8269 Fax: 727-431-9356Contact Person: Deiadra Klemenc

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A4) What date did the corporation actually receive the cash assets? N/A

5) Provide a copy of the corporation's stock register evidencing the above information

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.

12/2/2020

Division of Corporations - Filing

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Department of State: Division of Corporations

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Entity Details

File Number: 2142540 Incorporation Date / Formation Date: 11/3/1987 (mm/dd/yyyy)

Entity Name: LINCARE INC.

Entity Kind: Corporation Entity Type: General

Residency: Domestic State: State:

Status: Good Standing Status Date: 8/17/2015

TAX INFORMATION

Last Annual Report Filed: 2019 Tax Due: \$ 0

Annual Tax Assessment: \$ 175 Total Authorized Shares: 2000

REGISTERED AGENT INFORMATION

Name: THE CORPORATION TRUST COMPANY

Address: CORPORATION TRUST CENTER 1209 ORANGE ST

City: WILMINGTON County: New Castle

State: DE Postal Code: 19801

Phone: 302-658-7581

FILING HISTORY (Last 5 Filings)

<u>Seq</u>	<u>Description</u>	<u>No. of pages</u>	<u>Filing Date</u> (mm/dd/yyyy)	<u>Filing Time</u>	<u>Effective Date</u> (mm/dd/yyyy)
1	Merger [Survivor]	1	7/15/2016	10:30 AM	7/15/2016
2	Merger [Survivor]	4	8/17/2015	12:00 PM	9/12/2015
3	Merger [Survivor]	1	3/10/2014	9:31 AM	3/10/2014
4	Merger [Survivor]	1	3/10/2014	9:30 AM	3/10/2014
5	Merger [Survivor]	1	8/19/2013	6:28 PM	8/31/2013

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LINCARE INC
19387 US HIGHWAY 19 N
CLEARWATER, FL 33764

TEL: 727-530-7700
FAX: 877-524-9504



The Lincare Inc. facility located at 707 Spence Lane, Nashville, TN 37217 has not voluntarily surrendered any licenses and has not been subjected to any administrative actions related to the pharmaceutical industry. Other facilities owned by Lincare Inc., however, have been subject to such action. These are as follows:

1. The Alabama State Board of Pharmacy found deficiencies regarding compounding, which resulted in disciplinary action against Lincare's pharmacy license in November 2011. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.
2. The Missouri State Board of Pharmacy identified deficiencies during the permit application process, which resulted in issuance of Wholesale Drug Distributor to the Lincare Inc. location in Hannibal, MO, subject to probation for four years, which ended on May 31, 2013. This license has been active since its issuance.
3. Lincare, at its Indianapolis, IN infusion pharmacy location, received a routine BOP inspection, which resulted in a finding of deficiencies regarding compounding. On August 14, 2017, Lincare and the BOP agreed to a summary suspension of Lincare's permit until the BOP's September 11, 2017 meeting. On September 11, the BOP agreed to allow the summary suspension to lapse and Lincare was permitted to resume compounding. The matter was concluded with a settlement agreement and payment of a fine in March 2018. This pharmacy has been sold, and is no longer under the ownership of Lincare.
4. The Florida Department of Business and Professional Regulation alleged Lincare, at its St. Augustine location, violated certain Florida Statutes and administrative rules regarding medical oxygen. The matter was resolved with a settlement agreement in August 2018 and payment of a fine. This license has been active since its issuance.
5. Florida Department of Business and Professional Regulation alleged Lincare, at its Panama City location, violated certain Florida Statutes and administrative rules regarding distribution of medical oxygen. The matter was resolved with a settlement agreement on February 06, 2019 and payment of a fine. This license has been surrendered for business purposes unrelated to the settlement agreement.
6. On July 15, 2019, Lincare's Indianapolis, IN infusion pharmacy location entered into a Consent Order with the Illinois Department of financial and Professional Regulation, Division of Professional Regulation, resolving the entity's complaint against the pharmacy. The complaint alleged sister-state discipline stemming from the pharmacy's March 2018 settlement agreement with the Indiana Board of Pharmacy. This pharmacy has been sold, and is no longer under the ownership of Lincare.
7. Lincare, at its Ocala, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on September 24, 2019. The matter was concluded with an agreement as to the deficiencies and the payment of a fine.

December 4, 2020

8. Lincare, at its Gainesville, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on or around July 24, 2019. The matter was concluded by entering into a settlement agreement and the payment of a fine.

9. Lincare, at its Lake City, FL location, received an inspection from the Florida Department of Business and Professional Regulation, which resulted in a finding of deficiencies related to medical oxygen on or around August 26, 2019. The matter was concluded by entering into a settlement agreement and the payment of a fine.

10. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on November 01, 2011 which resulted in a finding of deficiencies regarding compounding. The matter was concluded with a settlement agreement and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.

12. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on November 19, 2014, which resulted in a finding of deficiencies regarding compounding. The matter was concluded with a settlement agreement and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.

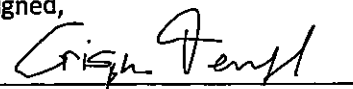
13. Lincare was subject to a consent agreement and payment of a fine to the Maine Board of Pharmacy in March 2015 for not disclosing prior disciplinary actions in other states. All licenses are and have always been active, except for two licenses surrendered for business reasons not related to this issue.

14. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on September 12, 2017, which resulted in a finding of deficiencies regarding compounding. The matter was concluded with an agreement as to the deficiencies and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.

15. Lincare, at its Chesapeake, VA location, received a routine BOP inspection on March 11 - 12, 2019, which resulted in a finding of a deficiency regarding timely inventory after a change in the pharmacist in charge. The matter was concluded with an agreement as to the deficiency and the payment of a fine. This license has been active since its issuance. This pharmacy has been sold, and is no longer under the ownership of Lincare.

16. Lincare, at its Peoria, AZ location, received a routine BOP inspection on May 30, 2019, which resulted in a finding of deficiencies regarding temperature controls. The matter was concluded with a consent agreement which placed the licenses on probation for 11 days, ending on March 06, 2020.

Signed,

X 

Crispin Teufel
Chief Executive Officer
Lincare Inc.



LINCARE INC
 19387 US HIGHWAY 19 NORTH
 CLEARWATER, FL 33764
 Ph: 727-530-7700

Tax ID: 59-2852900

State of Incorporation: Delaware, 11/03/1987

CORPORATE OFFICERS

CHIEF EXECUTIVE OFFICER

0% Controlling Interest

Crispin Teufel
 19387 US Highway 19 North
 Clearwater, FL 33764
 (727) 530-7700

CHIEF OPERATIONS OFFICER

0% Controlling Interest

Gregory G. McCarthy
 19387 US Highway 19 North
 Clearwater, FL 33764
 (727) 530-7700

CHIEF REIMBURSEMENT OFFICER

0% Controlling Interest

Stacy Thompson
 14839 W. 95th Street
 Lenexa, KS 66215
 (727) 530-7700

Ownership Information

Lincare Inc. (DE Corporation) Tax ID: 59-2852900

100% Owned by

Lincare Holdings Inc. (DE Corporation) Tax ID: 51-0331330



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 12/8/2020

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 EPIC Insurance Brokers & Consultants 350 Hudson Street – 4 th Floor New York, NY 10014	Phone No.: (212) 488-0200 Fax No.: (212) 488-0220	CONTACT NAME: Haendel Conil PHONE (A/C, No, Ext): 212.488.0445 FAX (A/C, No): E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A: ALLIANZ GLOBAL RISKS US INSURANCE CO.</td> <td>35300</td> </tr> <tr> <td>INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA</td> <td>25674</td> </tr> <tr> <td>INSURER C: TRAVELERS INDEMNITY COMPANY</td> <td>25658</td> </tr> <tr> <td>INSURER D: ALLIANZ UNDERWRITERS INSURANCE CO</td> <td>36420</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: ALLIANZ GLOBAL RISKS US INSURANCE CO.	35300	INSURER B: TRAVELERS PROPERTY CASUALTY CO. OF AMERICA	25674	INSURER C: TRAVELERS INDEMNITY COMPANY	25658	INSURER D: ALLIANZ UNDERWRITERS INSURANCE CO	36420	INSURER E:		INSURER F:	
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INSURER E:																
INSURER F:																
INSURED Lincare Inc. 19387 US 19 North Clearwater, FL 33764																

COVERAGES
CERTIFICATE NUMBER:
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			USL00157020Z	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS			TC2J-CAP-7440L676-20	01/01/2020	01/01/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTIONS			USL00157120Z	10/01/2020	10/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	TC20UB-7440L652-20 (AOS) TRJUB-7440L664-20 (AZ,MA,WI)	01/01/2020 01/01/2020	01/01/2021 01/01/2021	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	PROFESSIONAL LIABILITY			U5F00031620Z	10/01/2020	10/01/2021	\$1,000,000 Each Act / \$3,000,000 Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate issued as evidence of the above Insurance for Any and All Named Insured occupied locations anywhere in the United States.

CERTIFICATE HOLDER
CANCELLATION

EVIDENCE OF INSURANCE COVERAGE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 2
---------------------------------------	--

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Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LINCARE 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 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 "LINCARE INC." WAS INCORPORATED ON THE THIRD DAY OF NOVEMBER, A.D. 1987.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



2142540 8300

SR# 20211473764

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203374251

Date: 06-05-21

18

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR NEVADA WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
 (Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6,6a
☒ Non Publicly Traded Corporation – Page 1,2,3,5,5a,5b ☐ Sole Owner – Page 1,2,3,7,7a
 Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Safco Dental Supply LLC

Physical Address: 150 E. Greg St Suite 101

Mailing Address: 150 E. Greg St Suite 101

City: Sparks State: NV Zip Code: 89431

Telephone: 209-595-6025 Fax: N/A

Toll Free Number: _____

E-mail: tvucenich@safcodental.com

Website: www.safcodental.com

Facility Manager: Ted Vucenich

Professional qualifications and experience of facility manager: 20+ years of logistics and fulfillment experience including:
1 year with CVS as a California Board of Pharmacy Designated Rep shipping prescription drugs to CVS stores.
2 years with TDSC as the General Manager shipping supplies and Rx to licensed dentists in the US.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR NEVADA WHOLESALE LICENSE

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☒ No ☐

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☐ No ☒

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1) Septodont, Inc	205 Granite Run Dr Ste 150 Lancaster PA 17601
Name	Address
Manufacturer	
Business	
2) Pierrel Pharma srl	Strada Statale Appia 46/48 81043 Capua ITALY
Name	Address
Manufacturer	
Business	
3) Dentsply Sirona	700 College Ave York PA 17401
Name	Address
Manufacturer	
Business	
4) 3M Dental	2111 McGaw Ave Irvine CA 92614
Name	Address
Manufacturer	
Business	

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

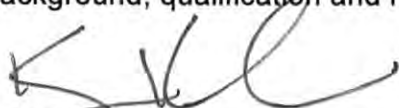
This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kray Kibler

Print Name of Authorized Person

Date

MARCH 9, 2021

Board Use Only

Received: _____

Amount: 500

check # 501490

processed
5/15/21

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: IllinoisParent Company if any: Safco Dental Supply LLCCorporation Name: Safco Dental Supply LLCMailing Address: 1111 Corporate Grove DriveCity: Buffalo Grove State: IL Zip: 60089Telephone: (847)-412-0925Fax: (847) 412-9367Contact Person: Paul Kearns

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

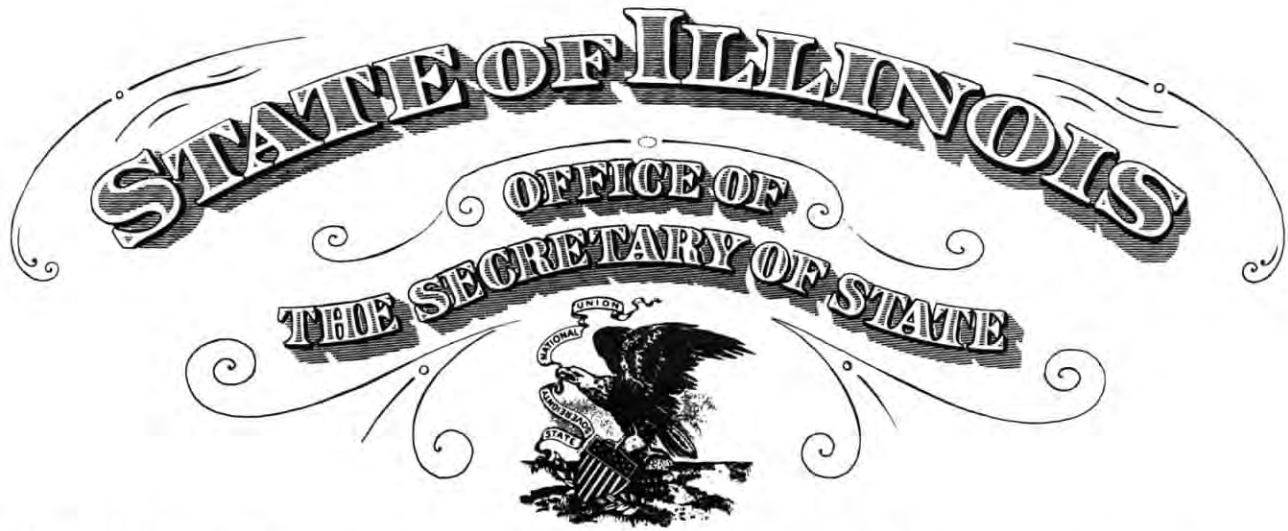
a) <u>PNC Capital Finance LLC</u>	<u>620 Liberty Ave, Pittsburgh, PA 15222</u>
Name	Address
b) <u>Madison Capital Finance LLC</u>	<u>227 W Monroe St Ste 5400, Chicago, IL 60606</u>
Name	Address
c) <u>Sterling Associated Group, LLC</u>	<u>6120 Parkland Blvd #302, Mayfield Heights, OH 44124</u>
Name	Address
d) <u>Kray Kibler</u>	<u>1111 Corporate Grove Drive Buffalo Grove IL 60089</u>
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. 753,038.05
- 3) What was the price paid per share? \$100.00
- 4) What date did the corporation actually receive the cash assets? 6/14/2019
- 5) Provide a copy of the corporation's stock register evidencing the above information

File Number

0759656-1



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SAFCO DENTAL SUPPLY LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON MAY 23, 2019, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE **IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.**



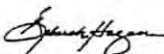
***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 3RD
day of FEBRUARY A.D. 2021 .***

Jesse White

SECRETARY OF STATE

Authentication #: 2103402824 verifiable until 02/03/2022

Authenticate at: <http://www.cyberdriveillinois.com>

State of Illinois Department of Financial and Professional Regulation Division of Professional Regulation	
LICENSE NO. 004.004780	The person, firm, or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.
LICENSED WHOLESALE DRUG DISTRIBUTOR	
SAFCO DENTAL SUPPLY LLC BRADLEY JOERGER 1111 CORPORATE GROVE DR BUFFALO GROVE, IL 60089-4546	
EXPIRES: 12/31/2022	
	
	
 DEBORAH HAGAN SECRETARY	 CECILIA ABUNDIS ACTING DIRECTOR
The official status of this license can be verified at www.idfpr.com	
15336780	

 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: 4254583



Federal ID: 36-2586168

State of Incorporation: IL

Corporate address: Safco Dental Supply LLC.
1111 Corporate Grove Dr.
Buffalo Grove, IL 60089

Phone: 847-412-9331

List of officers:

John Fuerst: President

Kray Kibler: Secretary and Treasurer

Directors:

Paul J. Kearns

Brad Joerger

Quality products and fast, friendly service since 1945.
1111 Corporate Grove Drive, Buffalo Grove, IL 60089-4546

P: 800-621-2178 /
F: 800-899-9954
www.safcodental.com

Maria Herrera

From: Casey Eischen <ceischen@safcodental.com>
Sent: Thursday, July 29, 2021 9:49 AM
To: Maria Herrera
Subject: RE: Safeco redo.pdf

Hi Maria,

I have the corrected information.

Ted Vucenich (Manager)

Joe Lopez (Supervisor)

Randy Ortega (picker)

Ericka Henry (checker)

Jerry (Gerald) Minor (picker)

All the people listed above have the ability to pick prescription product and move it about the warehouse. Only Ted can transfer prescription product out of the warehouse for destruction.

Thank you and please let me know if you need anything else.

CASEY EISCHEN

Compliance and Quality Specialist



Low prices.
Quality service.
Every day.

Safco Dental Supply LLC
 1111 Corporate Grove Drive
 Buffalo Grove, IL 60089-4546
 (847) 412-0925 Ext. 298
 (847) 412-9367 Fax
ceischen@safcodental.com

From: Casey Eischen
Sent: Thursday, July 29, 2021 11:24 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Safeco redo.pdf

Hi Maria,

I made a mistake in the last email with the list of people that can move prescription product at our Nevada facility. My manager is going to provide me that list and I will get that over to you right away.

Thank you 😊

CASEY EISCHEN

Compliance and Quality Specialist



Low prices.
Quality service.
Every day.

Safco Dental Supply LLC
 1111 Corporate Grove Drive
 Buffalo Grove, IL 60089-4546
 (847) 412-0925 Ext. 298

Theodore M. Vucenich

██████ Novara Drive
Sparks, NV 89434
████████████████████
████████████████████

Physical Distribution and Logistics Professional

EDUCATION

University of Pittsburgh, Bachelor of Arts Degree
Majors in Business and Economics; Minor in Mathematics

HIGHLIGHTS OF QUALIFICATIONS

- ❖ Experience in retail, wholesale, ecommerce, 3PL, B2B, and B2C.
- ❖ Budgeting and capital expenditure experience.
- ❖ Led West Marine for 7 years with highest employee engagement scores on Quality of Work Life Survey.
- ❖ Worked with several WMS, voice picking, auto-sorting, and scanning technologies.
- ❖ Led start-up operations and implementation of new technologies.
- ❖ Have excelled and been promoted at every job.

RELEVANT JOB EXPERIENCE

2018-present The Dentists Supply Company, Inc.

Distribution Center Manager –Reno, NV

- Responsible for all distribution operations fulfilling orders for online customers in a FDA regulated industry.
- Establish quality, safety, and productivity standards.
- Develop SOPs to meet Board of Pharmacy regulations for Rx storage, pedigree tracking, and reporting.
- Mentor staff and develop a collaborative culture that encourages teamwork and goal achievement.
- Responsible for entire P&L of facility including capital.
- Lead continuous improvement in a start-up operation.

2011-2018 West Marine Products, Inc.

Director of Operations – Hollister, CA

- Responsible for all west coast operations in a distribution center servicing 150 retail stores as well as wholesale and ecommerce fulfillment.
- Meet or exceed safety, quality and productivity standards for facility.
- Initiatives include maximizing cube for outbound shipments, improving quality and productivity, and cost reduction.
- Routinely rank as number one department in West Marine's Quality of Work Life survey.
- Led company project to install new manifesting system to support wholesale and direct sales.
- Led integration of WMS system to standardize facility with other distribution centers.
- Develop managers to achieve succession goals.
- Lean certification with ILI.

2009-2011 CVS/pharmacy***Operations Manager – Patterson, CA***

- Responsible for operations in a 900,000 sq. ft. “big box” distribution center servicing 500 stores in a retail pharmacy chain.
- Maintain safety, quality and productivity standards in all departments.
- Direct daily operations for 650 employees including 5 managers, 13 supervisors and 14 leads.
- Initiatives include maximizing cube for outbound shipments, improving quality and productivity, and cost reduction.
- Implement new policies and procedures to align with the CVS network.
- Responsible for P&L of \$28 million payroll & 300 million shipped units.
- Led project to re-slot 21,000 skus resulting in a 5% increase in facility throughput.
- Led integration of WMS system to standardize facility with other CVS distribution centers.
- Develop managers to achieve succession goals.

2008-2009 Kuehne + Nagel, Inc.***General Manager – Tracy/Hayward, CA***

- Responsible for directing 3PL operations in the bay area servicing multiple clients in a RF WMS facility.
- Full P&L responsibility.
- Opened and successfully started brand new DC in June 2008.
- Developed KPI's with customers and maintained highest standards of quality.
- Partnered with customers to review milestones and plan strategy.
- Develop managers and staff to help them achieve goals.
- Maintain a 99.9% inventory accuracy for all accounts in pick-pack and pallet pick operation.
- Responsible for all facility safety and security.
- Client products include non-perishable foods, retail soft goods, consumer electronics, medical supplies, and others.

2005-2008 Medline Industries, Inc.***Director of Operations – Lathrop, CA***

- Responsible for entire import, cross-dock, and distribution operation for a medical equipment company supplying customers and Medline distribution centers throughout North America.
- Processed 35 inbound containers per day and 25 outbound truck loads per day (pick-pack and pallet pulls).
- Maintained an accurate \$25 million inventory in a 350,000 sq. ft. facility (30,000 skus).
- Successfully implemented multiple shifts (staff of 90) to accommodate growth while improving accuracy and productivity.
- Reduced the percentage of contract labor from 60% to 10% resulting in significant cost savings for company in training and overtime expenses.
- Worked closely with inventory management to prioritize receipts and shipments to minimize backorders to customers.
- Worked with FDA to streamline their inspection and approval process of Medline products in the Lathrop facility.
- Developed managers and staff to help them achieve goals.

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE for a Pharmacy or Wholesaler located in Nevada

Date 2-9-21

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 herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for SAFCO DENTAL SUPPLY - WHOLESALE
 Nature of Pharmacy or Wholesaler
SAFCO DENTAL SUPPLY 150 E. GREG ST. SUITE 101 SPARKS, NV 89431
 Name and Address of Business for Which Designated Representative Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

VUCENICH THEODORE MICHAEL
 Last Name First Name Middle Name

NOVARA DR
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

NOVARA DR SPARKS NV 89431
 Present Residence Address-Street or RFD City State/Zip

150 E. GREG ST. SPARKS NV 2-9-21 SPARKS SPARKS, NV 89431
 Present Business Address Dates City State/Zip

MANAGER 11-30-20 TO PRESENT
 Present Position with the Pharmacy or Wholesaler Dates

HARRISBURG, DAUPHIN, PA 201-595-6025
 Date of Birth Place of Birth (City, County, State) Business

57 MALE
 Age Social Security Number or ITIN Sex

BROWN BROWN WHITE 235 LARGE 6'1"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes No If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial TM

MARITAL INFORMATION-Continued

A. **Current Marriage** 07-27-2001 CARSON CITY NV
 Date City, County and State
 Spouse's full name (Maiden) HEIDI ANN JAEGER SS# or ITIN [REDACTED]
 Date of Birth [REDACTED] Place of Birth SAN JOSE, CA
 Resident address [REDACTED] NOVAZA DR SPARKS NV 89434
 Street City State Zip
 Telephone: Residence [REDACTED] Business 775-982-2781
 Spouse's employer RENOWN HEALTH Occupation CLERK
 Address of employer 910 VISTA BLVD SPARKS NV 89434
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>SUSAN A. KOSTAR</u>	<u>FEB 1996</u>	<u>9-28-1989</u>	<u>NEW JERSEY DIVORCE</u>	<u>MINDEN DOUGLAS, NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>NONE</u>			

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial ju

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 THEODORE VUCENICH	[REDACTED]	MARGO RD CAMP HILL, PA 17011	TEACHER
Mother PATRICIA VUCENICH	[REDACTED]	MARGO RD CAMP HILL PA 17011	PROGRAMMER
Father-in-Law JOHN JEAER	[REDACTED]		OFFICER US ARMY
Mother-in-Law JOYCE JAEGER	[REDACTED]	DRAKEWAY CARSON CITY NV 89701	TEACHER

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
MARK D. VUCENICH	[REDACTED]	BRENNAN RD KEWISBERY PA 17339	SELF
Spouse LISA ESSMAN	[REDACTED]	" "	ATTORNEY
DIANE VUCENICH	[REDACTED]	Box [REDACTED] ST-THOMAS USVI 00801	ACCOUNTANT
Spouse			

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School HIGHLAND	CAMP HILL PA	1969-1976	Yes ☒ No ☐
High School CEDAR CLIFF	CAMP HILL PA	1978-1981	Yes ☒ No ☐
College University UNIVERSITY OF PITTSBURGH	PITTSBURGH, PA	1981-1985	Yes ☒ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any BACHELORSCollege or university where obtained UNIVERSITY OF PITTSBURGHApplicant's initial tn

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 CUMBERLAND State PA Date registered 3-11-1979**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

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 TM

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ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☒ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
N/A				

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☒ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
N/A		

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
SEPT 2018 - PRESENT	██████ NOVA DR	SPARKS	NV
JUNE 2013 - SEPT 2018	1820 NADINA ST	SEASIDE	CA
SEPT 2005 - JUNE 2013	952 MILLS AVE	MODESTO	CA
APR 2004 - SEPT 2005	516 VILLAGE CENTRE WAY	SAN JOSE	CA
JAN 2002 - APR 2004	3 CONOR RD	JACKSON	NJ
OCT 1999 - DEC 2001	14315 RANCHEROS DR	RENO	NV
DEC 1995 - APR 1999	3030 CHOLLAR CIR	SPARKS	NV
SEP 1993 - DEC 1995	315 15TH ST	NEW CUMBERLAND	PA

Applicant's initial

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Page 5

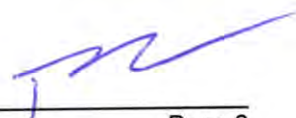
8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

OCT 2009	CVS 2400 KEYSTONE PACIFIC PKWY PATTERSON CA 95363	3,120
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
MANAGER	DISTRIBUTION OF RX TO CVS STORES	RICK HOFFMAN
Title	Description of Duties	Name of Supervisor
OCT 2018	TDSC 925 N. HILLS BLVD RENO, NV 89506	4,160
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
MANAGER	DIST. OF RX TO DENTISTS	JIM WIGGET
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>RICK BROWN</u>	Home	<u>S. LOS ROBLES AVE</u>				<u>40</u>
Employer <u>CBS</u>	Business	<u>NEWS PASADENA, CA 91106</u>				
Name <u>PATRICK FOLEY</u>	Home					
Employer <u>DRISCOLL'S</u>	Business	<u>343 WESTRIDGE DR WATSONVILLE, CA 95076</u>			<u>800-871-3333</u>	<u>10</u>
Name <u>ANDY CROSS</u>	Home					
Employer <u>WESTMARINE</u>	Business	<u>2395 BEAT DR HOLLISTER, CA 95023</u>			<u>831-635-1300</u>	<u>10</u>
Name <u>MARVIN MARINEZ</u>	Home					
Employer <u>WESTMARINE</u>	Business	<u>2395 BEAT DR HOLLISTER, CA 95023</u>			<u>831-635-1300</u>	<u>10</u>
Name <u>SOHA ROJAS</u>	Home					
Employer <u>WESTMARINE</u>	Business	<u>2395 BEAT DR HOLLISTER, CA 95023</u>			<u>831-635-1300</u>	<u>10</u>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☒ No ☐

If yes to the above, state where, when and for what reason:

Applicant's initial _____

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 ☐

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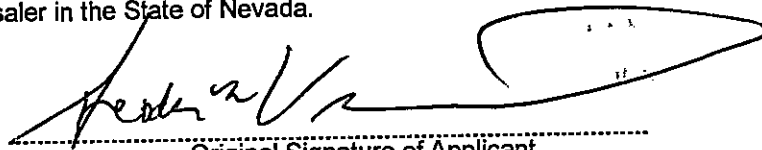
Date of photograph 2-1-21Applicant's initial TH

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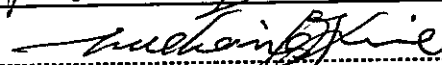
STATE OF Nevada ss.COUNTY OF Washoe

I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler as promulgated thereunder and agree, if licensed, to abide thereby,

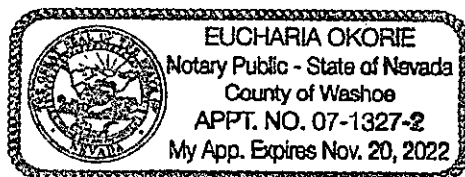
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or wholesaler in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 9th day of

February 2021

Notary Public

(seal)

Applicant's initial EO

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March 11, 2021

ADDITIONAL INFORMATION

[illegible]

Applicant's initial _____ Page 10

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 – Reno, NV 89521 – 775-850-1440

Personal History Application

Rev (04/22/2021)

Section 1: Pharmacy/ MDEG/Wholesaler Information

Name of Pharmacy/MDEG/Wholesaler Safco Dental Supply LLC

Physical Address 1111 Corporate Grove Drive

City Buffalo Grove State IL Zip 60089

Mailing Address (if different from physical address) _____

City _____ State _____ Zip _____

Telephone 847-412-9331 Website www.safcodental.com

Licensing Company Email regulatory@safcodental.com

Section 2: Personal Information

First Bradley Middle Michael Last Joerger

Alias(es, nicknames, name changes, etc.) _____

Date of Birth SSN or ITIN _____ Sex ☒ M ☐ F ☐ X

Mailing Address S Elm St

City Palatine State IL Zip 60067

Telephone Email bjoerger@safcodental.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 BJ

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 University of Illinois		From - To (MM/YY – MM/YY) 8/89 - 5/93	
Address	City Champaign	State IL	Zip 61820
Diploma/Degree obtained, if any BS Biology			
School Name Mendota High School		From - To (MM/YY – MM/YY) 8/85 - 5/89	
Address	City Mendota	State IL	Zip 61342
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) 6/14 - present	Address [REDACTED] S Elm St	City Palatine	State IL	Zip 60067
From - To (MM/YY – MM/YY) 9/03 - 6/14	Address 137 S Hickory St	City Palatine	State IL	Zip 60067
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)	
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			
Continue on next page if additional space is needed.			

Applicant's initials BS

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				

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.				
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Applicant's initials BS

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:

Bredley Janger

Original Signature (electronic, copies or stamps not accepted)

4/28/21

Date

Applicant's initials BS

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.

Bradley Joerger

Print Name (First, Last)

Bradley Joerger

Original Signature (electronic, copies or stamps not accepted)

4/28/21

Date

Please have this section completed in the presence of a Notary Public.

State of Illinois, ss. County of Kane

I, Bradley Joerger, 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.

Bradley Joerger

Original Signature

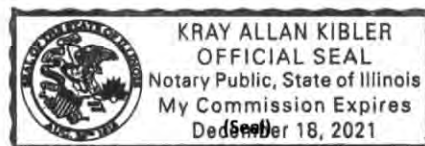
4/28/21

Date

Subscribed and Sworn to before me this 28th day of April, 2021

[Signature]

Notary Public Signature



Applicant's initials BJ

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date FEB 15, 2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Wholesale Distributor of Dental Supplies

Nature of License
Safco Dental Supply LLC 1111 Corporate Grove Drive Buffalo Grove IL 60089
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which it is Now Operated

1. PERSONAL INFORMATION:

KIBLER KRAY ALLAN
 Last Name First Name Middle Name
 NONE
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
WIESBROCK LANE BATAVIA IL 60510
 Present Residence Address-Street or RFD City State/Zip
1111 CORPORATE GROVE DRIVE BUFFALO GROVE IL 60089 JAN 2020 TO PRESENT
 Present Business Address City State/Zip
CPA/CFO JAN 2020 TO PRESENT
 Occupation
 Phone: Residence [REDACTED]
 Business 847-309-0095
[REDACTED] NEW BRIGHTON, PA USA
 Date of Birth Place of Birth (City, County, State)
53 [REDACTED] MALE
 Age Social Security Number or ITIN Sex
HAZEL GRAY WHITE 260 6 FEET
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics NONE OF THESE

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 ☐
 MARRIED

Applicant's initial KAK

MARITAL INFORMATION-Continued

A. **Current Marriage** SEPTEMBER 2, 1995 CHICAGO, IL COOK COUNTY
 Spouse's full name (Maiden) THAIS MARIE JOHNSON Date City, County and State
 SS# or ITIN
 Date of Birth Place of Birth LINCOLN, NE USA
 Resident address WIESBROCK LANE BATAVIA IL 60510
 Street City State Zip
 Telephone: Residence Business 312-590-0415
 Spouse's employer NORTHWESTERN MEDICINE Occupation REGISTERED NURSE
 Address of employer 26W171 ROOSEVELT ROAD WHEATON IL 60187
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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NO PREVIOUS MARRIAGES

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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NONE

3. FAMILY INFORMATION:

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
JOHUA KIBLER		PARK RIDGE, IL USA	WIESBROCK LN BATAVIA IL 60510
REBEKAH KIBLER		PARK RIDGE IL USA	WIESBROCK LN BATAVIA IL 60510
RACHEL KIBLER		PARK RIDGE IL USA	WIESBROCK LN BATAVIA IL 60510

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 KAK

Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

GLENN KIBLER [REDACTED] [REDACTED] PETERSON PLACE BATAVIA IL 60510 RETIRED

Mother

DECEASED

Father-in-Law

DECEASED

Mother-in-Law

VERNAMAE JOHNSON [REDACTED] [REDACTED] WIESBROCK LANE BATAVIA IL 60510 RETIRED/DISABLED

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
---------------	------------	---------	------------

KYLE KIBLER [REDACTED] [REDACTED] WASHINGTON RD WALDBORO ME 04572 SERVICE MANAGER

Spouse
CASSANDRA KIBLER [REDACTED] [REDACTED] WASHINGTON RD WALDBORO ME 04572 BANK TELLER

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School	HIGHLAND MIDDLE SCHOOL BEAVER FALLS PA	1979-1981	Yes ☒ No ☐
High School	BLACKHAWK HIGH SCHOOL BEAVER FALLS PA	1981-1985	Yes ☒ No ☐
College University	GENEVA COLLEGE BEAVER FALLS PA	1985-1989	Yes ☒ No ☐
Other	NORTH PARK UNIVERSITY CHICAGO IL	1993-1995	Yes ☒ No ☐

Type of degree obtained, if any BSBA (GENEVA COLLEGE) MBA (NORTH PARK UNIVERSITY)

College or university where obtained SEE ABOVE LINE

Applicant's initial KAK

Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☒ No ☐County BEAVER CO State PA Date registered SELECTIVE SVC 1985**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
----------------	-----	--------	-------------------------	-----------------	------------------

NONE

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
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Applicant's initial KAK

Page 4

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
2017-PRESENT	WIESBROCK LANE	BATAVIA IL 60510	KANE COUNTY IL
2006 - 2017	1723 WIESBROCK LANE	BATAVIA IL 60510	KANE COUNTY IL
2003 - 2006	404 S. MAPLE STREET	MT. PROSPECT IL 60056	COOK COUNTY IL
1996 - 2003	633 SANDY LANE	DES PLAINES IL 60016	COOK COUNTY IL
1992 - 1996	983 CRIMSON COURT	PROSPECT HEIGHTS IL 60070	COOK COUNTY IL

Applicant's initial KAK

Page 5

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 20-PRESENT	SAFCO DENTAL 1111 CORPORATE GROVE DRIVE BUFFALO GROVE IL 60090	STILL EMPLOYED
Title	Description of Duties	Name of Supervisor
CFO	FINANCIAL/EXECUTIVE MANAGEMENT	JOHN FUERST, CEO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
MARCH 06 - JAN 2020	SCRIP COMPANIES 360 VETERANS PKY BOLINGBROOK IL 60440	RESIGNED FOR NEW POS
Title	Description of Duties	Name of Supervisor
CFO/CEO	EXECUTIVE MANAGEMENT	BOARD OF DIRECTORS
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 2001 - MAR 06	PATTERSON MEDICAL 4 SAMMONS CT BOLINGBROOK IL 60440	RESIGNED FOR NEW POS
Title	Description of Duties	Name of Supervisor
CORPORATE CONTROLLER	FINANCIAL MANAGEMENT	EDWARD DONNELLY, CEO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 1999 TO JAN 2001	BANDS OF AMERICA SCHAUMBURG IL	RESIGNED FOR BETTER OPPORTUNITY
Title	Description of Duties	Name of Supervisor
CONTROLLER	FINANCIAL MANAGEMENT	L SCOTT MCCORMICK CEO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 1996 TO JAN 1999	WILSON SPORTING GOODS 8700 BRYN MAWR AVE CHICAGO IL	RESIGNED FOR NEW POS
Title	Description of Duties	Name of Supervisor
CORPORATE TAX SUPERVISOR	TAX MANAGEMENT	GARY DIEHL
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN TO JAN 96	SEYBOLD & CO CPAS PARK RIDGE, IL	RESIGNED FOR BETTER POSITION
Title	Description of Duties	Name of Supervisor
CPA	CPA CLIENT SERVICES	MADELEINE REYER, CPA
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
JAN 90 TO JAN 91	HAGAN MCCLINTOCK CPAS PITTSBURGH PA	RELOCATED/NEW POSITION
Title	Description of Duties	Name of Supervisor
CPA	CPA CLIENT SERVICES	
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 KAK
Page 6

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name Roger Brandt	Home	████	Wagner Road	Batavia, IL 60510	████	45
Employer JB Supply	Business	Self Employed				
Name John White	Home	████	Leola Lane St.	Charles, IL 60175	████	10
Employer United Airlines	Business					
Name Peter Roggeman	Home	████	N Elmhurst Avenue	Mt. Prospect, IL 60056	████	15
Employer Scrip Companies	Business					
Name Mary Thompson	Home	████	E. Azalea Drive	Chandler AZ 85286	████	20
Employer Retired	Business					
Name Matthew Taylor	Home	████	Hanover Street	Dallas, TX 75225	████	20
Employer Self Employed Consultant	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
NONE			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☒

If yes, state type, where and years held

CPA LICENSE ILLINOIS 1997 TO PRESENT LICENSE # 065024744 EXP 9-30-2021

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial KAK

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 2/16/2021

Applicant's initial KAK

STATE OF Illinois

SS.

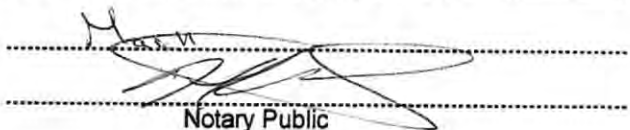
COUNTY OF KANE

I, KRAY ALLAN KIBLER, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

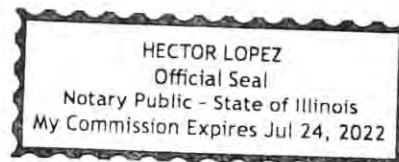
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.


Original Signature of Applicant

Subscribed and Sworn to before me this 4th day of


Notary Public

(seal)



Applicant's initial KAL Page 9

1. LAL

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. 107362050

Application/License No. _____

Safco Dental Supply, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
150 E Greg St, Suite 101, Sparks, NV 89431, as
Address of Applicant/Principal
PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
 corporation organized under the laws of the state of Connecticut
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 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.

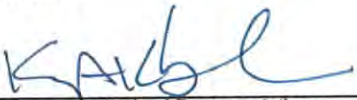
In witness whereof, each party to this bond has caused it to be executed on this
28th day of April, 2021.

APPLICANT/PRINCIPAL

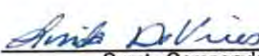
SURETY

COMPANY

Travelers Casualty and Surety Company of America



 Authorized Representative



 Surety Company's Representative

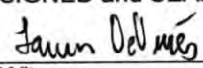
Linda DeVries, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

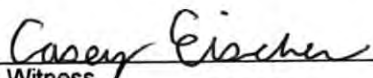
SIGNED and SEALED in the presence of:



 Witness



 Witness



 Witness

 Witness

Countersigned by:

N/A
 Nevada Resident Agent

Posted February 20, 2020



Travelers Casualty and Surety Company of America
Travelers Casualty and Surety Company
St. Paul Fire and Marine Insurance Company

POWER OF ATTORNEY

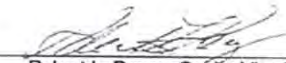
KNOW ALL MEN BY THESE PRESENTS: That Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company are corporations duly organized under the laws of the State of Connecticut (herein collectively called the "Companies"), and that the Companies do hereby make, constitute and appoint **Linda DeVries** of **Grand Rapids, Michigan** 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.

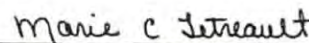
By: 
 Robert L. Raney, Senior Vice President

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, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

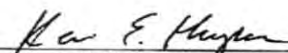
FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or understanding to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **28th** day of **April**, 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.

19

19A

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: AuroLogistics LLC

Physical Address: 203 Windsor Center Drive

City: East Windsor State: NJ Zip Code: 08520

Telephone Number: (732) 839-9400 Fax Number: (845) 544-2481

Toll Free Number: N/A

E-mail: AUR@SLSNY.com Website: www.aurobindousa.com

Facility Manager: James A. Downey

Professional qualifications and experience of facility manager: Director of Distribution at Aurologistics since January 2020.

Previously served as Director of Distribution at Aurobindo Pharma U.S.A., Inc. Oversees a complete logistics operation that is housed in a 500K sq. ft. temperature controlled facility.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distribution sites with organization, Manufacturers, Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Drugs (over the counter), Drugs (Ophthalmic), Drugs (Gabapentin)

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☒ No ☐

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Aurobindo Pharma
Address: Levesley Rd, Dayton, NJ 08810

Name: Auromedics
Address: 279 Princeton-Hightstown Rd, East Windsor NJ, 08520

Name: Aurohealth
Address: 279 Princeton-Hightstown Rd, East Windsor NJ, 08520

Name: AuroLife
Address: 2400 Route 130 North, Dayton, NJ, 08810

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

Swami S. Iyer

Print Name of Authorized Person

April 22, 2021

Date

Board Use Only

Date Processed: _____

Amount:

\$500 Check # 7140

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DEParent Company if any: Aurobindo Pharma USA Inc.Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

100 percent owned
by Aurobindo
Pharma USA Inc.
No other owners to
Disclose.a) Aurobindo Pharma USA Inc. 279 Princeton Hightstown Road, East Windsor, NJ 08520
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address2) Provide the number of shares issued by the corporation. N/A-100 percent owned by Aurobindo Pharma USA Inc.3) What was the price paid per share? N/A-100 percent owned by Aurobindo Pharma USA Inc.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 directorsCertificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Homestate²⁷⁰⁰
License

0741729



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**
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 accompany such notification."

Registered as: ☐ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

203 WINDSOR CENTER DR EAST WINDSOR, NJ 08520-

Reg. No.
5005256

AUROBINDO PHARMA USA, INC.
AUROLOGISTICS, LLC
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

☆ 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@slnysupport.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>

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 3/2/2021

Registration Number: 5005256

Registered as: Wholesale

Parent Company Name: AUROBINDO PHARMA USA, INC.

Trade Name: AUROLOGISTICS, LLC

Original Issue Date: 08/10/2017

Expiration Date: 01/31/2022

Current Issue Date: 10/21/2020

Disciplines: No

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "AUROLOGISTICS LLC" IS DULY FORMED
UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND
HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS
OF THE FIRST DAY OF FEBRUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AUROLOGISTICS
LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF APRIL, A.D. 2017.



6394581 8300

SR# 20210075486

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.
Jeffrey W. Bullock, Secretary of State

Authentication: 202414389

Date: 02-01-21

AuroLogistics LLC



Corporate Address: 279 Princeton Hightstown Road, East Windsor, NJ 08520 USA
 FEIN: 38-4037197
www.aurobindousa.com

Drug Labeler Code: N/A
 Incorporation State: DE
 Incorporation Date: 4/28/2017

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
PRNC	203 Windsor Center Drive East Windsor, NJ 08520 County: Mercer	N/A	N/A - No CS	080776030	Yes	(732) 839-9400	(845) 544-2481

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Jeffrey J. Jackowski	█████ Einstein Way East Windsor, NJ 08512	VP, Quality Assurance & Compliance	No	██████████	██████████	For CA ONLY
James A. Downey	█████ Rochford Drive Manchester, NJ 08759	Designated Representative	No	██████████	██████████	For All states except CA-James Does not currently have a current CA-DR Permit

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Aurobindo Pharma USA Inc.	279 Princeton Hightstown Road East Windsor, NJ 08520	N/A	100	N/A	20-0962874	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Swami S. Iyer	█████ Jared Drive North Brunswick, NJ 08902	Chief Financial Officer	No	██████████	██████████	██████████
Sanjay Singh	█████ Columbia Place West Windsor, NJ 08550	Associate President - Operations	No	██████████	██████████	██████████
Mark Robert Fedele	█████ Gloucester Drive Doylestown, PA 18902	President	No	██████████	██████████	██████████

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
Corporation Service Company (CSC)	██████████	██████████	██████████

James Downey

ADDRESS: [REDACTED] Rochford Drive, New Jersey 08759

Tel: [REDACTED]

Email: [REDACTED]

Summary of Qualifications

Current leadership role driving reengineering of processes and increasing performance for a Facility that was predominantly a DC, that is transforming into both a DC and a Central Warehousing facility servicing Manufacturing and Packaging beginning in Q2 of 2019. Logistics executive with experience and qualifications in general management, transportation (All Modes All Environmental Conditions), operational excellence and continuous improvement. Project Management on a global level in the areas of Air 2 Ocean Conversion as well as Freight Forwarding by Region (\$100 MM Spend). At Aurobindo collaboratively working with other leaders on our M&A with Sandoz, generic division of Novartis.

Professional Experience**Director Distribution****Jan 2020 to Present****AuroLogistics LLC**

203 Windsor Center Drive
East Windsor, NJ 08520

Director Distribution**Dec 2018 to Jan 2020****Aurobindo Pharma U.S.A., Inc.**

6 Wheeling Road
Dayton, NJ 08810

- ◆ Central distribution for a Top 5 Generic Pharmaceutical Firm.
- ◆ Oversee a complete logistics operation that is housed in a 500K sq. ft temperature controlled facility serviced by a 20K pallet position ASRS.
- ◆ Budgetary responsibilities in excess of \$20 MM annually.
- ◆ Central warehousing supplying internal supply chain groups manufacturing and packaging.
- ◆ Responsible for staff of 150 (50 Permanent & 100 Contractors) with 10 direct reports.

Key Achievements

- Responsible for eliminating a 30 day backlog totaling 13 MM units in a 60 day time span.
- Responsible for distributing 20 MM units for a record month.

Director of Distribution & Compliance**Aug 2015 to Dec 2018****Hall's Warehouse Corp**

501 Kentile Rd
South Plainfield, NJ 07080

- ◆ Spearheaded BRC Certification within a 3PL Firm offering (Warehousing / Transportation), with 8 facilities, providing multiple environmental conditions including ambient, cooler, and freezer. (1.8 MM sq.ft. for storage and a transportation division with 75 tractors)
- ◆ Created exemplary Food Safety Program developed, trained, and executed across the organization.
- ◆ Collaboratively developing a marketing program that supports the compliance expertise as it translates to ROI, and connects with globally recognized retailers as their preferred supplier.
- ◆ Designer of full solution BRC Program Implementation across facilities within a family owned business acting as the liaison with "Big Box Retailers" like Costco.
- ◆ Architect of compliance/quality initiatives including Change Management, Documentation, Documentation Control, Internal Audit, Training, and Investigation/CAPA(s).
- ◆ Compliance responsibilities also include KPI ownership as well as P&L responsibility in lead line items such as real estate and labor.

Key Achievements

- Responsible for approximately 100K pallet positions/700K sq. ft of GFSI/BRC Food Safety Space

General Manager**Apr 2014 to Feb 2015****Preferred Freezer Services**

2710 Extension of Allen St.

Linden, NJ 07036

- ◆ CEO of \$40 MM facility that serves as a 3PL service provider for frozen food manufacturers.
- ◆ Managed and controlled expenses of a P&L totaling \$8.4 MM yielding an EBITDA of \$1.8 MM annually.
- ◆ Led accreditation from the BRC to qualify for distribution to 42 Wal-Mart Distribution Centers.
- ◆ Coordinator for all compliance initiatives within the facility including quality, safety, and finance.
- ◆ Facility Profile, AS/RS Freezer 24,000 Pallet Positions, 2 Shuttle Cranes, 4 Stacker Cranes, 3 Channels Sizes 4 Deep, 16 Door Dock (35 F), 3 Compressors, 2 Munters Units, Environmental Temperature and Equipment Controls and Monitoring
- ◆ Leader of the organizational chart segmented by the Operations and Customer Service Groups comprised of 45 FTE(s) and 10 Contractors.

Key Achievements

- Implementer of six sigma concepts in an automated facility to drive a continuous improvement methodology with a productivity capacity, pallet activity, increase of 25% in less than a year.

Assoc. Director, North America Transportation Lead**Jun 2013 to Apr 2014****Merck**

1 Merck Drive

Whitehouse Station, NJ 08889

- ◆ Oversee and control transportation spends for the NA Region, \$35MM for multiple segments of the business. Business units consisting of MMD and External Manufacturing. Support other facets of the business including SSO, MRL, and limited MCC.
- ◆ Regional Lead for Global Freight Forwarding RFP encompassing \$150MM spend.
- ◆ Regional Lead for Air to Ocean conversion with expected cost savings of \$22MM globally.
- ◆ Coordinate and manage relationship with 3PL, K&N, responsible for NA Road Transportation. Total spend approximately \$20MM annually.
- ◆ Lead and develop staff in the NA Regional Areas including USA, Puerto Rico, and Canada.
- ◆ Manage and responsible for Freight Bill Payment and Audit for Manufacturing Sites, Order Fulfillment Centers, Merck Research Laboratories, and External Manufacturing.

Key Achievements

- Responsible Party for the NA Region's portion of Global Logistics Forecasted Value Capture of 90 MM Dollars in 2014.

Manager of Kenilworth, Cleveland, Pointe Clare Warehouse Operations**Merck/Schering Plough****Sep 2008 – Jun 2013**

2000 Galloping Hill Rd

Kenilworth, NJ 07033

- ◆ Oversee and control internal costs including employment, facility, and peripheral for departmental budget of \$5.5 MM. Managed staff of 40 FTE(s) in the areas of warehouse operations, inventory control, and returned goods.
- ◆ Led cost reduction of \$500K over two years thru lean six sigma principles.
- ◆ Key central liaison from a site logistics perspective responsible for the interacting with representatives from the regulatory agencies, FDA, EA, and ANVISA.
- ◆ Set domestic and global strategies that accommodate the needs of the businesses, ensuring safety and effectiveness of products shipped for two new markets Brazil and Australia.
- ◆ Managed the Oliver Wight Class A Certification for Inventory Record Accuracy.
- ◆ Led qualification of 3PL as an approved supplier for warehousing distribution utilized for overflow of cold storage product. This qualification included FDA readiness for satellite site.
- ◆ Oversee ocean freight, air freight, and surface shipping requirements, as well as activities related to implementation of our business alliance with UPS.
- ◆ Monitor and deliver high performing metrics and KPI(s) in the following areas of compliance, safety, supply, and finance.

- ◆ Spearheaded the Kenilworth's Facilities VAWD certification, Verified Accredited Wholesale Distributor. This included being the Designated Representative for Florida and California.
- ◆ Directed planning and implementation of domestic transportation for entire product portfolio for both Trade, Consumer Care, and Samples.
- ◆ Implemented and scheduled the rollout of a new ERP system (SAP) for the business improving delivery performance cycle times from a tactical and strategic level.

Warehouse Compliance Supervisor

Sep 2003 – Sep 2008

Schering Plough

2000 Galloping Hill Rd

Kenilworth, NJ 07033

- ◆ Led compliance program thru training and implementation of the software package, Trackwise (web based work flow program), that documents quality and compliance issues.
- ◆ Sustained a compliance environment by originating and consolidating SOP(s) to address compliance issues satisfying a significant step in the corporate work plan.

Key Achievements

- Functional area leading a pharmaceutical plant manufacturing/packaging/distribution over 100MM units from Work Plan to lifting of FDA imposed Consent Decree.

Industrial Engineer, Logistics

Nov 1997 – Sep 2003

Wakefern Food Corporation,

105 Fieldcrest Ave

Edison NJ 08837

- ◆ Conducted departmental studies with labor standards and process improvements, with executive report out, for a company with 200 retail locations and sales in excess of \$7BB.
- ◆ Member of the project team responsible for development, roll-out, and implementation of the web based labor scheduling solution, Tomax's workforce manager.

Manager of Family Owned Retail/Hospitality Business*

1992 – 1999

Last Call Tavern

- ◆ Managed all facets of operations including staffing, scheduling, security, customer service, marketing/promotions, accounting, inventory management, and facility management.
- * Responsibility of ownership passed from father when he became ill awaiting a heart transplant received at Columbia Presbyterian.

Education

Bachelors of Science, May 1994

Rutgers University, College of Engineering, Piscataway, NJ

References Available Upon Request



*The National Association of Boards of Pharmacy[®]
hereby awards*

*Verified-Accredited Wholesale Distributors[®]
Accreditation*

to

Pharmalogistics, LLC

located at

203 Windsor Center Dr, East Windsor, NJ 08520

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

Period of Accreditation

December 13, 2019 - December 12, 2022

National Association of Boards of Pharmacy | 1600 Fehauville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

VAWD

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. 0693482

Application/License No. _____

AuroLogistics LLC

Applicant/Principal

_____, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is

203 Windsor Center Drive, East Windsor, NJ 08520

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

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 August 15, 2017

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:

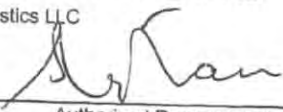
- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability 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
15 day of August, 2017.

APPLICANT/PRINCIPAL

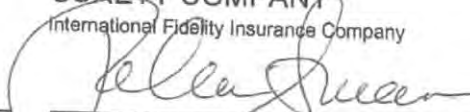
AuroLogistics LLC



Swami Iyer
Authorized Representative

SURETY COMPANY

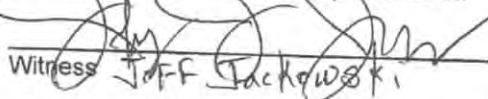
International Fidelity Insurance Company

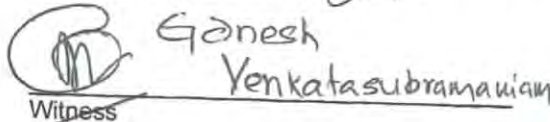


Surety Company's Representative

Rebecca Swan
print name, Attorney-in-fact

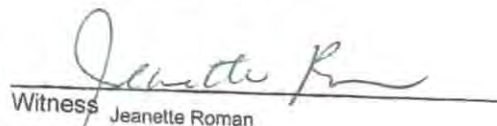
SIGNED and SEALED in the presence of:


Witness Jeff Jackowski


Witness Ganesh Venkatasubramaniam

SIGNED and SEALED in the presence of:


Witness Maria Miranda


Witness Jeanette Roman

Countersigned by:

Not Applicable
Nevada Resident Agent

Tel (973) 624-7200

POWER OF ATTORNEY**INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY**

ONE NEWARK CENTER, 20TH FLOOR NEWARK, NEW JERSEY 07102-5207

KNOW ALL MEN BY THESE PRESENTS: That INTERNATIONAL FIDELITY INSURANCE COMPANY, a corporation organized and existing under the laws of the State of New Jersey, and ALLEGHENY CASUALTY COMPANY a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

ROBERT HARKINS, BRENDAN SCHRIER, CHERYL ISBILL, REBECCA SWAN, SCOTT ZMIGRODSKI,
ROBERT HAARSGAARD, ROBERT CUBBIN

Newark, NJ.

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 INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY 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 INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY 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 20th day of July, 2010 and by the Board of Directors of ALLEGHENY CASUALTY COMPANY at a meeting duly held on the 15th day of August, 2000:

"RESOLVED, that (1) the President, Vice President, Chief Executive Officer 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, INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY have each executed and attested these presents on this 31st day of December, 2015.

STATE OF NEW JERSEY
County of Essex

ROBERT W. MINSTER
Chief Executive Officer (International Fidelity Insurance Company) and President (Allegheny Casualty Company)



On this 31st day of December 2015, 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 INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY COMPANY; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.

IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.



A NOTARY PUBLIC OF NEW JERSEY
My Commission Expires April 16, 2019

CERTIFICATION

I, the undersigned officer of INTERNATIONAL FIDELITY INSURANCE COMPANY and ALLEGHENY CASUALTY 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 this

15th

day of August 2017

MARIA BRANCO, Assistant Secretary

Individual Acknowledgement

State of _____ } ss.
 County of _____ }

On this _____ day of _____, 20____, before me personally came _____ to be known, and known to me to be the individual described in and who executed the foregoing instrument, and acknowledged to me that he executed the same.

My commission expires _____ Notary Public

Firm Acknowledgement

State of _____ } ss.
 County of _____ }

On this _____ day of _____, 20____, before me personally came _____ to be known to me to be a member of the firm of _____ described in and who executed the foregoing instrument, and he thereupon acknowledged to me that he executed the same as and for the act and deed of said firm.

My commission expires _____ Notary Public

Corporation Acknowledgement

State of _____ } ss.
 County of _____ }

On this _____ day of _____, 20____, before me personally came _____ to be known to me who being by me duly sworn, did depose and say that he is the _____ of _____ the corporation described in and which executed the above instrument that he knows the seal of said corporation; the the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order.

My commission expires _____ Notary Public

Surety Acknowledgement

State of New Jersey } ss.
 County of Essex }

On this 15th day of August, 2017, before me personally came Rebecca Swan to be known, who, being by me duly sworn, did depose and say that he is attorney-in-fact of International Fidelity Insurance Company the corporation described in and which executed the above instrument; that he knows the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he signed the said instrument and affixed the said seal as Attorney-in-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

My commission expires _____

JEANETTE ROMAN
 NOTARY PUBLIC
 NEW JERSEY
 ESSEX COUNTY
 My Commission Expires June 30, 2020
 ID No. 2397801

Jeanette Roman
 Notary Public

INTERNATIONAL FIDELITY INSURANCE COMPANY
ONE NEWARK CENTER, 20TH FLOOR, NEWARK, NEW JERSEY 07102-5207

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 31, 2016

<u>ASSETS</u>	
Bonds (Amortized Value)	\$116,553,232
Common Stocks (Market Value)	35,026,858
Mortgage Loans on Real Estate	364,497
Cash, Bank Deposits & Short Term Investments	27,210,274
Unpaid Premiums & Assumed Balances	9,398,922
Reinsurance Recoverable from Reinsurers	(563,771)
Electronic Data Processing Equipment	339,714
Investment Income Due and Accrued	643,984
Net Deferred Tax Assets	4,099,217
Receivables from Parent, Subsidiaries & Affiliates	96,331
Other Assets	<u>21,246,462</u>
TOTAL ASSETS	<u>\$214,415,720</u>
<u>LIABILITIES, SURPLUS & OTHER FUNDS</u>	
Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	\$2,684,535
Reinsurance Payable on Paid Losses and Loss Adjustment Expenses	353,354
Loss Adjustment Expenses	3,582,623
Commissions Payable, Contingent Commissions & Other Similar Charges ..	1,129,001
Other Expenses (Excluding Taxes, Licenses and Fees)	5,107,108
Taxes, Licenses & Fees (Excluding Federal Income Tax)	386,783
Current Federal & Foreign Income Taxes	155,610
Unearned Premiums	34,001,398
Dividends Declared & Unpaid - Stockholders	234,182
Dividends Declared & Unpaid: Policyholders	868,437
Ceded Reinsurance Premiums Payable	2,367,376
Funds Held by Company under Reinsurance Treaties	1,031
Amounts Withheld by Company for Account of Others	67,451,019
Provision for Reinsurance	43,665
Payable to Parent, Subsidiaries and Affiliates	56,120
Other Liabilities	<u>6,884,658</u>
TOTAL LIABILITIES	<u>\$125,306,898</u>
Common Capital Stock	\$1,500,000
Gross Paid-in & Contributed Surplus	374,600
Surplus Notes	16,000,000
Unassigned Funds (Surplus)	72,212,700
Less: Treasury Stock at cost (21,744 shares common) (value incl. \$45.)	<u>978,480</u>
Surplus as Regards Policyholders	<u>\$89,108,820</u>
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	<u>\$214,415,720</u>

I, Francis L. Mitterhoff, President of INTERNATIONAL FIDELITY INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2016, as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of New Jersey.



IN TESTIMONY WHEREOF, I have set my hand and affixed the
 seal of the Company, this 22nd day of February, 2017.
 INTERNATIONAL FIDELITY INSURANCE COMPANY



International Fidelity Insurance Company
One Newark Center 20th Floor
Newark, NJ 07102
(973) 624-7200
www.ific.com

CONTINUATION CERTIFICATE

Bond No. 0693482 Bond Amount: \$100,000

Term Beginning: August 15, 2020

Term Ending: August 15, 2021

Principal/Insured: AuroLogistics, LLC 203 Windsor Center Drive, East Windsor, NJ 08520

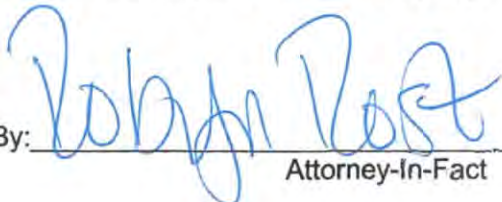
Obligee: State of Nevada

431 W. Plumb Lane, Reno, NV 89509

It is hereby agreed that the captioned numbered Bond is continued in force in the above amount for the period of the continued term stated above.

This continuation shall be deemed a part of the original bond and not a new obligation and is subject to all the covenants and conditions of said bond.

International Fidelity Insurance Company

By: 
Attorney-In-Fact

Robyn Rost 06/19/2020

Signed and Sealed Date

POWER OF ATTORNEYBond # 0693482**HARCO NATIONAL INSURANCE COMPANY
INTERNATIONAL FIDELITY INSURANCE COMPANY**

Member companies of IAT Insurance Group, Headquartered: 702 Oberlin Road, Raleigh, North Carolina 27605

KNOW ALL MEN BY THESE PRESENTS: That **HARCO NATIONAL INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of Illinois, and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and having their principal offices located respectively in the cities of Rolling Meadows, Illinois and Newark, New Jersey, do hereby constitute and appoint

MICHAEL PARR, ROBYN ROST

Summit, NJ

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**, as fully and amply, to all intents and purposes, as if the same had been duly executed and acknowledged by their regularly elected officers at their principal offices.

This Power of Attorney is executed, and may be revoked, pursuant to and by authority of the By-Laws of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** and is granted under and by authority of the following resolution adopted by the Board of Directors of **INTERNATIONAL FIDELITY INSURANCE COMPANY** at a meeting duly held on the 13th day of December, 2018 and by the Board of Directors of **HARCO NATIONAL INSURANCE COMPANY** at a meeting held on the 13th day of December, 2018.

"RESOLVED, that (1) the Chief Executive Officer, President, Executive Vice President, Senior Vice President, Vice President, or Secretary of the Corporation shall have the power to appoint, and to revoke the appointments of, Attorneys-in-Fact or agents with power and authority as defined or limited in their respective powers of attorney, and to execute on behalf of the Corporation and affix the Corporation's seal thereto, bonds, undertakings, recognizances, contracts of indemnity and other written obligations in the nature thereof or related thereto; and (2) any such Officers of the Corporation may appoint and revoke the appointments of joint-control custodians, agents for acceptance of process, and Attorneys-in-fact with authority to execute waivers and consents on behalf of the Corporation; and (3) the signature of any such Officer of the Corporation and the Corporation's seal may be affixed by facsimile to any power of attorney or certification given for the execution of any bond, undertaking, recognizance, contract of indemnity or other written obligation in the nature thereof or related thereto, such signature and seals when so used whether heretofore or hereafter, being hereby adopted by the Corporation as the original signature of such officer and the original seal of the Corporation, to be valid and binding upon the Corporation with the same force and effect as though manually affixed."

IN WITNESS WHEREOF, **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY** have each executed and attested these presents on this 31st day of December, 2018



STATE OF NEW JERSEY
County of Essex

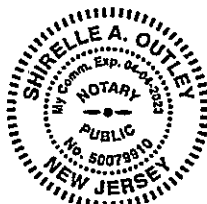
Kenneth Chapman

Executive Vice President, Harco National Insurance Company
and International Fidelity Insurance Company

STATE OF ILLINOIS
County of Cook



On this 31st day of December, 2018, before me came the individual who executed the preceding instrument, to me personally known, and, being by me duly sworn, said he is the therein described and authorized officer of **HARCO NATIONAL INSURANCE COMPANY** and **INTERNATIONAL FIDELITY INSURANCE COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Shirelle A. Outley a Notary Public of New Jersey
My Commission Expires April 04, 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 19, 2020

B31765 USI Insurance Services, LLC.

Irene Martins, Assistant Secretary

INTERNATIONAL FIDELITY INSURANCE COMPANY
ONE NEWARK CENTER, 20TH FLOOR, NEWARK, NEW JERSEY 07102-5207

STATEMENT OF ASSETS, LIABILITIES, SURPLUS AND OTHER FUNDS

AT DECEMBER 30, 2019

<u>ASSETS</u>	
Bonds (Amortized Value)	\$186,249,854
Stocks (Preferred Stocks)	1,066,851
Stocks (Common Stocks)	28,494,265
Mortgage Loans on Real Estate	0
Cash, Bank Deposits & Short Term Investments	31,515,325
Unpaid Premiums & Assumed Balances	7,789,433
Reinsurance Recoverable from Reinsurers	3,752,635
Electronic Data Processing Equipment	284,336
Investment Income Due and Accrued	1,981,457
Current Federal & Foreign income Tax Recoverable & Interest thereon	0
Net Deferred Tax Assets	2,223,432
Receivables from Parent, Subsidiaries & Affiliates	572,107
Other Assets	3,020,928
TOTAL ASSETS	<u>\$266,950,623</u>

<u>LIABILITIES, SURPLUS & OTHER FUNDS</u>	
Losses (Reported Losses Net as to Reinsurance Ceded and Incurred But Not Reported Losses)	\$13,464,213
Reinsurance Payable on Paid Losses and Loss Adjustment Expenses	(164,338)
Loss Adjustment Expenses	4,563,322
Commissions Payable, Contingent Commissions & Other Similar Charges ..	1,060,931
Other Expenses (Excluding Taxes, Licenses and Fees)	4,442,312
Taxes, Licenses & Fees (Excluding Federal Income Tax)	0
Unearned Premiums	38,746,310
Dividends Declared & Unpaid: Policyholders & Stockholders	700,000
Ceded Reinsurance Premiums Payable	2,908,367
Funds Held by Company under Reinsurance Treaties	1,031
Amounts Withheld by Company for Account of Others	84,668,733
Provision for Reinsurance	99,540
Payable to Parent, Subsidiaries and Affiliates	5,598,524
Other Liabilities	2,380,123
TOTAL LIABILITIES	<u>\$158,469,068</u>

Common Capital Stock	\$3,600,000
Gross Paid-in & Contributed Surplus	374,600
Surplus Notes	16,000,000
Unassigned Funds (Surplus)	94,461,535
Less: Treasury Stock at cost (50,682 shares common) (value incl. \$45.)	5,954,580

Surplus as Regards Policyholders	<u>\$108,481,555</u>
TOTAL LIABILITIES, SURPLUS & OTHER FUNDS	<u>\$266,950,623</u>

I, John M Mruk, Treasurer of INTERNATIONAL FIDELITY INSURANCE COMPANY, certify that the foregoing is a fair statement of Assets, Liabilities, Surplus and Other Funds of this Company, at the close of business, December 31, 2019 as reflected by its books and records and as reported in its statement on file with the Insurance Department of the State of New Jersey.



IN TESTIMONY WHEREOF, I have set my hand and affixed the seal of the Company, this 28th day of February, 2020.
INTERNATIONAL FIDELITY INSURANCE COMPANY

John M. Mruk

SIGNED AND SWORN to before me on this 6th day of March, 20 20

Sherrie L. Major
NOTARY PUBLIC, STATE OF North Carolina

Sherrie L Major
Notary Public
Wake County, NC
My Commission Expires May 21, 2020

**BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO**

Case No. 2009-2995

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE
TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO
OF AUROBINDO PHARMA USA, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Aurobindo Pharma USA, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2009-2995 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
3. On December 17, 2008, Wholesaler Applicant distributed prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.
4. On February 5, 2009, the Board issued Wholesaler Applicant a Cease and Desist Order for engaging in unregistered wholesale distribution of drugs into the State of Colorado.
5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

12-22-125. Unprofessional conduct - grounds for discipline.

- (1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in

accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

* * *

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state...

* * *

6. On March 6, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.
7. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

**Conditional Registration;
\$5,000.00 Fine Plus 15% Surcharge and Terms
Agreement to Comply with §§12-22-801, et seq. C.R.S.
Release from Cease and Desist Order**

8. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

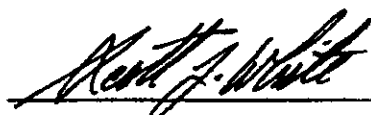
9. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of **Five Thousand, Seven Hundred Fifty Dollars and No Cents (\$5,750.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.
10. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.
11. **Release from Cease & Desist Order.** Upon execution of this Final Agency Order, payment of the required fine as required above in paragraph 9, and issuance of Wholesaler Applicant's registration as an out-of-state wholesaler in the state of Colorado as set forth above in paragraph 8, the terms of the Cease and Desist Order entered on February 5, 2009 no longer apply and Wholesaler Applicant is hereby RELEASED from the Cease and Desist Order. The Cease and Desist Order shall remain a public record published in accordance with the Colorado Open Records Act and Board policy along with this Final Agency Order, as set forth below in paragraph 16.
12. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:
 - a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
 - d. To appeal this Board order.

Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

14. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

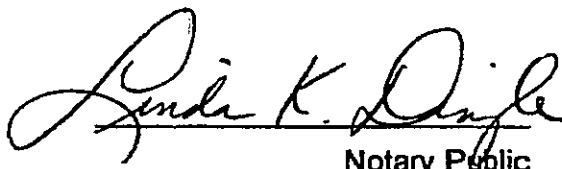
ACCEPTED AND AGREED BY



 SCOTT J. WHITE
 CEO-US OPERATIONS
Dated: 03/13/09

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Scott J. White, in his/her capacity as an authorized agent of Aurobindo Pharma USA, Inc. before me in the County of Middlesex, State of New Jersey this 13th day of March, 2009.



Notary Public

My commission expires:

 LINDA K. DINGLE
 Notary Public, State of New Jersey
 Commission Expires 6/17/2013

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

Done and effective this 20th day of March, 2009.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

STATE OF MAINE
BOARD OF PHARMACY

In re:
Aurobindo Pharma USA, Inc.
Complaint No. 2011-PHA-7249

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)
)
)

CONSENT
AGREEMENT

PARTIES

This document is a Consent Agreement regarding the pending Wholesale Distributor license for Aurobindo Pharma USA, Inc. ("Aurobindo"), and related disciplinary issues. The parties to the Consent Agreement are: Aurobindo; 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. Aurobindo has been previously licensed by the Board as a wholesale distributor.
2. Aurobindo notified the Board of a change of location and submitted a new application, which was received on September 27, 2010.
3. Pursuant to Board Rule 02 392 chapter 12 § 5, when a wholesale distributor has a change of location, that wholesale distributor must file a new application for licensure not less than seven (7) days prior to that change.
4. The application Aurobindo submitted was incomplete, and therefore the license could not be granted.
5. Aurobindo's application was finally deemed complete on March 25, 2011.
6. From December 13, 2010 to March 8, 2011, Aurobindo engaged in the unlicensed shipping of prescription drugs and/or devices to the State of Maine.
7. In the application submitted on September 27, 2010, Aurobindo disclosed prior disciplinary action that had not previously been disclosed on any other application.

8. Specifically, on a prior application for renewal for WH70001456, Aurobindo responded "no" to the question "since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold or have held or denied your application for licensure?"
9. On March 20, 2009, Aurobindo was disciplined by the Colorado Board of Pharmacy.
10. At its meeting on April 7, 2011, the Board voted to preliminarily deny Aurobindo's application for licensure on the basis of Aurobindo's failing to disclose discipline and continuing to ship prescription medications into the state without being duly licensed.
11. In lieu of the license denial, the Board also voted to offer Aurobindo 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 Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by June 15, 2011, the preliminary denial of Aurobindo's application for licensure as a wholesale distributor will become final.

COVENANTS

12. Aurobindo admits to practicing as a wholesale distributor in Maine without being licensed by the Board for the period of December 13, 2010 to March 8, 2011, in violation of 32 M.R.S. § 13731(1), and that this violation is a ground for discipline and the denial of the application for wholesale distributor licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(4).
13. Aurobindo admits to failure to disclose disciplinary action to the Board on its prior renewal application of WH70001456 which is grounds for discipline and denial of licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(1).
14. As a condition of licensure and for conduct admitted to in paragraphs 12 and 13 above, AUROBINDO agrees to accept the following sanctions:

- A. Pay a CIVIL PENALTY in the amount of twelve thousand one hundred dollars (\$12,100.00), all but three thousand one hundred dollars (\$3,100.00) suspended, subject to successful completion of the probationary period described in 14(B), below. This fine for the violation admitted to in paragraph 12, calculated as \$1,000.00 per week. One hundred dollars (\$100.00) is for the violation in paragraph 13. Said payment shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistant, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333-0035, and is due immediately upon execution of this Consent Agreement.
- B. Accept a term of probation of one year. During that time, Aurobindo shall maintain a valid license, commit no intentional violations of, and make a good faith effort to comply with the laws and rules applicable to Aurobindo as set forth by the Maine Board of Pharmacy.
15. The Attorney General and the Board agree that no further agency or legal action will be taken against Aurobindo's license based on the specific violations admitted to herein, except in the event that Aurobindo 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.
 16. The Consent Agreement is not subject to appeal.
 17. The Consent Agreement is not subject to amendment except by written agreement of all parties.
 18. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.
 19. Aurobindo 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.

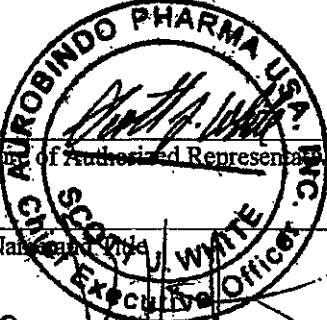
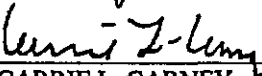
20. Aurobindo acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For Aurobindo Pharma USA, Inc.:

Dated: 06/12/11

Dated: 7/13/11

Dated: 7-13-11


 Signature of Authorized Representative
 Print Name and Title: DANA J. HUNTER, JR., R.Ph., VICE PRESIDENT
Board of Pharmacy

CARRIE L. CARNEY
 Assistant Attorney General

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AUROBINDO PHARMA USA INC.
License Numbers: 53-06-002706
53-15-038253

File Number: 53-13-130649

CONSENT ORDER

An Administrative Complaint, hereafter Complaint, was signed on March 18, 2013, charging Aurobindo Pharma USA 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

Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated March 18, 2014, but agrees that the Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, shall treat the allegations as true for purposes of this Consent Order, which finding shall have the same force and effect as if evidence and argument were presented in support of the allegations; and

The Disciplinary Subcommittee of the Michigan Board of Pharmacy, hereafter Disciplinary Subcommittee, has reviewed the Stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding Complaint; now, therefore,

IT IS FOUND that the facts alleged in the Complaint are true and constitute a violation of section 17768(2)(d) of the Public Health Code, supra.

Accordingly,

IT IS ORDERED that for the cited violation of the Public Health Code, Respondent 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 \$2,000.00 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 file number 53-13-130649.

IT IS FURTHER ORDERED that in the event Respondent Pharmacy violates any provision of this Order, the Disciplinary Subcommittee may proceed to take disciplinary action pursuant to 1996 AACCS, R 338.1632.

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: September 8, 2014

MICHIGAN BOARD OF PHARMACY

By Pamela L. Luyett
Chairperson, Disciplinary Subcommittee

STIPULATION

1. Respondent Pharmacy neither admits nor denies the facts alleged in the Complaint dated March 18, 2014, but agrees that the Disciplinary Subcommittee shall treat the allegations as true for purposes of this Consent Order, which finding shall have the same force and effect 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 waving 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 were as follows:

In the written response to the Complaint, Respondent Pharmacy provided satisfactory evidence of compliance with all terms of the Stipulation and Final Agency Order issued by the Colorado State Board of Pharmacy on March 13, 2009 and the Consent Agreement issued by the Maine Board of Pharmacy on January 11, 2013.

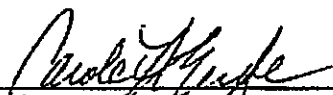
4. Dhafer Almaklani, R.Ph., a member of the Michigan Board of Pharmacy who supports this proposal, and the Department's representative are both free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the foregoing Consent Order.

5. This 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. This proposal is conditioned upon acceptance by the Disciplinary Subcommittee, Respondent Pharmacy and the Department expressly reserving the right to further proceedings 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: 6-20-14

AGREED TO BY:



Jeffery J. Jackowski
Authorized Representative for
Aurobindo Pharma USA Inc.
Respondent Pharmacy

Dated: 06/09/2014

This is the final page of a Consent Order and Stipulation in the matter of Aurobindo Pharma USA Inc., File Number 53-13-130649, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of five pages, this page included.

CBS

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF HEALTH CARE SERVICES
BOARD OF PHARMACY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

AUROBINDO PHARMA USA INC.
License Numbers: 53-06-002706
53-15-038253

File Number: 53-13-130649

ADMINISTRATIVE COMPLAINT

The Michigan Department of Licensing and Regulatory Affairs, hereafter Complainant, by Carole H. Engle, Director, Bureau of Health Care Services, files this Complaint against Aurobindo Pharma USA Inc., hereafter Respondent Wholesaler, as follows:

1. The Michigan Board of Pharmacy, hereafter Board, is an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq. Pursuant to section 16226 of the Public Health Code, supra, the Board's Disciplinary Subcommittee is empowered to discipline licensees for violations of the Public Health Code.

2. Respondent Wholesaler is currently licensed to practice as a manufacturer/wholesaler in the state of Michigan, has a current facility controlled substance license, and has an address of record with Complainant of Dayton, New Jersey.

3. Section 17768(2)(d) of the Public Health Code, supra, authorizes the Board's Disciplinary Subcommittee to impose sanctions if the wholesaler has had its license or federal registration, limited, suspended, or revoked, or been subject to any other criminal, civil, or administrative penalty.

4. On March 20, 2009, the Colorado State Board of Pharmacy, hereafter Colorado Board, executed a Stipulation and Final Agency Order that ordered Respondent Wholesaler to pay a \$5,750.00 fine. This action was based on Respondent Wholesaler distributing "prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado." A copy of the Colorado Board document, marked Exhibit A, is attached and incorporated.

5. On July 13, 2011, the Maine Board of Pharmacy, hereafter Maine Board, executed a Consent Agreement that placed Respondent Wholesaler on probation for one year and ordered Respondent Wholesaler to pay a \$12,100.00 civil penalty. This action was based on Respondent Wholesaler engaging in the "unlicensed shipping of prescription drugs and/or devices" and an incorrect response on its application for licensure in the state of Maine. A copy of the Maine Board document, marked Exhibit B, is attached and incorporated.

COUNT I

The foregoing action in the state of Colorado, as set forth above, constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

COUNT II

The foregoing action in the state of Maine, as set forth above, constitutes a violation of section 17768(2)(d) of the Public Health Code, supra.

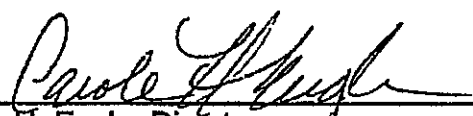
Complainant requests that the within Complaint be served upon Respondent Wholesaler and that Respondent Wholesaler be offered an opportunity to show compliance with all lawful requirements for retention of the license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq.

Pursuant to section 16231(7) of the Public Health Code, supra, Respondent Wholesaler has 30 days from the date of receipt of this Complaint to submit a written response to the allegations contained herein. The written response shall be submitted to Complainant, Carole H. Engle, Director, Bureau of Health Care Services, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, MI, 48909.

CONTINUED ON NEXT PAGE

Pursuant to section 16231(8) of the Public Health Code, supra, Respondent Wholesaler's failure to submit a written response within 30 days, as noted above, shall be treated as an admission of the allegations contained herein and shall result in transmittal of this Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

DATED: 3-18-14


Carole H. Engle, Director
Bureau of Health Care Services

Attachments

This is the final page of an Administrative Complaint in the matter of Aurobindo Pharma USA Inc , File Number 53-13-130649, before the Disciplinary Subcommittee of the Michigan Board of Pharmacy, consisting of four pages, this page included.

CBS

**BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO**

Case No. 2009-2995

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE
TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO
OF AUROBINDO PHARMA USA, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Aurobindo Pharma USA, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2009-2995 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
3. On December 17, 2008, Wholesaler Applicant distributed prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.
4. On February 5, 2009, the Board issued Wholesaler Applicant a Cease and Desist Order for engaging in unregistered wholesale distribution of drugs into the State of Colorado.
5. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the rules of procedure of the board.

RECEIVED

DEC 12 2013

accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

* * *

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state...

* * *

6. On March 6, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.
7. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

**Conditional Registration;
\$5,000.00 Fine Plus 15% Surcharge and Terms
Agreement to Comply with §§12-22-801, et seq. C.R.S.
Release from Cease and Desist Order**

8. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

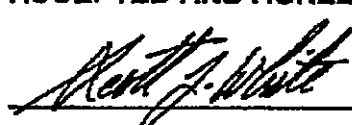
9. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of **Five Thousand, Seven Hundred Fifty Dollars and No Cents (\$5,750.00)**. The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.
10. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.
11. **Release from Cease & Desist Order.** Upon execution of this Final Agency Order, payment of the required fine as required above in paragraph 9, and issuance of Wholesaler Applicant's registration as an out-of-state wholesaler in the state of Colorado as set forth above in paragraph 8, the terms of the Cease and Desist Order entered on February 5, 2009 no longer apply and Wholesaler Applicant is hereby RELEASED from the Cease and Desist Order. The Cease and Desist Order shall remain a public record published in accordance with the Colorado Open Records Act and Board policy along with this Final Agency Order, as set forth below in paragraph 16.
12. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:
 - a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
 - d. To appeal this Board order.

Wholesaler Applicant freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

13. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.

14. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

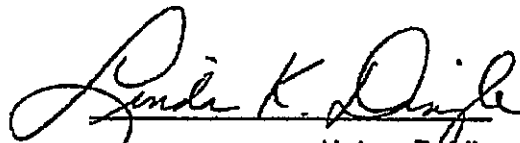


SCOTT J. WHITE
CEO-US OPERATIONS

Dated: 03/13/09

Authorized Agent of Wholesaler Applicant

Subscribed and sworn to by Scott J. White, in his capacity as an authorized agent of Aurobindo Pharma USA, Inc. before me in the County of Middlesex, State of New Jersey this 13th day of March, 2009.



Notary Public

My commission expires:
LINDA K. DINGLE
Notary Public, State of New Jersey
Commission Expires 6/17/2013

REGISTERED

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EXHIBIT A page 4 of 5

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 30th day of March, 2009.

State Board of Pharmacy

BY: Wendy Anderson
Wendy Anderson
Program Director

8. Specifically, on a prior application for renewal for WH70001456, Aurobindo responded "no" to the question "since your last renewal, has any jurisdiction taken disciplinary action against any professional license you hold or have held or denied your application for licensure?"
9. On March 20, 2009, Aurobindo was disciplined by the Colorado Board of Pharmacy.
10. At its meeting on April 7, 2011, the Board voted to preliminarily deny Aurobindo's application for licensure on the basis of Aurobindo's failing to disclose discipline and continuing to ship prescription medications into the state without being duly licensed.
11. In lieu of the license denial, the Board also voted to offer Aurobindo 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 Kelly McLaughlin, Board Clerk, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333 by June 15, 2011, the preliminary denial of Aurobindo's application for licensure as a wholesale distributor will become final.

COVENANTS

12. Aurobindo admits to practicing as a wholesale distributor in Maine without being licensed by the Board for the period of December 13, 2010 to March 8, 2011, in violation of 32 M.R.S. § 13731(1), and that this violation is a ground for discipline and the denial of the application for wholesale distributor licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(4).
13. Aurobindo admits to failure to disclose disciplinary action to the Board on its prior renewal application of WH70001456 which is grounds for discipline and denial of licensure pursuant to 10 M.R.S. § 8003(5-A)(A)(1).
14. As a condition of licensure and for conduct admitted to in paragraphs 12 and 13 above, AUROBINDO agrees to accept the following sanctions:

- A. Pay a CIVIL PENALTY in the amount of twelve thousand one hundred dollars (\$12,100.00), all but three thousand one hundred dollars (\$3,100.00) suspended, subject to successful completion of the probationary period described in 14(B), below. This fine for the violation admitted to in paragraph 12, calculated as \$1,000.00 per week. One hundred dollars (\$100.00) is for the violation in paragraph 13. Said payment shall be made by check or money order payable to the "Treasurer, State of Maine" and delivered to Kelly McLaughlin, Senior Consumer Assistant, Board of Pharmacy, 35 State House Station, Augusta, Maine 04333-0035, and is due immediately upon execution of this Consent Agreement.
- B. Accept a term of probation of one year. During that time, Aurobindo shall maintain a valid license, commit no intentional violations of, and make a good faith effort to comply with the laws and rules applicable to Aurobindo as set forth by the Maine Board of Pharmacy.
15. The Attorney General and the Board agree that no further agency or legal action will be taken against Aurobindo's license based on the specific violations admitted to herein, except in the event that Aurobindo 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.
16. The Consent Agreement is not subject to appeal.
17. The Consent Agreement is not subject to amendment except by written agreement of all parties.
18. The Consent Agreement is a public document within the meaning of 1 M.R.S. § 402, et seq.
19. Aurobindo 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.

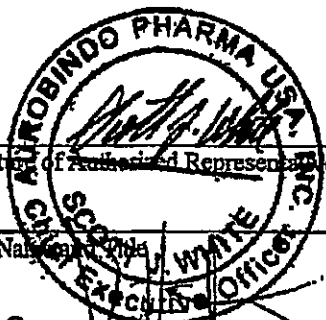
20. Aurobindo acknowledges by signature hereto of an authorized representative that it has read this Consent Agreement, that it has had an opportunity to consult with an attorney before executing this Consent Agreement, that it executed this Consent Agreement of its own free will, and that it agrees to abide by all terms and conditions set forth herein.

For Aurobindo Pharma USA, Inc.:

Dated: 06/12/11

Dated: 7/13/11

Dated: 7-13-11


 Signature of Authorized Representative
 Print Name and Title: DANA J. HUNTER, JR., R.Ph., VICE PRESIDENT
Board of Pharmacy
Carrie L. Carney
 CARRIE L. CARNEY
 Assistant Attorney General

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JAN 13 2014
 DEPARTMENT OF LICENSING & REGULATORY AFFAIRS
 BUREAU OF HEALTH CARE SERVICES
 HEALTH PROFESSIONS DIVISION
 ENFORCEMENT SECTION - ALLEGATION UNIT

19B

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Avanos Medical Sales, LLC

Physical Address: 6620 South Memorial Place, Suite 100

City: Tucson State: AZ Zip Code: 85756

Telephone Number: 520-664-2700 Fax Number: 520-664-2804

Toll Free Number: 1 844 4Avanos

E-mail: nancy.cline@avanos.com Website: www.avanos.com

Facility Manager: Nancy L. Cline

Professional qualifications and experience of facility manager: See Attachment B

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Repackagers, Nursing Home Pharmacies, and Clinics.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate) N/A

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(If yes, provide a copy of your FDA registration) See Attachment C

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: See Attachment C

Address:

Name:

Address:

Name:

Address:

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NV20141537052

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? **Yes** ☒ **No** ☐

See Attachment D

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? **Yes** ☐ **No** ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered 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 D

I hereby certify that the answers given in this application and attached 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.

Nancy L. Cline

Original Signature of Person Authorized to Submit Application, no copies or stamps

Nancy L. Cline

Print Name of Authorized Person

Date

11 March 2021

Board Use Only

Date Processed: *5/28/2021* ✓

Amount:

500.00
+ \$25

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: North CarolinaParent Company if any: Avanos Medical, Inc.Mailing Address: 6620 South Memorial Place, Suite 100City: Tucson State: AZ Zip: 85756Telephone: 520-664-2700 Fax: 520-664-2804Contact Person: Nancy L. Cline

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) <u>Avanos Medical, Inc.</u>	<u>5405 Windward Parkway, Alpharetta, GA 30004</u>
Name	Business Address

b) <u>N/A - No additional parent companies at this level.</u>	
Name	Business Address

c) _____	
Name	Business Address

d) _____	
Name	Business Address

2) Provide the number of shares issued by the corporation. N/A - LLCs do not have shares.3) What was the price paid per share? N/AA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: NV20141537052**Include with the application for a non-publicly traded corporation**List of officers and directors See Attachment E

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. See Attachment F

Attachment F

North Carolina Certificate of Existence

Maria Herrera

From: Cline, Nancy <Nancy.Cline@avanos.com>
Sent: Monday, May 10, 2021 9:43 AM
To: Maria Herrera
Cc: Cline, Nancy
Subject: RE: [EXTERNAL] Nevada Wholesaler Application-Avanos Medical Sales, LLC - Question on Cert of Good Standing

Follow Up Flag: Follow up
Flag Status: Completed

Hello Maria,

I spoke with the North Carolina Secretary of State office this morning and they indicated that the Certificate of Existence implies that Avanos Medical Sales, LLC is in good standing and all fees have been paid.

The person I spoke with indicated that we would not be able to obtain a Certificate of Existence unless we were in good standing.

Please provide your feedback.

Thank you!

Nancy Cline

Quality Systems Manager

Plant: +1 520-664-2712

nancy.cline@avanos.com



From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, April 30, 2021 9:29 AM
To: Cline, Nancy <Nancy.Cline@avanos.com>
Subject: RE: [EXTERNAL] Nevada Wholesaler Application-Avanos Medical Sales, LLC - Question on Cert of Good Standing

CAUTION: External Sender

Hi Nancy,

The Certificate of Existence was attached to the application, but we were not sure if this is what is called in NC? Basically what we were looking for is something that says that all fees and documents have been paid and received by the State Secretary, which the one you included did not state that. The Certificate of Good Standing is a validation from which state you are incorporated and in Good Standing, I have attached an example from the state of Missouri and I have also attached what I found on a NC Certificate of Good Standing website, I hope this helps.



NORTH CAROLINA

Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

AVANOS MEDICAL SALES, LLC

is a limited liability company duly formed, and existing under the laws of the State of North Carolina, having been formed on 14th day of March, 2014

I FURTHER certify that, as of the date of this certificate, (i) the said limited liability company is not dissolved under the terms of its articles of organization, (ii) the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina, (iii) that said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act, (iv) that this office has not filed any decree of judicial dissolution, articles of dissolution, articles of merger, or articles of conversion for said limited liability company.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 12th day of March, 2021.

Elaine F. Marshall

Secretary of State



Scan to verify online.

Attachment A

Resident State License and Online Verification



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: 09/23/2020
Receipt Number: 202090695
Receipt Amount \$: 1000.00

Wholesaler - Full Service

Issued to :

PERMIT NO
W002602

Avanos Medical Sales, LLC
Avanos Medical Sales, LLC
6620 SOUTH MEMORIAL PLACE SUITE 100
TUCSON, AZ 85756

EXPIRES
10/31/2022

Avanos Medical Sales, LLC
6620 SOUTH MEMORIAL PLACE, SUITE 100
TUCSON, AZ 85756

Kam Gendlin
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 : Avanos Medical Sales, LLC
LICENSE NUMBER : W002602
EXPIRES : 10/31/2022

<http://www.azpharmacy.gov>

- Your license must be available for inspections during business hours.
- Permit holder(s) must display permit in the location to which it is issued.
- Please note it is your responsibility to keep this license/permit current.

Important Information

LICENSE HOLDER (pharmacist, intern, technician, technician-trainee)

- Holder of this license number, printed above, is authorized in accordance with A.A.C. R4-23-201(A), A.A.C. R4-23-301(A) or A.A.C. R4-23-1101(A), to perform the duties associated within their profession. By holding this license, the licensee agrees to comply with state & federal law.
- You are required by law to notify the Board of any home address and/or employment change within 10 business days

PERMIT HOLDER (pharmacy, non-prescription retailer (OTC), wholesale, manufacture, CMG, DME)

- Holder of this permit number, printed above, is authorized to conduct business according to the classification specified in A.R.S. § 32-1908(A); A.A.C. R4-23-601 and A.A.C. R4-23-607. By holding this permit, the permittee agrees to comply with state & federal law
- In-state pharmacy, wholesaler & manufacture permit holder(s) who plan to remodel or move locations, must submit a change-of-location/remodel form within 30 days prior to move/remodel. In-state non-prescription (OTC), compressed medical gas (CMG) & DME providers who plan to move locations must notify the board within 10 business days of move.
- Out-of-State permit holders must notify the Board of location changes, in writing, within 10 business days of move. A revised copy of your state permit shall be submitted to the Board, when available.
- Permits are non-transferable. Ownership changes of more than 30% require that a new application be submitted to the Board.



Arizona State Board of Pharmacy

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 : Avanos Medical Sales, LLC
Address : 6620 South Memorial Place, Suite 100 Tucson
AZ 85756
License No : W002602
Permit Type : Wholesaler
Sub Type : Full Service
Date Issued : 10/31/2014
Expiration Date : 10/31/2022
Status : OPEN
Discipline : No

Kam Gandhi

2/22/2021

<https://azbop.igovsolution.net/online/ProfileData/CABmvmW3ja h09ft6FVOWg==>

Executive Director
Arizona State Board of Pharmacy

Date: 02/22/2021

Attachment X
LLC Manager Information

Avanos Medical Sales, LLC
6620 South Memorial Place, Suite 100
Tucson, AZ 85756

Samuel Ross Mansbach
Senior Vice President and General Counsel (Interim)

David E. Ball
Senior Vice President, Supply Chain & Procurement

LLC List of Employees

Avanos Medical Sales, LLC
6620 South Memorial Place, Suite 100
Tucson, AZ 85756

Marty Vasquez
Bert Rucker
Edgar Soto

Attachment B

Facility Manager's Resume

Nancy Cline, MBA

Quality Systems Manager

Quality Systems Management / Supply Chain Management / Project Management

Highly skilled professional with an ability to build relationships and forge loyalty across all business lines. Outstanding interpersonal communication strengths leveraged to lead internal audits, influence change, and manage projects.

Proven expertise in...

- | | | |
|--------------------------------|---------------------------------|-----------------------|
| ▪ Project & Program Management | ▪ CAPA | ▪ SAP/ ERP |
| ▪ Compliance Audits | ▪ Supplier & Vendor Management | ▪ Supplier Audits |
| ▪ Strategic Planning | ▪ Standard Operating Procedures | ▪ Employee Management |
| ▪ Process Improvement | ▪ Reporting & Compliance | ▪ Resource Planning |

PROFESSIONAL EXPERIENCE

Avanos formerly Halyard Heath | Kimberly Clark Corporation- Tucson, AZ | Beaverton, OR

Quality Systems Manager- 2015 – Present

Serve as a member of leadership, spearheading quality, compliance, and Quality System activities to ensure consistent adherence to corporate policies, industry standards, and applicable regulations. Manage site compliance for external audits related to ISO-13485:2016, MDSAP 2016, FDA, and foreign agencies. Oversee the Internal Audit, CAPA, Post Market Surveillance, Change Control, Training, and Document Control Processes.

Senior Operations Manager- 2012 – 2015

Managed site operations: manufacturing, logistics, EH&S, calibration, and maintenance. Oversaw budgets, process management and compliance, and internal audits. Led manufacturing process implementation and site closures as Project Manager.

Lean Consultant, 2010 – 2012

Spearheaded continuous improvement efforts and introduced process improvements that enhanced productivity. Managed strategies, cost improvement planning, standardization and training activities, and creation of problem-solving methodology. Oversaw value stream mapping of all plant business and manufacturing processes.

Additional Experience: 2000 - 2010

Quality Team Leader / Process Leader / Senior Buyer- Kimberly-Clark Corporation- AZ

Managed process mapping for ERP processes, implemented SAP ERP systems for procurement, and oversaw inspection processes, supplier management initiatives and strategies, and material review board decisions.

EDUCATION & CREDENTIALS

Master of Business Administration, University of Phoenix

Bachelor of Science in Organizational Leadership, Marquette University

Certified Manager of Quality/Organizational Excellence, ASQ

Certified Biomedical Auditor, ASQ

Attachment C

Nature of Business and FDA Registration

Avanos Medical Sales, LLC ("Avanos") is a distributor of own-labeled **non-controlled prescription drugs, over-the-counter drugs, and prescription medical devices**. Avanos sells its products to wholesalers, distributors, repackagers, physicians, pharmacies, clinics, and hospitals.

The owner/operator associated with the FDA registration number is for Avanos Medical Sales, LLC's parent company, Avanos Medical, Inc. Enclosed please find the FDA registration. In addition, enclosed an NDA approval letter.

In addition, the following third party logistics providers and manufacturer are utilized:

Third Party Logistics Providers:

Exel Inc. dba DHL Supply Chain (USA)
228 Access Drive
Southaven, MS 38671

Exel Inc. dba DHL Supply Chain (USA)
3950 Alto Ave.
Las Vegas, NV 89115

Exel Inc. dba DHL Supply Chain (USA)
8655 Commerce Drive
Southaven, MS 38671

Manufacturer:

Avent Inc. (affiliate)
6620 South Memorial Place, Suite 100
Tucson, AZ 85756

Attachment G

Exemption from Surety Bond

According to your office, companies that are subsidiaries of publicly traded companies are not required to provide Nevada surety bonds. Avanos Medical Sales, LLC is a 100% wholly-owned subsidiary of its publicly-traded parent, Avanos Medical, Inc., and is therefore exempt from the requirement to provide proof of a surety bond or alternative means of security.



FDA U.S. FOOD & DRUG
ADMINISTRATION

NDA 020617/S-006

APPROVAL LETTER

Avanos Medical, Inc.
Attention: Monica King
Associate Director, Regulatory Affairs
5405 Windward Parkway
Alpharetta, GA 30004

Dear Ms King:

Please refer to your Supplemental New Drug Application (sNDA) dated and received March 8, 2019, and your amendment, submitted under section 505(b) of the Federal Food, Drug, and Cosmetic Act (FDCA) for PYtest (^{14}C -Urea) Capsules

This "Changes Being Effected" supplemental new drug application provides for removal of redundant test methods that assess the specific activity of ^{14}C -labeled Potassium Cyanide (K^{14}CN), which is a precursor/reagent used to synthesize the ^{14}C -Urea drug substance used in manufacture of the drug product.

APPROVAL

We have completed our review of this supplemental new drug application, as amended. This supplement is approved.

We remind you that you must comply with reporting requirements for an approved NDA set forth under 21 CFR 314.80 and 314.81.

If you have any questions, call Grecia C. Edwards, Regulatory Business Process Manager, at (240) 402-1773.

Sincerely,

{See appended electronic signature page}

David Lewis, PhD
Branch Chief, BII
Division of Post-Marketing Activities I
Office of Lifecycle Drug Products
Office of Pharmaceutical Quality
Center for Drug Evaluation and Research



David
Lewis

Digitally signed by David Lewis

Date 7/16/2019 04 16 44PM

GUID 508da72000029f287fa31e664741b577

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. 022231117

Application/License No. _____

Applicant/Principal
 AVANOS MEDICAL, LLC., doing or intending to do business as a
 pharmaceutical wholesaler, whose address for purposes of service is
 _____, as
Address of Applicant/Principal
 6620 South Memorial Place Tucson, AZ 85756
 PRINCIPAL, and _____, a
Surety Company
 LIBERTY MUTUAL INSURANCE COMPANY
 corporation organized under the laws of the state of _____, MA
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
 _____, as
Address of Surety
 175 Berkeley Street Boston, MA 02116

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 1, 2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
1st day of June, 2021.

APPLICANT/PRINCIPAL
 AVANOS MEDICAL, LLC

COMPANY

 Authorized Representative

SURETY
 LIBERTY MUTUAL INSURANCE COMPANY

 Surety Company's Representative

Terri L. Morrison, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

 Witness

SIGNED and SEALED in the presence of:

Gina Rodriguez
 Witness Gina Rodriguez

 Witness

Andrea M. Penaloza
 Witness Andrea M. Penaloza

Countersigned by:

 Nevada Resident Agent #508762

Posted February 20, 2020



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

Certificate No: 8204263-022011

POWER OF ATTORNEY

KNOWN ALL PERSONS BY THESE PRESENTS: That The Ohio Casualty Insurance Company is a corporation duly organized under the laws of the State of New Hampshire, that Liberty Mutual Insurance Company is a corporation duly organized under the laws of the State of Massachusetts, and West American Insurance Company is a corporation duly organized under the laws of the State of Indiana (herein collectively called the "Companies"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint, Amanda George, Andrea M. Penaloza, Donna L. Williams, Erin M. Dennison, Gina Rodriguez, Lisa A. Ward, Lupe Tyler, Melissa L. Fortier, Michael J. Herrod, Misty Wright, Tom L. Morrison, Vanessa Dominguez

all of the city of Houston state of TX each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Companies in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Companies and the corporate seals of the Companies have been affixed thereto this 16th day of September, 2020.



Liberty Mutual Insurance Company
The Ohio Casualty Insurance Company
West American Insurance Company

By: David M. Carey
David M. Carey, Assistant Secretary

State of PENNSYLVANIA ss
County of MONTGOMERY

On this 16th day of September, 2020 before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of Liberty Mutual Insurance Company, The Ohio Casualty Company, and West American Insurance Company, and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as a duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Teresa Pastella, Notary Public
Upper Merion Twp., Montgomery County
My Commission Expires March 28, 2021
Member, Pennsylvania Association of Notaries

By: Teresa Pastella
Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-laws and Authorizations of The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company which resolutions are now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and execution of any such instruments and to attach thereto the seal of the Corporation. When so executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

ARTICLE XIII - Execution of Contracts: Section 5. Surety Bonds and Undertakings.

Any officer of the Company authorized for that purpose in writing by the chairman or the president, and subject to such limitations as the chairman or the president may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Company by their signature and execution of any such instruments and to attach thereto the seal of the Company. When so executed such instruments shall be as binding as if signed by the president and attested by the secretary.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature of any assistant secretary of the Company, wherever appearing upon a certified copy of any power of attorney issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, The Ohio Casualty Insurance Company, Liberty Mutual Insurance Company, and West American Insurance Company do hereby certify that the original power of attorney of which the foregoing is a full, true and correct copy of the Power of Attorney executed by said Companies, is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Companies this 15 day of June, 2021



By: Renee C. Llewellyn
Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.



Empower Results®

June 1, 2021

Michelle Paton
AVANOS MEDICAL, LLC
6620 South Memorial Place
Tucson, AZ 85756

RE: THE NEVADA STATE BOARD OF PHARMACY
Bond #: 022231117
Project: Pharmaceutical Wholesaler Surety Bond

Dear Michelle Paton:

Enclosed please find the above captioned bond executed per Nancy Cline's request.

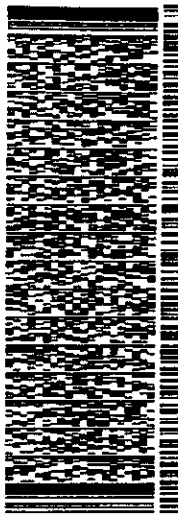
The bond must be seal and signed by an authorized representative of your company and two witnesses.

It is your responsibility to carefully review the bond prior to execution to verify they have been presented on the correct form with the appropriate names, bond amounts and dates, and to ensure the bond conform with your needs and instructions to us and provide the appropriate terms to all parties. Any discrepancies, deficiencies or modifications must immediately be brought to our attention, in writing. Failing such advice to us, you understand we will have no liability for any deficiencies or discrepancies in or required modifications to the bond.

By affixing your signature, executing and providing this bond to the obligee you are verifying and, we will justifiably assume, the bond has been issued correctly with the best interests and requirements of all parties being properly considered.

Sincerely,

Erin Dennison
Record #: 2810504

ORIGIN ID: HOUA (410) 383-5110 ERIN DENNISON AON CORPORATION 5555 SAN FELIPE STE 1500 HOUSTON, TX 77059 UNITED STATES US		SHIP DATE: 01 JUN 21 ACTWGT: 0.06 LB CAD: 252418605MSX3300 DIMS: 11x6x1 IN BILL SENDER
TO MICHELLE PATON AVANOS MEDICAL, INC. 5405 WINDWARD PKWY STE 100 ALPHARETTA GA 30004 (470) 448-5283 REF:		
PO: DEPT:		
		
		
RETA 3783346		
WED - 02 JUN 4:30P STANDARD OVERNIGHT		
TRK# 7878 0298 9082 0201		
XH GVLA 30004 GA-US ATL		
		

560,640F74E4A

Fold Here Please fold or cut in half

Attachment D

Regarding the Disciplinary Actions

Avanos Medical Sales, LLC (Avanos) at 6620 South Memorial Place, Suite 100 in Tucson, Arizona, was subject to a disciplinary proceeding in February 24, 2020, in the state of Colorado. The charges in dispute were failure to notify the Board in a timely manner in connection with a name change. Avanos paid a \$1,150.00 fine to resolve the matter and is currently in good standing with the Colorado State Board of Pharmacy. The delay in notification was inadvertent and procedures have been put in place to ensure that a similar delay does not occur. Enclosed is a copy of the Colorado Stipulation and Final Agency Order.

In addition, in July 2020, Avanos received an administrative complaint from Florida alleging that 1) the company failed to notify the Florida Department of Business and Professional Regulation (Department) within 10 days of a change in Designated Representative; 2) Avanos operated as an out-of-state prescription drug wholesale distributor without a valid permit; and 3) Avanos failed to maintain business records with required elements. Avanos paid a \$12,400 fine to resolve the matter and is working towards resolving the issues noted by the Department. Enclosed is a copy of the final Florida Settlement Agreement.


COLORADO
**Department of
Regulatory Agencies**

Division of Professions and Occupations

February 27, 2020

Avanos Medical Sales, LLC
6620 S. Memorial Place, Suite 100
Tucson, AZ 85706

 Sent via email: Alzira.Martins@avanos.com

RE: Case No. 2019-2025 - Stipulation and Final Agency Order

Dear Pharmacy Manager:

Staff for the Colorado State Board of Pharmacy ("Board") has reviewed the terms and conditions of the above listed Stipulation and Final Agency Order effective February 24, 2020.

After due consideration, and pursuant to Board Policy 10-6, staff for the Board released you from the terms and conditions of the February 24, 2020, Stipulation and Final Agency Order and restored your Registration No. WHO.0007416 to unencumbered status.

Although this disciplinary action will remain a public document, our records show that the requirements of your Order are complete. Please retain this letter for your records.

Your cooperation during the pendency of this matter is sincerely appreciated.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

A handwritten signature in black ink, appearing to read 'Dmitry Kunin'.

Dmitry Kunin
Program Director

cc: Dennis Morris - sent via email: dennis.morris@hyh.com
Thomas Kozma - sent via email: Thomas.Kozma@avanos.com
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2019-2025

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF AVANOS MEDICAL SALES, LLC, REGISTRATION NO. WHO 7416,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Avanos Medical Sales ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2019-2025, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2017).
2. Respondent Outlet was originally registered in the State of Colorado on or about June 19, 2008, being issued registration number WHO 7416, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Outlet's address of record with the Board and current location is 6620 S. Memorial Place, Ste. 100, Tucson, Arizona 85706.
4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. Respondent Outlet failed to timely submit an application to the Board detailing a name change and fee. In this case, 120 days transpired between September 17, 2018, the date the name changed, and January 14, 2019, the date the application and fee were received.
6. Respondent Outlet admits that its conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Rules and

provides grounds for disciplinary action against Respondent Outlet's Colorado registration as a wholesaler outlet:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(II) The lawful rules of the board.

Pharmacy Board Rules and Regulations

4.05.00 License Changes.

a. Name change. A licensee shall report a name change and provide appropriate supporting documentation within 30 days of such change. If the licensee wishes to obtain a new wall license with the new name, the licensee shall pay the requisite fee.

DISPOSITION

7. **Letter of Admonition.** This Final Agency Order shall constitute a Letter of Admonition as set forth in section 12-42.5-124(6)(b) and (c), C.R.S. The Board hereby admonishes Respondent Outlet for the acts and omissions described in paragraphs 5-6 above.
8. **Waiver of Right to Contest.** By entering into this Final Agency Order, Respondent Outlet agrees to waive the right provided by section 12-42.5-124(6)(b) and (c), C.R.S., to contest this Letter of Admonition.
9. **Fine with Surcharge.** Pursuant to section 12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to section 24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (\$1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one (1) lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7416) and the case number (2019-2025) on the check.

10. Other Requirements. Through its undersigned Authorized Representative, Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:

- a. promptly pay all its own fees and costs associated with this Final Agency Order;
- b. comply fully with this Final Agency Order; and
- c. comply fully with the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmaceuticals and pharmacists in the State of Colorado.

11. Violations. Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under section 12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.

12. Advisements and Waivers. Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:

- a. To have a formal notice of hearing and charges served upon it;
- b. To respond to said formal notice of charges;
- c. to have a formal disciplinary hearing pursuant to sections 12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. To appeal this Board order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against it to the sanctions imposed herein.

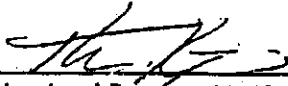
13. Acknowledgments. The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none

of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.

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 this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
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. Board Order. This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative.
17. Effective Date. This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet



 Authorized Representative

Dated: 21 Feb. 2020

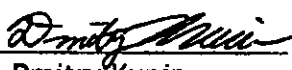
Thomas Kozma, Director, Regulatory Affairs
 Name / Title

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 24 day of February, 2020.

State Board of Pharmacy

BY: 
Dmitry Kunin
Program Director

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

Case No.: 2019-055427

v.

AVANOS MEDICAL SALES, LLC,

Respondent.

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case number 2019-055427 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Avanos Medical Sales, LLC (hereinafter, "Respondent") is not permitted at this time by the Department, to operate as an out-of-state prescription drug wholesale distributor.
2. Respondent's address of record is 6620 South Memorial Place, Suite 100, Tucson, AZ 85756.
3. Respondent was issued a Notice of Violation on July 8, 2020, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules

adopted pursuant thereto.

CONCLUSIONS OF LAW

4. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

5. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case number 2019055427, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

6. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

7. Respondent agrees to pay a settlement amount of twelve thousand and four hundred dollars (\$12,400). Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant. Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions precedent to the Department's execution of this agreement.

8. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case number 2019-055427 have been corrected.

9. The acceptance of this agreement constitutes disciplinary action within the meaning of Section 499.066, Florida Statutes and Rule 61N-1.024, Florida Administrative Code.

STANDARD PROVISIONS

10. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

11. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate to close case number 2019-055427. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.**

12. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

13. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

14. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

15. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

16. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

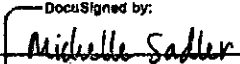
17. It is expressly understood that this agreement is subject to approval of the

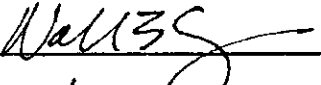
Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

18. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

AVANOS MEDICAL SALES, LLC

**FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

By: 
Name: Michelle Sadler
Title: Senior Director Global Regulatory Affairs
Date: 29-Jul-20

By: 
Name: WALTER S. COPELAND
Title: DIVISION DIRECTOR
Date: 08.11.2020

Prepared by:



Curt Bender
Assistant General Counsel
Division of Drugs, Devices, and Cosmetics

19C

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____) Check <u>box</u> below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Avid Medical Inc.

Physical Address: 9000 Westmont Drive

City: Toano State: VA Zip Code: 23168

Telephone Number: (757) 566-3803 Fax Number: (757) 566-3816

Toll Free Number: N/A

E-mail: OWMAVD@slny.com Website: www.avidmedical.com

Facility Manager: Sharon Cornwell Moll

Professional qualifications and experience of facility manager: Specialist, Quality & Regulatory Compliance since 2014.
Provides technical expertise for corporate programs related to quality assurance and regulatory compliance of Food and Drug Administration (FDA) regulated private label medical and other regulated products.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: Distributors, US Government & Distribution sites with organization.

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Over the Counter (Rx Convenience Kit, Containing a Drug Component): (Human) OTC

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☒ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Pfizer Inc.
Address: 235 East 42nd Street, NY, NY 10017 (Corp. Mailing)

Name: Baxter - IV Systems BAXTER HEALTHCARE CORP
Address: 21179 Network Place, Chicago, IL 60673

Name: Sagent Pharmaceuticals Inc
Address: 1901 N. Roselle Rd., Suite 450, Schaumburg, IL 60195 (Corp HQ)

Name: Alcon Laboratories Inc.
Address: 6201 South Freeway, Fort Worth, TX 76134-2001

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

Nicholas Joseph Pace II
Print Name of Authorized Person

10/29/2020
Date

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Medical Action Industries, Inc.Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>Medical Action Industries, Inc.</u>	<u>25 Heywood Road, Arden, NC 28704</u>
	Name	Business Address

b)	<u></u>	<u></u>
	Name	Business Address

c)	<u></u>	<u></u>
	Name	Business Address

d)	<u></u>	<u></u>
	Name	Business Address

2) Provide the number of shares issued by the corporation. Medical Action Industries, Inc. is the Sole Shareholder3) What was the price paid per share? N/AA Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A**Include with the application for a non-publicly traded corporation**List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



Avid Medical Inc.

Corporate Address: 9000 Westmont Drive, Toano, VA 23168 USA
FEIN: 54-1843496
www.avidmedical.com

Drug Labeler Code: N/A
Incorporation State: DE
Incorporation Date: 01/29/1997

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
AVID	9000 Westmont Drive Toano, VA 23168 County: James City	1047429	N/A - No CS	N/A	No	(757) 566-3803	(757) 566-3816

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Sharon Cornwell Moll	██████████ Dartmoor Court Williamsburg, VA 23185	Specialist, Quality & Regulatory Compliance	No	██████████	██████████	██████████

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Medical Action Industries, Inc.	25 Heywood Road Arden, NC 28704	N/A	100	N/A	11-2421849	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Christopher Michael Lowery	██████████ Seabiscuit Alpharetta, GA 30004	President & CEO	No	██████████	██████████	██████████
Jonathan Andrew Leon	██████████ Grove Ave. Richmond, VA 23221	Vice President & Treasurer	No	██████████	██████████	██████████
Nicholas Joseph Pace II	██████████ Kanawha Road Richmond, VA 23226	Sr VP, General Counsel & Secretary	No	██████████	██████████	██████████

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	SSN	DOB	Driver's License
CT Corporation				

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Advance Trailer Systems, Inc. d/b/a Riverside Logistics Services	5666 Eastport Blvd Henrico, VA 23231					

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206

Reno, NV 89521

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. 800100336

Application/License No. _____

Avid Medical, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
9000 Westmont Drive, Toano, VA 23168, as
Address of Applicant/Principal
PRINCIPAL, and Atlantic Specialty Insurance Company, a
Surety Company
 corporation organized under the laws of the state of NY
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
605 Highway 169 North, Suite 800, Plymouth, MN 55441 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of TWENTY-FIVE THOUSAND DOLLARS (\$25,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on 07/30/2020.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
30th day of July, 2020.

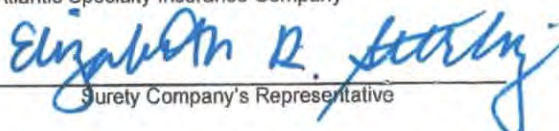
APPLICANT/PRINCIPAL

Avid Medical, Inc.


Authorized Representative

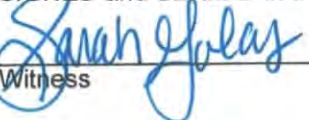
SURETY COMPANY

Atlantic Specialty Insurance Company


Surety Company's Representative

Elizabeth K. Sterling, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness


Witness

SIGNED and SEALED in the presence of:


Witness Megan Douaire


Witness Christine McCarthy

Countersigned by:


Nevada Resident Agent
Non-Resident # 3235919



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: **Elizabeth K Sterling, Maria Signorile, Wesley P Williams, Benjamin A Stahl**, 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: **sixty million dollars (\$60,000,000)** 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-ninth day of April, 2019.

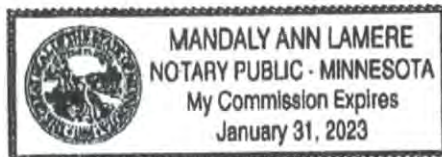


By

Paul J. Brehm, Senior Vice President

STATE OF MINNESOTA
HENNEPIN COUNTY

On this twenty-ninth day of April, 2019, before me personally came Paul J. Brehm, Senior Vice President of ATLANTIC SPECIALTY INSURANCE COMPANY, to me personally known to be the individual and officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, that he is the said officer of the Company aforesaid, and that the seal affixed to the preceding instrument is the seal of said Company and that the said seal and the signature as such officer was duly affixed and subscribed to the said instrument by the authority and at the direction of the Company.



Notary Public

I, the undersigned, Secretary of ATLANTIC SPECIALTY INSURANCE COMPANY, a New York Corporation, do hereby certify that the foregoing power of attorney is in full force and has not been revoked, and the resolutions set forth above are now in force.

Signed and sealed. Dated 30 day of July, 2020.



Christopher V. Jerry, Secretary

This Power of Attorney expires
January 31, 2023



Barbara D. Richardson, Commissioner of Insurance

Non-Resident Producer
Casualty, Property

ELIZABETH KATHRYN STERLING
3550 LENOX RD NE STE 1700
ATLANTA, GA 30326-1799

is authorized to transact business as described above

License No: 3235919

Issue Date: 04-17-2017

Expiration Date: 05-01-2023

Generated by Sircon 208918517

**Nevada Division of
Insurance**

THIS IS TO CERTIFY THAT



ELIZABETH KATHRYN STERLING
3550 LENOX RD NE STE 1700, ATLANTA, GA 30326-1799

LICENSE NUMBER: 3235919

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS
IN ACCORDANCE TO THE LICENSE DESCRIPTION
SHOWN BELOW:

Non-Resident Producer
Casualty, Property

Issue Date: 04-17-2017

Expiration Date: 05-01-2023

Generated by Sircon 208918517

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "AVID 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 SECOND DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "AVID MEDICAL, INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 1997.



2714324 8300

SR# 20208141224

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 203993547

Date: 11-02-20

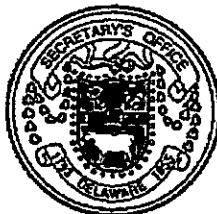
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Authentication: 203993547

Date: 11-02-20



Virginia Department of Health Professions
License Lookup

Current as of 12/21/2020 10:49

Home State VOL (2792
(Wholesale))

VA does not issue
Official VOLs

License Information

License Number	0215000214
Occupation	Wholesale Distributor
Name	AVID MEDICAL, INC.
Address	Sharon Cornwell Moll 9000 WESTMONT DRIVE TOANO, VA 23168
Initial License Date	01/25/1999
Expire Date	02/28/2021
License Status	Current Active
Additional Public Information*	No

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

Home State VOL (Online)
(Manufacturer) 2793

VA does not issue
Official VOLS



Virginia Department of Health Professions License Lookup

Current as of 12/21/2020 10:50

License Information

License Number	0208008203
Occupation	Non-restricted Manufacturer
Name	Avid Medical Inc
Address	Toano, VA 23168
Initial License Date	12/05/2018
Expire Date	02/28/2021
License Status	Current Active
Additional Public Information*	No

[Back to License Lookup Result](#)

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

* "Yes" means that there is information the Department must make available to the public pursuant to §54.1-2400.2.H of the Code of Virginia; please note that this may also include proceedings in which a finding of "no violation" was made. For additional information click on the "Yes" link above. "No" means no documents are available.

[Back to License Lookup](#)

LISTING OF SECURITY FEATURES ON REVERSE SIDE

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

David E. Brown, D.C., Director

Caroline D. Juran
Executive Director
(804) 367-4456

9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463
www.dhp.virginia.gov/pharmacy

BOARD OF PHARMACY

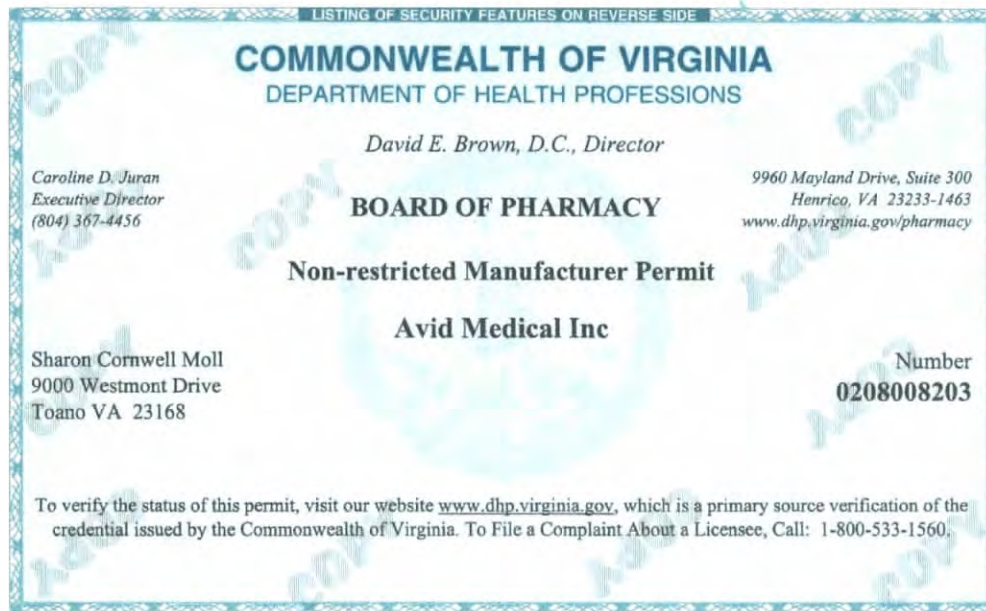
Wholesale Distributor Permit

AVID MEDICAL, INC.

9000 WESTMONT DRIVE
TOANO VA 23168

Number
0215000214

To verify the status of this permit, visit our website www.dhp.virginia.gov, which is a primary source verification of the credential issued by the Commonwealth of Virginia. To File a Complaint About a Licensee, Call: 1-800-533-1560.



Drug Establishments Current Registration Site

SHARE TWEET IN LINKEDIN PRINT EMAIL PRINT

Advanced Search

Search Results for Avid Medical

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Avid Medical, Inc.	1047429	015623119	MANUFACTURE	9000 Westmont Drive, Toano, Virginia (VA) 23168, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

Valid Current through: Wednesday, Jul 29, 2020

[Return to Drug Firm Annual Registration Status Home Page](#)

Previous

1

Next

Verified
MS
12/28/20

1/24

Sharon Moll

[REDACTED] Dartmoor Court, Williamsburg, Virginia 23185

(H) [REDACTED], (C) [REDACTED]
[REDACTED]

Summary

Extensive reporting and inventory control experience gained from 14 years in the buying field with demonstrated ability to interpret data and follow up with appropriate business strategies. Experience as a medical laboratory technologist, and work in other scientific positions provided observational, analytical, and investigational skills. Solid working knowledge of medical and scientific terminology.

Accomplishments

- Purchased inventory for up to 15 departments representing up to \$8 million in annual retail sales. Increased sales or gross margin profits in 2012 over past year when total retail sales were down 4.2% Foundation wide.
- Managed teams of volunteers assembling up to 1500 promotional merchandise kits for special events. Kit sales brought in an additional \$32,000 per holiday event.
- Identified and implemented a method to integrate seasonal catalog sales with core product resulting in a ten-fold decrease in catalog back orders and a 98% in stock rate for merchandise prior to each catalog drop.
- Researched and procured over 100 specific and hard-to-find titles for the annual Antiques Forum "book sales room". Hailed as having the most comprehensive selection and well organized book event in years.
- Responded to the dramatic increase in the cost of precious metals by reworking the jewelry department, setting new retail, cancelling orders, and promoting select items in order to achieve a favorable stock situation and maintain a profitable \$1.3 million department.
- Traveled to book shows to purchase titles for what was then the new sub-department of remaindered books. This sub-department became the best-selling of all non-Colonial Williamsburg publications.
- Participated in an aggressive team driven liquidation of over \$1 million in inventory and a \$2 million relocation of merchandise following the closure of the larger of two warehouses.
- Preserved over \$90,000 in sales by facilitating product recalls from stores and negotiating with vendors for resolution when several key items in one season arrived in unacceptable condition.
- Conceived and implemented a strategy that cut by half the customer service response and resolution times for catalog drop ship issues.
- Devised new processes for tracking book titles by populating additional data fields, including special event codes allowing for more accurate reorders.

Experience

Avid Medical, Inc. Toano, VA

2014- Present

Specialist, Quality & Regulatory Compliance

- Primarily functions as the Quality and Regulatory Compliance Specialist to provide technical expertise for corporate programs related to quality assurance and regulatory compliance of Food and Drug Administration (FDA) regulated private label medical and other regulated products.
- Initiates and administers programs related to post-marketing surveillance, records and document control, risk management, change management and authoring and managing Standard Operating Procedures and Work Instructions.
- Initiates customer and supplier contacts, participates in Medical Device Reporting (MDR), coordinates product evaluations, generates and manages records and documentation, assists with recall and stock withdrawal activities.
- Supports O&M corporate and private brand compliance with regulations from the FDA, Customs and Border Protection, OSHA, DOT, EPA, State Boards of Pharmacy, etc.
- Interacts with and supports domestic (e.g., QRC Team, OM Health Care Logistics and O&M distribution centers in functions as listed above.
- Provides quality and regulatory support of new O&M business initiatives.
- Over three years of full-time history with a wholesaler in a capacity related to the shipping, dispensing, and distribution of and the record-keepings related to prescription drugs.

Colonial Williamsburg Foundation, Williamsburg, Virginia

1999-2013

Inventory Buyer (2004-2013)

Assistant Inventory Buyer (2002-2004)

Administrative Specialist (1999-2002)

Purchased inventory for stores, catalog, internet, and business-to-business sales. Created and interpreted reports for sales, inventory, receipts, back orders, on order, past due, orders received/not paid. Calculated projections for product purchase. Created, sent and updated purchase orders.

Monitored quality of merchandise and negotiated returns. Suggested products for promotion and clearance. Participated in yearly inventory. Resolved customer service issues. Setup and maintained data for new items and vendors. Met with vendors to discuss new products and issues. Communicated with in house product developers, warehouse, accounting, customer service, marketing, and store managers.

Marine Chemist Services, Newport News, Virginia

Chemistry Technician

Analyzed samples using standard bench chemistry methods. Generated reports and quality control graphs for analysis. Maintained clean and safe lab. Monitored inventory of chemicals and supplies.

Binn's Fashion Shop, Williamsburg, Virginia

1994-1996

Sales Associate

Greeted and assisted customers with purchases. Wrote up sales and special orders. Prepared clothing for creative display. Occasional winner of sales contests.

Virginia Museum of Natural History, Martinsville, Virginia

Molecular Lab Technician

Assisted curatorial staff with research procedures, documentation, and specimen preparation. Performed DNA analysis of fox squirrels using gel electrophoresis method to determine genetic relatedness within and among species. Reorganized and labeled thousands of tissue samples in storage freezers allowing for immediate access when specific samples were requested for study.

Danville Public Schools, Danville, VA

1991-1993

Resource Specialist

Developed and presented science and summer enrichment programs for advanced students. Taught students to build water filtering systems and grow and stain bacteria sampled from the environment.

Indiana Hospital, Indiana, Pennsylvania

1982-1983

Medical Technologist

Performed laboratory analysis, both routine and emergency, and reported results to physicians. Maintained lab equipment and analyzers. Assured proper quality control.

NASA Langley Research Center, Langley AFB, Hampton, Virginia

1980

Research Associate

Researched and assembled data from government documents and university studies dealing with world oil production levels and emissions of greenhouse gases into a form suitable for publication. Planned and conducted field collection and laboratory analysis of particulate matter in the air before and after rain events.

Education

Bachelor of Science, Biology, Virginia Tech, Blacksburg, Virginia, 1979 Dean's List, Biology Honor Society

Medical Technology Certification American Society of Clinical Pathologists

Latrobe Area Hospital School of Medical Technology, Latrobe, Pennsylvania, 1982

Special Training

Microsoft Excel 97 and Outlook 2000 JOA Merchandising software Commercial Ware Store software
Commercial Ware Direct Sales software

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "AVID MEDICAL, INC." AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-NINTH DAY OF JANUARY, A.D. 1997, AT 9 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-NINTH DAY OF OCTOBER, A.D. 1998, AT 12:15 O'CLOCK P.M.

CERTIFICATE OF DESIGNATION, FILED THE FIFTH DAY OF NOVEMBER, A.D. 1998, AT 2:26 O'CLOCK P.M.

CERTIFICATE OF OWNERSHIP, FILED THE EIGHTH DAY OF JUNE, A.D. 1999, AT 9 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE THIRTY-FIRST DAY OF JANUARY, A.D. 2000, AT 9 O'CLOCK A.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TENTH DAY OF MARCH, A.D. 2010, AT 9:37 O'CLOCK A.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-THIRD DAY OF AUGUST, A.D. 2010, AT 5:34 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, FILED THE TWENTY-SIXTH DAY OF



2714324 8100H

130551076

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0420248

DATE: 05-09-13

Delaware

PAGE 2

The First State

AUGUST, A.D. 2010, AT 2:16 O'CLOCK P.M.

CERTIFICATE OF MERGER, FILED THE TWENTY-SEVENTH DAY OF
AUGUST, A.D. 2010, AT 9:42 O'CLOCK A.M.

RESTATED CERTIFICATE, FILED THE TWENTY-SEVENTH DAY OF
AUGUST, A.D. 2010, AT 9:42 O'CLOCK A.M.

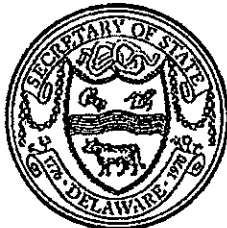
AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID
CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE
AFORESAID CORPORATION, "AVID MEDICAL, INC.".

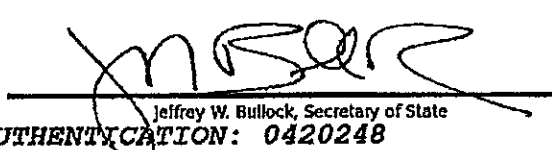
Confidential - Not for Distribution
Bill Clymer
Owens & Minor
Oct 17, 2014 11:15

2714324 8100H

130551076

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0420248

DATE: 05-09-13

CERTIFICATE OF INCORPORATION

OF

AVID MEDICAL, INC.

a Delaware Corporation

The undersigned incorporator, for the purpose of forming a corporation under and by virtue of the General Corporation Law of Delaware, as amended, does hereby set forth the following:

FIRST: Name. The name of the corporation (which is hereinafter sometimes called the Corporation) is: **Avid Medical, Inc.**

SECOND: Registered Office and Registered Agent. The address of the registered office of the Corporation in the State of Delaware is Corporation Trust Center, 1209 Orange Street, City of Wilmington, County of New Castle. The name of the registered agent at this address is The Corporation Trust Company.

THIRD: Purpose and Power.

1. **Purpose.** The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Delaware.

2. **Power.** The Corporation shall have the power to do all and everything necessary, suitable and proper for the accomplishment of any of the purposes or attainment of any of the objects or the furtherance of any of the powers hereinbefore mentioned, either alone or in association with or in partnership with any other corporations, firms or individuals, and to do every act or acts, thing or things, incidental or appurtenant to or growing out of or connected with the aforesaid businesses or powers or any part or parts thereof, provided the same be not inconsistent with the laws under which this Corporation is incorporated.

FOURTH: Capital.

1. **Authorized Capital Stock.** The total number of shares of capital stock which the Corporation is authorized to issue shall be 25,000,000 shares, consisting of 20,000,000 shares of common stock, par value \$.001 per share ("Common Stock"), and 5,000,000 shares of preferred stock, par value \$.001 per share ("Preferred Stock").

2. **Common Stock.** Of the 20,000,000 shares of authorized Common Stock, 15,000,000 shares shall be designated Class A Common Stock ("Class A Common Stock") and 5,000,000 shares shall be designated Class B Common Stock ("Class B Common Stock").

3. **Preferred Stock.** The Board of Directors of the Corporation is hereby authorized to provide, by resolution or resolutions adopted by such Board, for the issuance of Preferred Stock from time to time in one or more classes and/or series, to establish the number of shares of each such class or series, and to fix the powers, designations, preferences and relative, participating, optional or other rights, if any, and the qualifications, limitations or restrictions thereof (a "Preferred Stock Statement and Certificate of Designations, Preferences and Rights"), of any of the shares of each such class or series, all to the full extent permitted by the Delaware General Corporation Law. Without limiting the generality of the foregoing, the Board of Directors is authorized to provide that shares of a class or series of Preferred Stock:

(1) are entitled to cumulative, partially cumulative or noncumulative dividends or other distributions payable in cash, capital stock or indebtedness of the Corporation or other property, at such times and in such amounts as are set forth in the Board resolutions establishing such class or series or as are determined in a manner specified in such resolutions;

(2) are entitled to a preference with respect to payment of dividends over one or more other classes and/or series of capital stock of the Corporation;

(3) are entitled to a preference with respect to any distribution of assets of the Corporation upon its liquidation, dissolution or winding up over one or more other classes and/or series of capital stock of the Corporation in such amount as is set forth in the Board resolutions establishing such class or series or as is determined in a manner specified in such resolutions;

(4) are redeemable or exchangeable at the option of the Corporation and/or on a mandatory basis for cash, capital stock or indebtedness of the Corporation or other property, at such times or upon the occurrence of such events, and at such prices, as are set forth in the Board resolutions establishing such class or series or as are determined in a manner specified in such resolutions;

(5) are entitled to the benefits of such sinking fund, if any, as is required to be established by the Corporation for the redemption and/or purchase of such shares by the Board resolutions establishing such class or series;

(6) are convertible at the option of the holders thereof into shares of any other class or series of capital stock of the Corporation, at such times or upon the occurrence of such events, and upon such terms, as are set forth in the Board resolutions establishing such class or series or as are determined in a manner specified in such resolutions;

(7) are exchangeable at the option of the holders thereof for cash, capital stock or indebtedness of the Corporation or other property, at such times or upon the occurrence of such events, and at such prices, as are set forth in the Board resolutions

Mark I. Sedar

From: Pharmacy Board
Sent: Thursday, February 11, 2021 8:17 AM
To: Mark I. Sedar
Subject: Fw: Owens & Minor distribution Inc. - Notice of Violation
Attachments: OWM FL Final Order Case 2020-007156_ 2020-007158_ 2020-007161_ 2020-007162
 12.04.2020_NP Signed 12.18.2020 Counter signed 12.22.2020 Final Order date
 12-30-2020.pdf

From: compliance@slnysupport.com <compliance@slnysupport.com>
Sent: Thursday, February 11, 2021 8:05:14 AM
To: Pharmacy Board
Subject: Owens & Minor distribution Inc. - Notice of Violation

IMPORTANT NOTICE



State License Servicing, Inc.

1751 State Route 17A, Suite 3, Florida, NY 10921
 (845) 544-2482 Office, (845) 544-2481 Fax

Date: February 11, 2021
 To: Nevada State Board of Pharmacy
 Re: Avid Medical Inc., 9000 Westmont Drive, Toano, VA 23168, Permit #: Pending - Initial

This letter shall serve as disclosure of a Notice of Violation and fine for the above-referenced company. Owens & Minor Distribution, Inc. entered into a Stipulation and Final Agency Order dated 12/22/20 from the State of Florida, Department of Business & Professional Regulation under Case #'s 2020-007156; 2020-007158; 2020-007161; 2020-007162 for the 2019 Colorado State Board of Pharmacy discipline that was issued for failure to notify within 30 days of a change of DR at the facility located at 473 Tower Blvd., Carol Stream, IL 60188.

In lieu of a hearing, the Board resolved this case by means of a stipulated agreement pursuant to the following terms: Settlement amount \$5,000.00. Owens & Minor signed the Order, paid the fine and the matter is now satisfactorily closed. Please find a copy of the signed stipulation and final agency order attached.

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@slny.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.

If the reader is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please reply to the sender to notify us of the error and delete the original message.

Thank You

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110 Centerview Drive
Post Office Box 11927
Columbia, SC 29211-1927
Phone: (803) 896-4700
FAX: (803) 896-4596

South Carolina
Department of Labor, Licensing and Regulation

Board of Pharmacy

SC Discipline - owner
2806
Admin
Fine.



Henry D. McMaster
Governor

Emily H. Farr
Director

www.llr.sc.gov/POL/Pharmacy/

February 7, 2020

Medical Action Industries, Inc.
25 Heywood Road
Arden, NC 28704

Dear Nichole Early:

Your application for a South Carolina Non-Resident Pharmacy permit was reviewed by the Non-Resident Application Review Committee at its February 6, 2020, meeting. The Committee's recommendations will be presented to the Board for approval or denial of the permit applications at its March 11, 2020, Board meeting.

The Committee is recommending your permit application for approval pending the following:

Approved conditioned upon submission of fine in the amount of \$5,000 for shipping into SC without a permit; applicant must pay fine within six months of Board's approval of committee recommendation, or application will be considered withdrawn.

Requested documents may be emailed to chelsi.swartz@llr.sc.gov. Once the above conditions have been met, your permit will be issued.

Sincerely,

Traci Collier, PharmD
Administrator and Chief Drug Inspector
SC Board of Pharmacy



STATE LICENSE SERVICING
 1751 Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
 statelicensesservicing.com

Date: 12/21/20
To: Nevada State Board of Pharmacy
Re: Avid Medical Inc.
 Wholesaler Application
Facility Address: 9000 Westmont Drive, Toano, VA 23168

Dear Sir/Madam:

Please be advised that I represent **Avid Medical Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/~~money order~~ # 3647 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
- ☒ Home State License Verification, Board-Sealed
- ☒ Home State License/Exemption Letter, Copy
- ☒ Proof of FDA Registration (FEI)

Discipline document - SC.

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slnysupport.com

Kind regards,

Jennifer Schneider
 VP, Client Services

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS & PROFESSIONAL REGULATION**

**DEPARTMENT OF BUSINESS &
PROFESSIONAL REGULATION,
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,**

Petitioner,

**Case Nos.: 2020-007156
2020-007158
2020-007161
2020-007162**

v.

OWENS & MINOR DISTRIBUTION, INC.,

Respondent.

_____ /

SETTLEMENT AGREEMENT

Pursuant to Section 120.57(4), Florida Statutes, the above-named parties hereby enter into this Settlement Agreement (hereinafter, "this agreement") as disposition of the alleged violations described in the Notice of Violation in case numbers 2020-007156, 2020-007158, 2020-007161 and 2020-007162 (hereinafter, "the allegations"). The terms herein become effective upon rendition of the final order, which shall incorporate this agreement.

The State of Florida, Department of Business & Professional Regulation, Division of Drugs, Devices, and Cosmetics (hereinafter, "the Department") is charged with regulating Drugs, Devices, and Cosmetics pursuant to Section 20.165 and Chapter 499, Florida Statutes.

STIPULATED FACTS

1. Owens & Minor Distribution, Inc. (hereinafter, "Respondent") is permitted as a prescription drug wholesale distributor by the Department, having been issued permit number 22:20179 to operate as a prescription drug wholesale distributor at 4807 NE 63rd Avenue, Gainesville, Florida 32609; permit number 22:414 to operate as a prescription drug wholesale

DONE and ORDERED this 22ND day of December, 2020 in Tallahassee, Florida.

HALSEY BESHEARS, SECRETARY

DEPARTMENT OF BUSINESS & PROFESSIONAL
REGULATION

By:



Walter Copeland
Division Director
Drugs, Devices, and Cosmetics

Prepared by:

Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

NOTICE OF RIGHT TO APPEAL

Unless expressly waived, any party adversely affected by this Final Order may seek judicial review by filing an original Notice of Appeal with the Clerk of the Department of Business & Professional Regulation, and a copy of the Notice, accompanied by the filing fees prescribed by law, with the clerk of the appropriate District Court of Appeal within 30 days of the effective date of this order, in accordance with Florida Rule of Appellate Procedure 9.110, and Section 120.68, Florida Statutes.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of this Final Order has been provided by regular United States mail to: Owens & Minor Distribution, Inc. 4807 NE 63rd Avenue, Gainesville, Florida 32609 this 30th day of December, 2020.

By:



Agency Clerk's Office

distributor at 14559 NW 8th Street, Sunrise, Florida 33325; permit number 23:2167 to operate as an out-of-state prescription drug wholesale distributor at 310 James Drive, Suite 100, East St. Rose, Louisiana 70087; and permit 22:20152 to operate as a prescription drug wholesale distributor at 8489 Westside Industrial Drive, Jacksonville, Florida 32219. Respondent was issued a Notice of Violation on July 30, 2020, alleging that it committed certain violations of Chapter 499, Florida Statutes, and the administrative rules adopted pursuant thereto.

CONCLUSIONS OF LAW

2. Respondent, by and through its undersigned agent, admits that it is subject to the applicable provisions of Chapter 499, Florida Statutes, and the relevant jurisdiction of the Department.

3. Respondent neither admits nor denies the allegations in the Notice of Violation issued in case numbers 2020-007156, 2020-007158, 2020-007161 and 2020-007162, but enters into this agreement for the purpose of resolving the issues raised by the Department.

SETTLEMENT TERMS

4. Respondent agrees to immediately cease any practices that are in violation of Chapter 499, Florida Statutes.

5. Respondent agrees to pay a settlement amount of five thousand dollars (\$5,000). **Payment of the settlement amount shall be made only by corporate check, cashier's check, or money order to the Professional Regulation Trust Fund, and shall be remitted to The Florida Department of Business & Professional Regulation, Division of Drugs, Devices and Cosmetics, 2601 Blair Stone Road, Tallahassee, Florida 32399-1047, Attention: Taya Orozco, Senior Legal Assistant.** Respondent acknowledges that payment is enclosed with this agreement. The payment and execution of this agreement by Respondent are absolute conditions

precedent to the Department's execution of this agreement.

6. Respondent affirms that the violations alleged in the Notice of Violation letter issued in case numbers 2020-007156, 2020-007158, 2020-007161 and 2020-007162 have been corrected.

7. The Department agrees that this agreement will not be deemed to constitute discipline against the Respondent within the meaning of Section 499.066, Florida Statutes, and Rule 61N-1.024, Florida Administrative Code, and that this agreement will not be considered in any future claim, action or proceeding against Respondent by the Department. The Department will not deny or seek to deny any application for a permit of Respondent based on the allegations. Nothing herein shall be construed to limit, restrict or otherwise affect the Department's rights to (i) inspect under Section 499.051, Florida Statutes, (ii) examine, sample, test, embargo, seize, detain, condemn or destroy any drug, device, or cosmetic in accordance with Sections 499.06, 499.0632, and 499.065, Florida Statutes, or (iii) seek injunctions and take any other action authorized by Section 499.066 and 499.0661, Florida Statutes, in the event of a public health emergency or any immediate and substantial threat, hazard or danger to public health.

STANDARD PROVISIONS

8. It is expressly understood that a violation of the terms of this agreement shall be considered a violation of Chapter 499, Florida Statutes, for which disciplinary action may be taken.

9. The parties agree that this agreement will be incorporated into a final order that will be filed with the Department agency clerk and will be a public document. The final order will contain no material terms other than those in this agreement. **The final order shall operate**

to close case numbers 2020-007156, 2020-007158, 2020-007161 and 2020-007162. The final order shall be the final disposition in this proceeding and shall constitute final agency action with respect thereto.

10. Respondent expressly waives all further procedural steps and expressly waives all rights to seek judicial review of, or to otherwise challenge or contest the validity of, this agreement and the final order in which this agreement is incorporated, provided the final order does not conflict with this agreement.

11. Each party waives the right to seek any attorney's fees or costs from the other party in connection with this proceeding.

12. This agreement may be executed in any number of counterparts including, without limitation, telecopies and facsimile transmission copies, all of which together shall constitute a single document.

13. The parties agree that this agreement represents a fair, appropriate, and reasonable resolution to, and final disposition of, all disputes and matters made subject hereof.

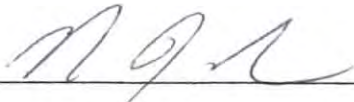
14. The terms and provisions of this agreement are severable and, if any term or provision is declared or deemed void, invalid, illegal, or otherwise unenforceable, then all remaining terms and provisions shall remain in full force and effect.

15. It is expressly understood that this agreement is subject to approval of the Division of Drugs, Devices, and Cosmetics, and has no force or effect until the Division accepts this agreement and adopts it in a final order.

16. The signatories hereto are vested with the authority to execute this agreement on behalf of their respective principals and, as duly designated representatives, to fully bind such principals.

OWENS & MINOR DISTRIBUTION, INC.,

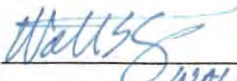
FLORIDA DEPARTMENT OF BUSINESS
& PROFESSIONAL REGULATION
DIVISION OF DRUGS, DEVICES,
AND COSMETICS,

By: 

Name: Nicholas J. Pace

Title: EVP, General Counsel & Corporate Secretary

Date: 12-18-2020

By: 

Name: WALTER COPELAND
DIVISION DIRECTOR

Title: DIVISION DIRECTOR

Date: 12.22.2020

Prepared by:


Kathryn E. Price
DDC Chief Attorney
Division of Drugs, Devices, and Cosmetics

19D

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 01815)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Bioventus LLC

Physical Address: 1900 Charles Bryan Road, Suite 275

City: Cordova State: TN Zip Code: 38016

Telephone Number: 901-341-2902 Fax Number: _____

Toll Free Number: 800-396-4325

E-mail: jacqueline.tenkhoff@bioventusglobal.com Website: www.bioventus.com

Facility Manager: Michael Kiser

Professional qualifications and experience of facility manager: See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☒ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Michael Kiser

Print Name of Authorized Person

3/5/2021

Date

Board Use Only

Date Processed: _____

Amount:

500
Check # 406435

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DE

Parent Company if any: _____

Mailing Address: 1900 Charles Bryan Rd., Suite 275City: Cordova State: TN Zip: 38016Telephone: 901-341-2902 Fax: 901-372-5256Contact Person: Jacqueline Tenkhoff

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Bioventus Inc 4721 Emperor Blvd., Ste 100, Durham, NC 27703
Name Business Addressb) Smith & Nephew, Inc. 1450 East Brooks Road, Memphis, TN 38116
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BIOVENTUS 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 ANNUAL TAXES HAVE BEEN PAID TO DATE.



5065678 8300

SR# 20210815606

You may verify this certificate online at corp.delaware.gov/authver.shtmlA handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202663583

Date: 03-05-21



ID NUMBER: 0000003650

EXPIRATION DATE: 03/31/2023

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
MANUFACTURER/WHOLESALE/DISTRIBUTOR
BIOVENTUS, LLC

Risa J. Hargrove
COMMISSIONER OF HEALTH

JAY GRUNWALD
BIOVENTUS, LLC
1900 CHARLES BRYAN RD. STE 275
CORDOVA TN 38016-5285



State of Tennessee
Department of Health

12469206

29133

TENNESSEE BOARD OF PHARMACY
MANUFACTURER/WHOLESALE/DISTRIBUTOR
BIOVENTUS, LLC
1900 CHARLES BRYAN RD, STE 275
CORDOVA TN 38016

*This is to certify that all requirements of the State of Tennessee
have been met.*

ID NUMBER: 0000003650

EXPIRATION DATE: 03/31/2023

B+C
ASSISTANT COMMISSIONER: HEALTH LICENSURE & REGULATION

Risa J. Hargrove
COMMISSIONER

Individual and/or Entity Ownership of Licensee

FULL NAME of INDIVIDUAL or ENTITY	BUSINESS ADDRESS (personal address for individuals)	TELEPHONE NUMBER	EIN	% OWNERSHIP INTEREST
Bioventus Inc	4721 Emperor Blvd., Durham, NC 27703	800-836-4080	81-0980861	72.2%
Smith & Nephew, Inc.	1450 Brooks Road, Memphis, TN 38116	800-821-5700	51-0123924	27.8%

BIOVENTUS BOARD OF DIRECTORS

Ken Reali

Bioventus LLC

██████ Emperor Boulevard

Suite ██████

Durham, NC 27703

1-919-474-6701 (O)

ken.reali@bioventusglobal.com

Ast: Kathy Mancuso

1-919-474-6706 (O)

kathy.mancuso@bioventusglobal.com

Phil Cowdy

Smith & Nephew

Building 5, Croxley Park

Hatters Lane

Watford

Hertfordshire

WD18 8YE

United Kingdom

phil.cowdy@smith-nephew.com

Ast: Laura May

+44 (0) 1923-477424 (O)

Laura.May@smith-nephew.com

William A. Hawkins, III

Retired Chairman & CEO, Medtronic

Corporate Director, Immucor

Senior Advisor to EW Healthcare Partners

Vice Chair Duke Board of Trustees & DUHS

██████ N. Corcoran Street

Suite 2702

Durham, NC 27701

whawkins@ewhealthcare.com

Ast: Sarah-Melissa Arbaugh

1-646-429-1284 (O)

sarbaugh@ewhealthcare.com

Guido J. Neels

EW Healthcare Partners

██████ Dean Road

Indianapolis, IN 46240

1-317-577-8442 (O)

gneels@ewhealthcare.com

Ast: Laurie Jan Reisinger

1-650-331-8300 (O)

lreisinger@ewhealthcare.com

Guy Paul Nohra

Alta Partners

Placa de Pau Vila ██████

08003 Barcelona

Spain

+34-682-300-704 (O)

gnohra@altapartners.com

Ast: Rishi Gogna

1-415-782-4046 (O)

1-415-362-4022 (O)

rgogna@altapartners.com

David J. Parker

Ampersand Capital Partners

Gustav Mahlerplein 2

1082 MA Amsterdam

Netherlands

+31-207-997-392 (O)

djp@ampersandcapital.com

Ast: Kristine Austin

1-781-239-0700 x145 (O)

Alt: 1-800-239-0706 (O)

kca@ampersandcapital.com

02/11/2021

KFM

Susan Stalnecker

████ Selborne Drive
Wilmington, DE 19807
████████████████████
████████████████████

Martin P. Sutter

EW Healthcare Partners

████ Waterway Avenue

Suite █████

The Woodlands, TX 77380

1-281-364-1555 (O)
████████████████████

msutter@ewhealthcare.com

Ast: Donna Polansky

1-281-364-1555 (O)
████████████████████

dpolansky@ewhealthcare.com

Evan Melrose, Observing Member

Spindletop Capital

████ Northland Drive

Suite 100-B

Austin, TX 78731
████████████████████

evan@spindletopcapital.com

Christina Weathersbee

1-512-961-4633 (O)

christina@spindletopcapital.com

02/11/2021
KFM

- Home
- Food
- Drugs
- Medical Devices
- Radiation-Emitting Products
- Vaccines, Blood & Biologics
- Animal & Veterinary
- Cosmetics
- Tobacco Products

Establishment Registration & Device Listing

FDA Home Medical Devices Databases



New Search

Back To Search Results

Establishment:
BIOVENTUS LLC
1900 Charles Bryan Rd Suite 275
Cordova, TN 38016
Registration Number: 3010203571
FEI Number: 3010203571
Status: Active
Date Of Registration Status: 2021

Owner/Operator:
Bioventus LLC
4721 Emperor Blvd., Suite 100
Durham, NC US 27703
Owner/Operator Number: 10040666

Official Correspondent:
Kim P Kelly
4721 Emperor Blvd., Suite 100
Durham, NC 27703
Phone: 919-4746704

* Firm Establishment Identifier (FEI) should be used for identification of entities within the imports message set

Verified ✓
M.H.
3/11/21

Page Last Updated: 03/08/2021

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[FDA Home](#)³ [Medical Devices](#)⁴ [Databases](#)⁵

Establishment Registration & Device Listing

1 result found for **Establishment Registration** or

Business Trade Name : *bioventus*

Establishment Registration or FEI Number :
3010203571

[New Search](#)⁶

Establishment Name	▲7 ▼8	Registration Number	Current Registration Yr
BIOVENTUS LLC ⁹	TN/USA	3010203571	2021
• Stimulator, Bone Growth, Non-Invasive - EXOGEN; EXOGEN 4000J; EXOGEN EXPRESS; SAFHS¹⁰ • Stimulator, Ultrasound And Muscle, For Use Other Than Applying Therapeutic Deep - EXOGEN; EXOGEN 4000J; EXOGEN EXPRESS; SAFHS¹¹ • Filler, Bone Void, Calcium Compound - Interface¹² • Filler, Bone Void, Calcium Compound - Interface¹³ • Filler, Bone Void, Calcium Compound - Osteofuse; Signafuse; Unite¹⁴ • Filler, Bone Void, Calcium Compound - Silhouette¹⁵ • Acid, Hyaluronic, Intraarticular - DUROLANE¹⁶ • Filler, Bone Void, Calcium Compound - OSTEOMATRIX+¹⁷ • Filler, Bone Void, Calcium Compound - SIGNAFUSE Bioactive Strip¹⁸	Manufacturer; Specification Developer; U.S. Manufacturer of Export Only Devices; Complaint File Establishment Manufacturer; Specification Developer; U.S. Manufacturer of Export Only Devices; Complaint File Establishment Complaint File Establishment Complaint File Establishment Complaint File Establishment Complaint File Establishment Complaint File Establishment Complaint File Establishment		

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- [../cfr/rl.cfm?start_search=1&establishmentName=bioventus@Num=&StateName=&CountryName=&RegistrationNumber=3010203571&OwnerOperatorNumber=&O](#)
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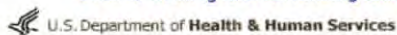


U.S. Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993
Ph. 1-888-INFO-FDA (1-888-463-6332)
[Contact FDA](#)



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start_search=1&establishmentName=bioventus@Num=&StateName=&CountryName=&RegistrationNumber=3010203571&OwnerOperatorNumber=&O](https://www.fda.gov/cfr/rl.cfm?start_search=1&establishmentName=bioventus@Num=&StateName=&CountryName=&RegistrationNumber=3010203571&OwnerOperatorNumber=&O)
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MICHAEL W. KISER

██████████ Totty Cove ♦ Collierville, TN 38017 ♦ ██████████ ♦ ██████████

OPERATIONS EXECUTIVE: MANUFACTURING / SUPPLY CHAIN / OPERATIONS

Highly qualified executive with extensive experience leading supply chain operations to include manufacturing, planning, engineering, procurement, logistics, process improvements, and performance initiatives supporting medical organizations. Successful in directing cross-functional, cross-cultural teams to achieve aggressive business goals. Highly effective at leveraging key relationships, resources, and strategies to streamline and enhance supply chain operations, creating profitable win-win solutions. Well-versed in integrating technologies and processes within manufacturing and logistics operations to drive efficiencies and reduce cost. Collaborative leader with strong track record managing million dollar budgets, large scale projects, and business development integrations supporting all aspects of the supply chain within challenging, dynamic business environments.

CORE LEADERSHIP COMPETENCIES

- | | | |
|--|------------------------------------|---|
| • Manufacturing, Distribution & Supply Chain Mgmt. | • Continuous Process Improvements | • Budget/ROI Accountability |
| • Acquisition Analysis & Integration | • Program & Project Management | • Strategic Planning & Tactical Execution |
| • Global Procurement & Vendor Relations | • Cross-Functional Team Leadership | • Safety & Regulatory Adherence |

PROFESSIONAL EXPERIENCE

BIOVENTUS, LLC- Memphis, TN

2010-Present

A Global Leader in Active Orthopedic Healing. The company is recognized leader in bone healing devices and among the leading distributor of osteoarthritis injection therapies with annual revenues \$260 million.

Senior Director of Manufacturing and Operations (2020-Present)

This position is responsible for the effective planning, directing and coordinating of all functions for operations which includes; purchasing, planning, production, distribution, field inventory, facilities management and health & safety.

- Partner with the CEO and executive team members as needed to simultaneously develop and implement growth and cost containment strategies and report on their progress and metrics. Provide expertise and guidance on operations focused initiatives, ensuring alignment with the overall business priorities.

Director of Operations (2010-2020)

Responsible for leading the operations group transition from Smith and Nephew to a standalone organization, Bioventus, LLC. Also responsible for both strategic and day to day management of HSE, facilities management, procurement, planning, distribution, transportation, and engineering groups. Delivered measurable results including the transfer of critical operations on-time and within budget without any service disruptions. Continued to optimize both production and supply chain management which resulted in process improvements that saved money and substantially improved efficiency.

- 2 Presidents Award in 2013
- CEO Award for most valuable employee in 2012
- \$2 million saved in overhead costs generated by overseeing the transfer of Bioventus operations from Smith and Nephew to a new facility which included the site search, selection, contracting, build-out and employee transfer activities.
- \$750K in annual logistics savings generated by the set-up of four 3PL Distribution Centers located within US, Canada, Netherlands and Australia.
- Responsible for the transfer of Manufacturing operations to a new facility which included the planning, qualification with FDA and Notified Body of a Class 3 production area.
- Operations project leader for the design and implementation of SAP ERP.
- Responsible for \$50 million procurement budget, capital spending for plant and equipment, \$26 million of finished goods and factory materials; 46 salary personnel.
- Successful design transfer and on-boarding 2 new product lines. (Ultrasound Diagnostics, Sonic)

SMITH AND NEPHEW- Memphis, TN

2001-2010

A global medical technology business. Leadership positions in Orthopedic Reconstruction, Advanced Wound Management, Sports Medicine and Trauma with annual sales of \$4.1 billion.

Group Manager of Biologics Operations (2008-2010)

Provided leadership to the division for merger and supply chain integration of new Biologics products. Able to drive process optimization and standardization across operations with principles of Lean and Six Sigma and other principles of best practices such as ISO standards. Worked closely with quality and regulatory affairs.

Oversaw operations of 3 manufacturing plants and the US and EU distribution activities of Biologic product lines.

- Javier Award for Teamwork Excellence in 2009, 2010
- Identified and implemented \$1.5 million in cost savings projects.
- Managed 22 salary employees
- Responsible for the implementation of lean concepts in production area and provided leadership to institutionalize the process.
- \$760K saved in the implementation of procurement projects that provided dual source and lower cost vendors in production.
- Successful design transfer and on-boarding 6 new product lines. (CDS, RF, Generator, Trucath, Spinefix, Cast Saw, Scoliscore)

Manager of Supply Chain Clinical Therapies/Customs Product Group (2004-2008)

Develop and maintain Supply Chain reporting. Required to collate and analyze information from a wide range of data banks, identify trends and key drivers and provide information for operations decision

making. Define and develop KPI's and performance metrics and utilize measurements to drive performance improvement and corrective actions.

- Managed \$15 million operating budget and 6 salary personnel.
- Implemented Dangerous goods shipping process for Lithium Batteries to ensure regulatory compliance.
- \$5 million reduction in spare parts inventory with 35% improvement in material turnover rates
- Successful design transfer and on-boarding 4 new product line acquisitions. (Caption, 4000+, Bonegraft, Durolane)

Master Planner of Reconstructive Products (2001-2004)

Responsible for developing master production and optimized inventory plans. Oversaw planning activities for Knees, Hips and Trauma product lines. Drove improvement in inventory turns by implementing Kanban JIT principles. Perform capacity planning functions to ensure resources availability to meet demand plan. Monitor supply chain performance and KPI's are met. Ensure master data integrity in the planning process. Drive simulations to support mix planning decisions

- Improved fill rates from 85% to 95% and inventory turnovers 23% while supporting 20% business growth.
- Implementing logistics and supply chain strategies to address customer requirements across the business unit.
- Project leader for the implementation of supply chain management system to centrally control all production planning activities.

EDUCATION

CHRISTIAN BROTHERS UNIVERISTY-Memphis, TN

Masters of Business Administration- 2001

Bachelors of Science in Business Management-1997

SKILLS

- Six Sigma Black Belt
- Karrass Effective Negotiations
- Kepner-Tregoe Project Management
- Hoshin Kanri Strategy Deployment Process- X Matrix and Bowling Charts
- LEAN trained

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. 107305668

Application/License No. _____

Bioventus, LLC, doing or intending to do business as
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
1900 Charles Bryan Rd, Suite 275, Cordova, TN 38016, as
Address of Applicant/Principal
 PRINCIPAL, and Travelers Casualty and Surety Company of America, a
Surety Company
 corporation organized under the laws of the state of Connecticut
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Tower Square, Hartford, CT 06183 as
Address of Surety

SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on August 20, 2020

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 20 day of August, 2020.

APPLICANT/PRINCIPAL
Bioventus, LLC
COMPANY



Authorized Representative

SURETY
Travelers Casualty and Insurance Company of America



Surety Company's Representative

Eric B. Goldstein, 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


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 **ERIC B GOLDSTEIN** of **ST LOUIS**, Missouri, their true and lawful Attorney-in-Fact to sign, execute, seal and acknowledge any and all bonds, recognizances, conditional undertakings and other writings obligatory in the nature thereof on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

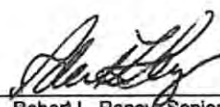
IN WITNESS WHEREOF, the Companies have caused this instrument to be signed, and their corporate seals to be hereto affixed, this 17th day of January, 2019.



State of Connecticut

City of Hartford ss.

By: _____


 Robert L. Raney, Senior Vice President

On this the 17th day of January, 2019, before me personally appeared **Robert L. Raney**, who acknowledged himself to be the Senior Vice President of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, and that he, as such, being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing on behalf of said Companies by himself as a duly authorized officer.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

My Commission expires the 30th day of June, 2021




Anna P. Nowik, Notary Public

This Power of Attorney is granted under and by the authority of the following resolutions adopted by the Boards of Directors of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, which resolutions are now in full force and effect, reading as follows:

RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President, any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary may appoint Attorneys-in-Fact and Agents to act for and on behalf of the Company and may give such appointee such authority as his or her certificate of authority may prescribe to sign with the Company's name and seal with the Company's seal bonds, recognizances, contracts of indemnity, and other writings obligatory in the nature of a bond, recognizance, or conditional undertaking, and any of said officers or the Board of Directors at any time may remove any such appointee and revoke the power given him or her; and it is

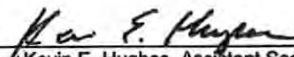
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing and a copy thereof is filed in the office of the Secretary; and it is

FURTHER RESOLVED, that any bond, recognizance, contract of indemnity, or writing obligatory in the nature of a bond, recognizance, or conditional undertaking shall be valid and binding upon the Company when (a) signed by the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President, any Second Vice President, the Treasurer, any Assistant Treasurer, the Corporate Secretary or any Assistant Secretary and duly attested and sealed with the Company's seal by a Secretary or Assistant Secretary; or (b) duly executed (under seal, if required) by one or more Attorneys-in-Fact and Agents pursuant to the power prescribed in his or her certificate or their certificates of authority or by one or more Company officers pursuant to a written delegation of authority; and it is

FURTHER RESOLVED, that the signature of each of the following officers: President, any Executive Vice President, any Senior Vice President, any Vice President, any Assistant Vice President, any Secretary, any Assistant Secretary, and the seal of the Company may be affixed by facsimile to any Power of Attorney or to any certificate relating thereto appointing Resident Vice Presidents, Resident Assistant Secretaries or Attorneys-in-Fact for purposes only of executing and attesting bonds and undertakings and other writings obligatory in the nature thereof, and any such Power of Attorney or certificate bearing such facsimile signature or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by such facsimile signature and facsimile seal shall be valid and binding on the Company in the future with respect to any bond or 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 20 day of August, 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.



Bioventus LLC
 1900 Charles Bryan Road, Suite 275
 Cordova, TN 38016
 USA

1-919-474-6700
 1-800-396-4325
www.BioventusGlobal.com

Explanation of Alabama State Board of Pharmacy Disciplinary Action

Bioventus has held a Wholesale Distributor license in Alabama for a number of years. These licenses had a two-year term. When we renewed our license in late 2016, we believed it covered the two-year period of 2017-2018, as had previous licenses. We noted receipt of the license renewal in our system and set a reminder to renew in late 2018 per the standard two-year renewal cycle. We were unaware that a change had been made requiring annual license renewal instead of every two years, as with previous renewals.

During a Bioventus initiated audit of all licenses, the error was found and the renewal was filed. Bioventus was fined and the matter was resolved via consent order. The Alabama State Board of Pharmacy License renewal was issued and is currently in good standing.

Explanation of State of Maine Board of Pharmacy Disciplinary Action

Bioventus received a fine from the Alabama State Board of Pharmacy on October 17, 2018 for a late renewal. We failed to report this disciplinary action to the State of Maine Board of Pharmacy within 10 days as required. The disciplinary action was reported to the State of Maine Board of Pharmacy on November 2, 2018.

Bioventus was issued a disciplinary action and the matter was resolved via consent order. The State of Maine Board of Pharmacy Licenses are currently in good standing.

Explanation of State of Utah Division of Occupational and Professional Licensing Disciplinary Action

Bioventus received a fine from the Alabama State Board of Pharmacy on October 17, 2018 for a late renewal. We failed to report this disciplinary action to the State of Utah Division of Occupational and Professional Licensing within 10 days as required. The disciplinary action was reported to the State of Utah Division of Occupational and Professional Licensing on August 2, 2019 at the time of renewal.

Bioventus was issued a citation and the matter was resolved. The State of Utah License is currently in good standing.

IN THE MATTER OF:	)	BEFORE THE ALABAMA
	)	
BIOVENTUS, LLC	)	STATE BOARD OF PHARMACY
	)	
Wholesale Distributor	)	CASE NO: 18-L-0078
Permit No. 194346	)	

CONSENT ORDER

THIS MATTER comes before the Alabama State Board of Pharmacy (hereinafter referred to as the "Board") on a complaint against Bioventus, LLC relating to distributing medical devices in the State of Alabama during 2018 without first renewing your permit from the Board required by Code of Alabama (1975) § 34-23-32 and in violation of Code of Alabama (1975) § 34-23-33 (7).

Pursuant to Code of Alabama (1975) § 41-22-12(f) the parties have agreed to informally resolve this matter by the entry of this Consent Order, the terms of which are as follows:

1. The Board finds that Bioventus, LLC violated Code of Alabama (1975) § 34-23-32 by distributing medical devices in the State of Alabama during 2018 without first having timely renewed your permit with the Board.
2. Bioventus, LLC shall pay to the Board an administrative fine in the amount of Four Thousand dollars (\$4,000.00) within thirty (30) days of the effective date of this Order which is the date it is executed on behalf of the Board. This obligation of payment to the Board shall not be dischargeable in bankruptcy and Bioventus, LLC shall not attempt to discharge the same in any bankruptcy proceeding.
3. That Bioventus, LLC expressly waives its rights pursuant to the Alabama Pharmacy Practice Act, the Alabama Administrative Procedures Act and the Alabama

Uniform Controlled Substances Act, including but not limited to the Code of Alabama (1975), §34-23-34 and §34-23-92(12), Code of Alabama (1975), §41-22-12 and §40-22-20 and Code of Alabama (1975), § 20-2-50 et seq., and including but not limited to a statement or notice of charges, the opportunity for a hearing before the Board in connection with any charges against it and any judicial review. Bioventus, LLC 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.

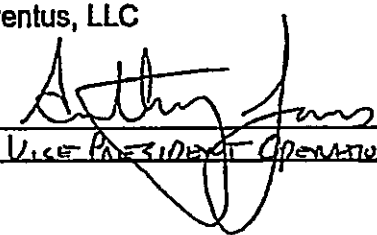
4. By execution of this Consent Order, Bioventus, LLC hereby releases the Board, its members, agents, representatives, servants and employees from any and all liability, claims, damages, fees or expenses arising out of or made in connection with the matters relating to this Consent Order and complaint.

5. That Bioventus, LLC agrees that any further violation of the Alabama Pharmacy Practice Act, the rules and regulations of the Alabama State Board of Pharmacy or any other applicable laws may, upon proof and hearing thereof, result in further disciplinary sanctions against its license.

6. That Bioventus, LLC acknowledges, stipulates and agrees that it has read this Consent Order and that it fully understands the terms, conditions and contents of the same. Bioventus, LLC acknowledges, stipulates and agrees that it voluntarily and of its own free will accepts the terms and conditions set out in this Consent Order and is executing this Consent Order freely and voluntarily without coercion, duress, or threats or pursuant to any promises and had the right to seek advice of counsel before executing this Consent Order.

DONE this the 17th day of OCTOBER, 2018.

Bloventus, LLC

By: 

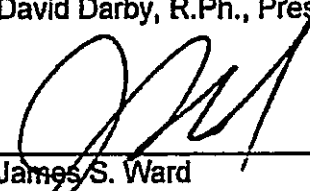
Its: Vice President Operations & Quality

DONE this the 17 day of October, 2018.

ALABAMA STATE BOARD OF PHARMACY

By: 

David Darby, R.Ph., President

By: 

James S. Ward
Its Attorney

WARD & COOPER, LLC.
2100 Southbridge Parkway
Suite 580
Birmingham, Alabama 35209
(205) 871-5404

STATE OF MAINE
BOARD OF PHARMACY

IN RE:	)	
	)	
BIOVENTUS, LLC.	)	CONSENT AGREEMENT
	)	
Complaint No. 2019-PHA-15376	)	

PARTIES

This document is a Consent Agreement regarding the pending application of Bioventus, LLC., for the renewal of its pharmaceutical wholesaler and pharmaceutical manufacturer licenses. The parties to this Consent Agreement are: Bioventus, LLC. ("Bioventus"), the Maine Board of Pharmacy ("the Board"), and the Office of the Maine Attorney General ("the Attorney General"). This Consent Agreement is entered into pursuant to 10 M.R.S. § 8003(5-A).

STATEMENT OF FACTS

1. Since July 17, 2013, Bioventus has been licensed in Maine as a pharmaceutical wholesaler (license number WH70002164), and since August 29, 2013, as a pharmaceutical manufacturer (license number MF30001392), with a registered location of 1900 Charles Bryan Road Suite 275, Cordova, Tennessee.
2. On October 17, 2018, the Alabama State Board of Pharmacy imposed discipline against Bioventus' Alabama license for the wholesaler located at 1900 Charles Bryan Road Suite 275, Cordova, Tennessee pursuant to Consent Order # 18-L-0078 in which the Alabama Board of Pharmacy found that Bioventus had distributed medical devices in the State of Alabama during 2018 without first having timely renewed its permit to do so.

3. Bioventus failed to report this discipline to the Board within 10 days as required by 10 M.R.S. § 8003-G(2)(C).

4. On November 2, 2018, Bioventus reported to the Board for the first time that the Alabama Board of Pharmacy had imposed discipline against its license on October 17, 2018.

5. Pursuant to 10 M.R.S. § 8003(5-A)(A)(11) and 10 M.R.S. § 8003-G(2)(C), the Board may deny, refuse to renew, suspend, or revoke a license and impose other discipline for failing to report a license disciplinary action to the Board within 10 days of that action.

6. At its meeting on March 7, 2019, the Board reviewed the above information and voted to preliminarily deny Bioventus' applications for renewal of its licenses to be a pharmaceutical wholesaler and pharmaceutical manufacturer. In lieu of the denial, the Board also voted to offer Bioventus this Consent Agreement. Unless Bioventus either requests, in writing, a hearing regarding the appeal of the preliminary denial within thirty (30) days of receipt of the Notice of Preliminary Denial, or accepts this Consent Agreement by signing and dating it and returning it to Complaint Division, 35 State House Station, Augusta, ME 04333, by April 30, 2019, the preliminary denial of Bioventus' applications for licensure as a pharmaceutical wholesaler and pharmaceutical manufacturer will become final.

COVENANTS

7. Bioventus admits to the facts above and admits that such conduct constitutes grounds for denial of or refusal to renew its licenses and for the imposition of discipline pursuant to 10 M.R.S. §§ 8003(5-A)(A)(11), and 10 M.R.S. § 8003-G(2)(C) for failing to report disciplinary action taken against a license in another jurisdiction within 10 days after the action was taken.

8. As discipline for the violation admitted to in paragraph 7 above, Bioventus agrees to accept the following DISCIPLINARY ACTION:

- a) A REPRIMAND; and
- b) A CIVIL PENALTY in the amount of two hundred fifty dollars (\$250.00), payment of which shall be made by certified check or money order payable to the "Treasurer, State of Maine" and delivered to Complaint Division, Maine Department of Professional and Financial Regulation, 35 State House Station, Augusta, Maine 04333, and must be submitted with the signed Consent Agreement;

9. Violation of any of the terms or conditions of this Consent Agreement by Bioventus shall constitute grounds for discipline, including but not limited to modification, suspension, or revocation of licensure or the denial of licensure or re-licensure.

10. The Board and Bioventus agree that no further agency action will be initiated against its licenses by the Board based upon the specific violations admitted to herein, except or unless Bioventus 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 Bioventus and this Consent Agreement will be admitted into evidence in any future adjudicatory hearing involving Bioventus. The Board may also consider the fact that discipline was imposed by this Consent Agreement in determining appropriate discipline in any further complaints against Bioventus.

11. This Consent Agreement is not appealable and is effective until modified or rescinded by the parties hereto.

12. The Board and the Attorney General may communicate and cooperate regarding any matter related to this Consent Agreement.

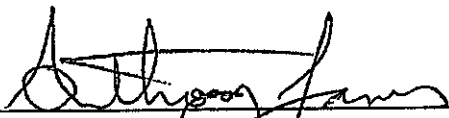
13. Upon receipt of the signed Consent Agreement and the civil penalty payment, the Board will renew Bioventus's licenses contingent upon it meeting all other eligibility criteria.

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. Bioventus 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: 4-4-19 BIOVENTUS, LLC.

By: 

Print Name: Anthony James

Title: SVP Operations & Quality

DATED: 4/22/2019


JOSEPH BRUNO, R.Ph., PRESIDENT
Maine Board of Pharmacy

DATED: 4/23/2019


ANDREW L. BLACK
Assistant Attorney General

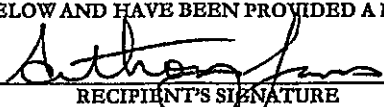


State of Utah
Department of Commerce
Division of Occupational and Professional Licensing
ATTN: Citation Coordinator
160 East 300 South
P.O. Box 146741
Salt Lake City, Utah 84114-6741

Telephone: (801) 530-6628
Fax: (801) 530-6511
Website: www.dopl.utah.gov

100529

CITATION

ISSUED TO: Bioventus LLC		CASE #: 112839	
PROFESSION: Class E Pharmacy	LICENSE #: 8601835-1714		
DOB: / /	DL #:	SSN/EIN #: 45-3935628	
BUSINESS ADDRESS: 1900 Charles Bryan RD		CITY: Cordova	STATE: TN ZIP: 38016
BUSINESS PHONE: 919-474-6700		BUSINESS EMAIL: stevens@bioventusglobal.com	
HOME ADDRESS:		CITY:	STATE: ZIP:
HOME PHONE:		HOME EMAIL:	
LOCATION OF OFFENSE: Bioventus LLC 1900 Charles Bryan Rd Ste 275 Cordova, TN 38016			
OFFENSE CODE	DATE OF OFFENSE: 10 / 17 / 2018	DATE ISSUED: 09 / 17 / 2019	
58-1-501-2(a)	DESCRIPTION violating, or aiding or abetting any other person to violate, any statute, rule, or order regulating an occupation or profession under this title;		
58-17b-502(1)(l)	failing to report to the division any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency, or court for conduct that in substance would be considered unprofessional conduct under this section;		
REMARKS: On 08/13/2019, the Division received an application for licensure renewal from Bioventus LLC, a Class E pharmacy located in Cordova, TN. Upon reviewing the renewal application, it was found the pharmacy had disciplinary action taken against their license from the Alabama State Board of Pharmacy on October 17, 2018. The pharmacy failed to report the disciplinary action to the Division within 10 days of the action. Pursuant to U.C.A. 58-17b-614, a pharmacy shall report in writing to the Division not later than 10 business days any adverse action taken by another licensing jurisdiction, government agency, law enforcement agency or court.			
*** FINE PURSUANT TO R156-17b-402 (25) ***			
PERSON SERVED: Mailed to Bioventus LLC		SERVED BY: Alicia Moran	
☒ FINE \$ 300.00		☒ CEASE AND DESIST ORDER	
I ACKNOWLEDGE RECEIPT OF THIS CITATION AND CERTIFY THAT I HAVE READ AND UNDERSTAND THE RIGHTS ADVISEMENT CONTAINED BELOW AND HAVE BEEN PROVIDED A NOTICE OF RESPONSE.  RECIPIENT'S SIGNATURE		I CERTIFY THAT THE INFORMATION IN THIS CITATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.  INVESTIGATOR'S SIGNATURE	
09/25/2019 DATE			

READ CAREFULLY

1. If you wish to contest this citation at a hearing, you must notify the Division in writing within 20 calendar days of receipt. The hearing will be conducted according to Title 63 G, Chapter 4.
2. If you do not contest the citation within 20 calendar days of receipt, the citation will become a final order of the Division and is not subject to further agency review.
3. Failure to comply with a final order of the Division is a Class A misdemeanor. The Division may refuse to issue or renew or may suspend, revoke, or place on probation a license you hold or apply for.

DIVISION COPY



Bioventus LLC
Attention: Accounts Payable
4721 Emperor Blvd Ste 100
Durham, NC 27703

2000044328CHK406435

PAGE: 1 of 1

DATE: January 27, 2021
CHECK NUMBER: 406435
AMOUNT PAID: \$500.00

2842

00003 36934 CKS ND 21028 - 0000406435 NNNNNNNNNN 0285100006209 XABNA1 C
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PKWY SUITE 206
RENO NV 89521



028510000620900003000407000020

Date	Invoice Number	Description	Gross Amount	Discount	Net Amount
11/02/20	018151122020	NV BoP - Change of ownership application	\$500.00	\$0.00	\$500.00
		TOTALS	\$500.00	\$0.00	\$500.00



Bioventus LLC
1900 Charles Bryan Road, Suite 275
Cordova, TN 38016
USA

1-919-474-6700
1-800-396-4325
www.BioventusGlobal.com

March 5, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy., Suite 206
Reno, NV 89521

RE: Change of Ownership Application – Out of State Wholesaler #WH01815

To Whom It May Concern:

Enclosed is the Change of Ownership Application for **Bioventus LLC, Out of State Wholesaler #WH01815**.

If there is any issue with the application or you require any further information, please contact me at 901-341-2902 or via email Jacqueline.tenkhoff@bioventusglobal.com.

Thank you,

A handwritten signature in black ink, appearing to read "Jacqueline Tenkhoff", written in a cursive style.

Jacqueline Tenkhoff
Executive Assistant



19E

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
 (non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Endo Aesthetics LLC (*Virtual Manufacturer)

Physical Address: 1400 Atwater Drive

City: Malvern State: PA Zip Code: 19355

Telephone Number: 484-216-000 Fax Number: N/A

Toll Free Number: _____

E-mail: schoonover.marylou@endo.com Website: https://www.endo.com/

Facility Manager: Delisa Wedderburn

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☒ No ☐

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: McKesson Corporation

Address: 6555 State Hwy 161, Irving, TX 75039

Name: Cardinal Health, Inc.

Address: 7000 Cardinal Place, Dublin, OH 43017

Name: AmerisourceBergen Corporation

Address: 1300 Morris Drive, Suite 100, Chesterbrook, PA 19087

Name: CVS Health

Address: 1 CVS Drive, Woonsocket, RI 02895

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Mary-Lou Schoonover

Print Name of Authorized Person

02/04/2021

Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: DelawareParent Company if any: Endo Health Solutions Inc.Mailing Address: 1400 Atwater DriveCity: Malvern State: PA Zip: 19355Telephone: 484-216-0000 Fax: N/AContact Person: Matthew J. Maletta

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) N/A

Name

Business Address

b) N/A

Name

Business Address

c) N/A

Name

Business Address

d) N/A

Name

Business Address

2) Provide the number of shares issued by the corporation. N/A3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporationList of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



Certificate of Record

Certificate No. 9500000220

Category:

Office/Corporate Location
No product onsite

ENDO AESTHETICS LLC
1400 ATWATER DRIVE
MALVERN, PA 19355

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is recognized by the Department of Health as an entity that is doing business in the Commonwealth of Pennsylvania related to pharmaceuticals, medical devices, or cosmetics for which said entity does not physically handle, possess, transfer, manufacture, distribute, or retail pharmaceuticals, medical devices or cosmetics at the location on the certificate of record.

Issuance Date: January 31, 2021

Expiration Date: The **Last Day of February, 2022**

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Alison V. Bean
Alison V. Bean
Acting Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Additional Documentation for Endo Aesthetics LLC

- Endo Aesthetics LLC has no controlled drug substances
- Endo Aesthetics is a Virtual Manufacturer. The products are manufactured at our subsidiary location, Par Sterile Products LLC in Rochester, MI which is fully licensed with the state.
- Christopher Thomas acts as the Designated Representative for both Par Sterile Products LLC and Endo Aesthetics LLC at the Rochester, MI facility

can
only be
DR for
one facility



Par Pharmaceutical
870 Parkdale Road
Rochester, MI 48307

May 2, 2019

Mr. Art Czabaniuk, Program Division Director
U.S. Food and Drug Administration
Detroit District Office
300 River Place, Suite 5900
Detroit, MI 48207

Dear Mr. Czabaniuk,

Attached is the Par Sterile Products response to the Form FDA 483 Inspectional Observations Report (FDA 483) resulting from the Center for Drug Evaluation and Research (CDER) Detroit District Inspection of the Rochester, Michigan facility conducted from April 8 – 15, 2019.

Par Sterile Products is committed to continually improving our cGMP systems and have identified corrective and preventative actions in response to the FDA Form 483 provided on April 15, 2019. We understand the importance of contemporaneously recording data and are committed to addressing the observation as well as taking a holistic approach to ensure continued compliance.

Please be assured that Par Sterile Products is committed to maintaining sustainable cGMP compliant systems across our operations in accordance with FDA regulations and industry standards. We believe our response fully addresses your observations. Should you wish to discuss the enclosed response, please use the contact information provided.

Sincerely,

Mr. Richard Zuehlk
Vice President Quality Operations
Par Sterile Products, Rochester
Office: 1-248-656-5564
Email: rick.zuehlk@parpharm.com

Cc: Ms. Sarah Rhoades, *Investigator*
Mr. Joseph Barbarite, *Executive Vice President Global Quality & Compliance, Endo International*
Mr. Paul Campanelli, *President and Chief Executive Officer, Endo International*
Mr. Terrance Coughlin, *Executive Vice President and Chief Operating Officer, Endo International*
Mr. Michael Randolph, *Senior Vice President Manufacturing Operations, Par Sterile Products*



Responses to the Par Sterile Products, LLC Inspectional Report Form 483
Inspection Dates April 8 – 15, 2019, FEI #1818977

Observation #1:

The batch production and control records are deficient in that they do not include documentation of the accomplishment of each significant step in manufacturing.

Specifically,

Document PAR-ROC-SOP-00231 Rules for Documentation of Product-Related Documents allows for the use of documents other than the batch record to complete missing documentation of a critical step or data, however there is no requirement that the supporting document have the specific information missing from the batch record, for example:

- A. In the batch record for media fill lot #323458, page 21 of 41, the verification signature for the count of rejected vials was documented on 30JUL2018 for work performed on 17JUL18 without reference to a document that shows the count of rejected vials. It was stated that rejected vials, if non-integral, are discarded after filling. No deviation was opened for this activity.
- B. In the batch record for media fill lot #323458, page 18 of 41, the signature and date for the activity was recorded on 30JUL18 as being completed on 17JUL18. The referenced document, protocol SA-2018-L1-03, does not specifically show that the steps on page 18 of 41 were completed on 17JUL18, the signature and date in the protocol page 16 of 27 as referenced in discussions, is for the vials being transferred to microbiology for incubation. No deviation was opened for this activity.
- C. In the Line Stoppage Form for media fill lot #321685, the line stoppages were recorded out of order. The second line stoppage on page 1 of 3 is documented as 1158 and restarting at 0021 on 13JUN18, while on page 2 of 3 the first line stoppage is listed as 0855 and restarting on 1111 on 12JUN18. Both stoppages were verified using protocol SA-2018-L1-02 page 13 of 23, which is the list of interventions performed and does not specifically state the times that the line was stopped. No deviation was opened for this activity.

Response #1:

Par Sterile Products recognizes the overall scope of the observation, as applicable to contemporaneous recording of documentation and the proper utilization of supporting references in instances where missing entries need to be verified and completed. Par Sterile Products understands the importance of such documentation, and strives to continuously reinforce and improve on such practices.

Previous internal review identified the opportunity to better integrate media fill batch records and associated sterility assurance media protocols in order to optimize consistency and alignment between these documents. As a result of this internal review, CAPAs #33419 & 33542 were formally initiated in our Quality Management System in March 2019 and April 2019 respectively, with a due date of September 19, 2019 (refer to



**Responses to the Par Sterile Products, LLC Inspectional Report Form 483
Inspection Dates April 8 – 15, 2019, FEI #1818977**

Actions 1 & 2). We are undertaking this action to improve the documentation related to the media fill program in order to better ensure appearance, consistency, and contemporaneous recording of documentation. Specifically, Par Sterile Products commits to revising master documents for media fill batch records and media fill protocols to address the cited examples (refer to Actions 1 & 2).

Finally, Par Sterile Products recognizes the need to immediately reinforce contemporaneous data entry expectations in accordance with our site procedure, PAR-ROC-SOP-00231, *Rules for Documentation of Product Related Documents*, by conducting training (refer to Action 3). In addition, periodic reinforcement of these practices will be accomplished by including this as a specific training element in the annual GMP training curriculum, required of all employees at Par Sterile Products (refer to Action 4).

Each sub-observation as documented in the Form 483 is individually responded to below, with any corresponding commitments (actions), and the summary of all committed action items following:

Response #1, A:

Par Sterile Products acknowledges the verification signature for the count of rejected vials was documented on 30JUL2018 for work performed on 17JUL2018 without reference to a document that shows the count of rejected vials. Par Sterile Products confirms non-integral media fill units are discarded after filling as documented by the 'Performed By' signature and date on page 21 of Media Fill lot #323458. The 'Checked By' signature documented on 30JUL2018 was performed as a documentation review of the batch record page, rather than a second physical verification of reject vials.

Per Standard Operating Procedure PAR-ROC-SOP-00231, *Rules for Documentation of Product Related Documents*, a supporting document should have been referenced. The supporting documentation leveraged in this case was presented to inspectors, however was not cited on the batch record at the time of entry. Standard Operating Procedure PAR-ROC-SOP-00231, *Rules for Documentation of Product Related Documents*, Section 4, defines requirements for addressing incomplete documentation and requires initiation of an investigation if supporting documentation is not available to verify performance of a task in the event of missing information.

The determined root cause is failure to follow Standard Operating Procedure PAR-ROC-SOP-00231, *Rules for Documentation of Product Related Documents*, as such Par commits to: completing an investigation, DEV-00415, initiated on April 26, 2019 (refer to Action 5); updating PAR-ROC-SOP-00231 to define "Checked By" (refer to Action 6); and revising the media fill batch record 2000232 (used for lot #323458) to accurately represent the intent of the "Checked By" signature at this step (refer to Action 2).

Response #1, B:

Par Sterile Products acknowledges the referenced document, Protocol SA-2018-L1-03, does not specifically show that the steps on page 18 of 41 were completed on 17JUL2018. The signature and date required on page 18 of the batch record is in reference to the transfer of the media lot to incubation, which is documented as complete in Sterility Assurance Media Protocol SA-2018-L1-03. The determined root cause for the inconsistency between the media fill batch record 2000232 (used for lot #323458) and the referenced document, Protocol SA-2018-L1-03, is terminology that is not consistent across both documents.



Responses to the Par Sterile Products, LLC Inspectional Report Form 483
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As indicated above, Par commits to revising media fill batch record 2000232 (used for lot #323458) and/or Sterility Assurance Media Protocol template to ensure terminology is consistent across both documents (refer to Actions 1 & 2). Additionally, Par has initiated an investigation (DEV-00415) (refer to Action 5).

Response #1, C:

Par Sterile Products acknowledges that entries for line stoppage appear to have been made out of order for Media Fill lot #321685. During Quality review of the executed batch record, it was identified that the line stoppage entry for 0855 on 12JUN18 was not originally documented on the line stoppage form below the prior line stoppage entry, which occurred at 0245 on 12JUN18. Quality identified the missing entry against Aseptic Intervention Log FRM-C-00044.

Upon discovery of this, the line stoppage which occurred at 0855 on 12JUN18 was documented on a new form rendering the entries out of sequence. This entry was made on 25JUL18, indicating that Protocol SA-2018-L1-02 and video footage were used to confirm when the actual line stoppage occurred. However, Protocol SA-2018-L1-02 does not specifically state the times that the line was stopped; the stoppage is inferred from the Aseptic Intervention Log FRM-C-00044 entries (when the operators left the line for this lot) and this explanation is only captured on the first page of the Line Stoppage Documentation not on the added page for the stoppage at 0855 on 12JUN18.

The determined root cause is failure to follow Standard Operating Procedure PAR-ROC-SOP-00231, *Rules for Documentation of Product Related Documents*. Upon review of the executed document, Par Sterile Products acknowledges that this entry should have been more clearly indicated as being recorded at the later date and properly citing the correct supporting documentation on each page associated with the corrected entries.

As indicated above, Par commits to: revising all media fill batch records to ensure terminology is consistent across both documents and inclusive of line stoppage documentation (refer to Actions 1 & 2); completing an investigation, DEV-00415 (refer to Action 5); and updating PAR-ROC-SOP-00231, *Rules for Documentation of Product Related Records*, to clarify expectations for incomplete documentation (refer to Action 6).

Actions: The following action(s) will be taken to address this observation:

- Action 1: Par Sterile Products QMS system previously recognized that Aseptic Process Simulation protocol documentation required revision as evidenced by initiating CAPA #33419 on March 28, 2019. Par Sterile Products commits to completing CAPA #33419. Due Date: September 19, 2019
- Action 2: Par Sterile Products QMS system previously recognized that Media Batch Record documentation required revision as evidenced by initiating CAPA #33542 on April 26, 2019. We further commit to update all Media Batch Records to address the cited examples to ensure consistency and contemporaneous entry of data. (Affected records include: 2002065, 2002174, 2002383, 2002201, 2000230, 2000161, 2000232, 2000610, 2002060, 2002612). Due Date: September 19, 2019
- Action 3: Immediate reinforcement of contemporaneous data entry expectations in accordance with our site procedure, PAR-ROC-SOP-00231, *Rules for*



Responses to the Par Sterile Products, LLC Inspectional Report Form 483
Inspection Dates April 8 – 15, 2019, FEI #1818977

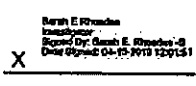
Documentation of Product Related Documents, by conducting training.
Due Date: May 31, 2019

Action 4: Par Sterile Products commits to including good documentation practices as part of the site's 2019 annual GMP training program. Due Date: December 15, 2019

Action 5: Complete investigation, DEV-00415, initiated on April 26, 2019 to investigate all specific documentation related citations (A, B, and C) within this FDA 483 observation. Due Date: May 26, 2019

Action 6: Revise PAR-ROC-SOP-00231, *Rules for Documentation of Product-Related Documents*, to:

- include definitions of "Checked By", and
- require that 1) missing documentation of a critical step or data, may only be added using a supporting document that has the specific information missing from the batch record, and that 2) addition of missing documentation requires concurrence & direct quality oversight at point of addition (location of record & date of addition).
- Training on good documentation practices, in alignment with this SOP update, will be performed. Due Date: June 19, 2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 Detroit, MI 48207 (313) 393-8100 Fax: (313) 393-8139		DATE(S) OF INSPECTION 4/8/2019-4/15/2019*	
		FBI NUMBER 1818977	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED: Michael D. Randolph, Senior Vice President, General Manager			
FIRM NAME: PAR Sterile Products LLC		STREET ADDRESS: 870 Parkdale Rd	
CITY, STATE, ZIP CODE, COUNTRY Rochester, MI 48307-1740		TYPE ESTABLISHMENT INSPECTED Sterile Drug Manufacturer	
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 WE OBSERVED: OBSERVATION 1. The batch production and control records are deficient in that they do not include documentation of the accomplishment of each significant step in manufacturing. Specifically, Document PAR-ROC-SOP-00231 <i>Rules for Documentation of Product-Related Documents</i> allows for the use of documents other than the batch record to complete missing documentation of a critical step or data, however there is no requirement that the supporting document have the specific information missing from the batch record, for example: - In the batch record for media fill lot #323458, page 21 of 41, the verification signature for the count of rejected vials was documented on 30JUL2018 for work performed on 17JUL18 without reference to a document that shows the count of rejected vials. It was stated that rejected vials, if non-integral, are discarded after filling. No deviation was opened for this activity. - In the batch record for media fill lot #323458, page 18 of 41, the signature and date for the activity was recorded on 30JUL18 as being completed on 17JUL18. The referenced document, protocol SA-2018-L1-03, does not specifically show that the steps on page 18 of 41 were completed on 17JUL18, the signature and date in the protocol page 16 of 27 as referenced in discussions, is for the vials being transferred to microbiology for incubation. No deviation was opened for this activity. - In the Line Stoppage Form for media fill lot #321685, the line stoppages were recorded out of order. The second line stoppage on page 1 of 3 is documented as 1158 and restarting at 0021 on 13JUN18, while on page 2 of 3 the first line stoppage is listed as 0855 and restarting on 1111 on 12JUN18. Both stoppages were verified using protocol SA-2018-L1-02 page 13 of 23, which is the list of interventions performed,			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Sarah E Rhoades, Investigator Shirshendu K Deb, Chemist/Biologist Joseph T Madak, Chemist/Biologist Amy S Graf, Investigator		DATE ISSUED 4/15/2019
			
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 1 of 2 PAGES			

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."

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION		
DISTRICT ADDRESS AND PHONE NUMBER 300 River Place, Suite 5900 Detroit, MI 48207 (313) 393-8100 Fax: (313) 393-8139		DATE(S) OF INSPECTION 4/8/2019-4/15/2019*
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Michael D. Randolph, Senior Vice President, General Manager		FEI NUMBER 1818977
FIRM NAME PAR Sterile Products LLC	STREET ADDRESS 870 Parkdale Rd	
CITY, STATE, ZIP CODE, COUNTRY Rochester, MI 48307-1740	TYPE ESTABLISHMENT INSPECTED Sterile Drug Manufacturer	
and does not specifically state the times that the line was stopped. No deviation was opened for this activity.		
*DATES OF INSPECTION 4/08/2019(Mon), 4/09/2019(Tue), 4/10/2019(Wed), 4/11/2019(Thu), 4/12/2019(Fri), 4/15/2019(Mon)		
☒ Shirshendu K Deb Chemist/Biologist Signed By: Shirshendu K. Deb-S Date Signed: 04-15-2019 12:02:22 ☒ Joseph T Madak Chemist/Biologist Signed By: 2002426117 Date Signed: 04-15-2019 12:03:01		
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Sarah E Rhoades, Investigator Shirshendu K Deb, Chemist/Biologist Joseph T Madak, Chemist/Biologist Amy S Graf, Investigator	DATE ISSUED 4/15/2019
	Sarah E Rhoades Investigator Signed By: Sarah E. Rhoades-S Date Signed: 04-15-2019 12:01:31 ☒	
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 2 of 2 PAGES		

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."



U.S. FOOD & DRUG
ADMINISTRATION

BLA 761146

BLA APPROVAL

Endo Global Aesthetics Limited
c/o Endo Pharmaceuticals Inc.
Attn: Erin Abdallah
Associate Director, Regulatory Affairs
1400 Atwater Drive
Malvern, PA 19355

Dear Ms. Abdallah:

Please refer to your biologics license application (BLA) dated and received September 6, 2019, and your amendments, submitted under section 351(a) of the Public Health Service Act for Qwo (collagenase clostridium histolyticum-aaes) for injection.

We also refer to our approval letter dated July 06, 2020, which contained the following error:

- Carton and container label does not reflect most recent version.

This replacement approval letter incorporates the correction of the error. The effective approval date will remain July 06, 2020, the date of the original approval letter.

LICENSING

We have approved your BLA for Qwo (collagenase clostridium histolyticum-aaes) effective this date. You are hereby authorized to introduce or deliver for introduction into interstate commerce, Qwo under your existing Department of Health and Human Services U.S. License No. 2136. Qwo is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

MANUFACTURING LOCATIONS

Under this license, you are approved to manufacture collagenase clostridium histolyticum-aaes drug substance at Auxilium Pharmaceuticals LLC in Horsham, Pennsylvania. The final formulated drug product and sterile diluent will be manufactured, filled, labeled, and packaged at Par Sterile Products LLC, Rochester, Michigan. The final formulated drug product and sterile diluent may also be packaged at Sharp Corporation in Allentown, Pennsylvania. You may label your product with the proprietary name, Qwo, and market it in 0.92 mg for reconstitution in 4 mL of sterile

U.S. Food and Drug Administration
Silver Spring, MD 20993
www.fda.gov

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diluent for one treatment area, and 1.84 mg for reconstitution in 8 mL of sterile diluent for two treatment areas.

DATING PERIOD

The dating period for Qwo shall be 24 months from the date of manufacture when stored at 2 to 8°C. The dating period for the sterile diluent shall be 24 months from the date of manufacture when stored at 2 to 30°C. The date of manufacture shall be defined as the date of final sterile filtration of the formulated drug product. The dating period for your drug substance shall be 30 months from the date of manufacture when stored at -60 to -80°C.

The expiration date for the packaged product, Qwo (collagenase clostridium histolyticum-aaes) plus sterile diluent shall be dependent on the shortest expiration date of any component.

Results of ongoing stability studies should be submitted throughout the dating period, as they become available, including the results of stability studies from the first three production lots.

We have approved the stability protocol(s) in your license application for the purpose of extending the expiration dating period of your drug substance, drug product, and sterile diluent under 21 CFR 601.12.

FDA LOT RELEASE

You are not currently required to submit samples of future lots of Qwo and each kit component to the Center for Drug Evaluation and Research (CDER) for release by the Director, CDER, under 21 CFR 610.2. We will continue to monitor compliance with 21 CFR 610.1, requiring completion of tests for conformity with standards applicable to each product prior to release of each lot.

Any changes in the manufacturing, testing, packaging, or labeling of Qwo, or in the manufacturing facilities, will require the submission of information to your biologics license application for our review and written approval, consistent with 21 CFR 601.12.

APPROVAL & LABELING

We have completed our review of this application, as amended. It is approved, effective on the date of this letter, for use as recommended in the enclosed agreed-upon labeling.

CONTENT OF LABELING

As soon as possible, but no later than 14 days from the date of this letter, submit, via the FDA automated drug registration and listing system (eLIST), the content of labeling

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[21 CFR 601.14(b)] in structured product labeling (SPL) format, as described at FDA.gov.¹ Content of labeling must be identical to the enclosed labeling (Prescribing Information, and Patient Package Insert). Information on submitting SPL files using eLIST may be found in the guidance for industry *SPL Standard for Content of Labeling Technical Qs and As*.²

The SPL will be accessible via publicly available labeling repositories.

CARTON AND CONTAINER LABELING

Submit final printed carton and container labeling that are identical to the enclosed carton and container labeling, as soon as they are available, but no more than 30 days after they are printed. Please submit these labeling electronically according to the guidance for industry *Providing Regulatory Submissions in Electronic Format — Certain Human Pharmaceutical Product Applications and Related Submissions Using the eCTD Specifications*. For administrative purposes, designate this submission “**Final Printed Carton and Container Labeling for approved BLA 761146.**” Approval of this submission by FDA is not required before the labeling is used.

ADVISORY COMMITTEE

Your application for collagenase clostridium histolyticum was not referred to an FDA advisory committee because collagenase clostridium histolyticum is an approved product for other indications. The safety profile in the target population with moderate to severe cellulite in the buttocks of adult women was expected to be similar to the safety profile in the populations for which the product is approved.

REQUIRED PEDIATRIC ASSESSMENTS

We are waiving the pediatric study(ies) requirement for this application because studies are impossible or highly impracticable since the estimated number of patients with moderate to severe cellulite less than age 18 years is extremely small.

POSTMARKETING COMMITMENTS NOT SUBJECT TO THE REPORTING REQUIREMENTS UNDER SECTION 506B

We remind you of your postmarketing commitments:

- | | |
|--------|---|
| 3867-1 | Conduct a drug product (DP) transport qualification study shipping 5 mL and 10 mL vials of CCH Mannitol DP from Par Sterile Products LLC in Rochester, MI, USA to the Sharp packaging site in Allentown, PA, USA. |
|--------|---|

¹ <http://www.fda.gov/ForIndustry/DataStandards/StructuredProductLabeling/default.htm>

² We update guidances periodically. For the most recent version of a guidance, check the FDA Guidance Documents Database at <https://www.fda.gov/RegulatoryInformation/Guidances/default.htm>.

The timetable you submitted on May 14, 2020, states that you will conduct this study according to the following schedule:

Final Report Submission: 06/21

- 3867-2 The target filtration volume of 1,035 mL was not achieved for one of the test filters (lot number: R6EA67189) in the bacterial retention study due to a decreased flow rate from clogging of the filter. Conduct a bacterial retention study to simulate the target filtration volume and maximum flow rate throughout the study duration for all test filters.

The timetable you submitted on May 14, 2020, states that you will conduct this study according to the following schedule:

Final Report Submission: 06/21

- 3867-3 The validation runs with maximum porous load in autoclaves MS-9, MS-11 and F-39 were operated for a longer time period (i.e., 40 minutes versus 30 minutes) and a lower temperature and pressure setting than indicated for routine production cycle (refer to table IX in the "Manufacturing Equipment Validation Summary - Lyophilized Powder" document in section P.3.5). In response to the Agency's IR dated May 6, 2020, you indicated that sterilization cycle for the maximum porous load in autoclaves MS-9, MS-11 and F-39 cycle is requalified at 121°C for 40 minutes with line 1/line 9 master load which is considered to be the worst-case sterilization load. Provide data summaries from recent validation runs with line 1/line 9 master load in the three autoclaves to validate the efficacy of the routine sterilization cycle which is operated at $\geq 122^{\circ}\text{C}$ for 30 minutes for both load types.

The timetable you submitted on May 14, 2020, states that you will conduct this study according to the following schedule:

Final Report Submission: 06/21

PROMOTIONAL MATERIALS

You may request advisory comments on proposed introductory advertising and promotional labeling. For information about submitting promotional materials, see the final guidance for industry *Providing Regulatory Submissions in Electronic and Non-*

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*Electronic Format-Promotional Labeling and Advertising Materials for Human Prescription Drugs.*³

You must submit final promotional materials and Prescribing Information, accompanied by a Form FDA 2253, at the time of initial dissemination or publication [21 CFR 314.81(b)(3)(i)]. Form FDA 2253 is available at FDA.gov.⁴ Information and Instructions for completing the form can be found at FDA.gov.⁵

REPORTING REQUIREMENTS

You must submit adverse experience reports under the adverse experience reporting requirements for licensed biological products (21 CFR 600.80).

Prominently identify all adverse experience reports as described in 21 CFR 600.80.

You must submit distribution reports under the distribution reporting requirements for licensed biological products (21 CFR 600.81).

You must submit reports of biological product deviations under 21 CFR 600.14. You should promptly identify and investigate all manufacturing deviations, including those associated with processing, testing, packing, labeling, storage, holding and distribution. If the deviation involves a distributed product, may affect the safety, purity, or potency of the product, and meets the other criteria in the regulation, you must submit a report on Form FDA 3486 to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
5901-B Ammendale Road
Beltsville, MD 20705-1266

Biological product deviations, sent by courier or overnight mail, should be addressed to:

Food and Drug Administration
Center for Drug Evaluation and Research
Division of Compliance Risk Management and Surveillance
10903 New Hampshire Avenue, Bldg. 51, Room 4207
Silver Spring, MD 20903

MEDWATCH-TO-MANUFACTURER PROGRAM

³ For the most recent version of a guidance, check the FDA guidance web page at <https://www.fda.gov/media/128163/download>.

⁴ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM083570.pdf>

⁵ <http://www.fda.gov/downloads/AboutFDA/ReportsManualsForms/Forms/UCM375154.pdf>

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The MedWatch-to-Manufacturer Program provides manufacturers with copies of serious adverse event reports that are received directly by the FDA. New molecular entities and important new biologics qualify for inclusion for three years after approval. Your firm is eligible to receive copies of reports for this product. To participate in the program, please see the enrollment instructions and program description details at FDA.gov.⁶

POST APPROVAL FEEDBACK MEETING

New molecular entities and new biological products qualify for a post approval feedback meeting. Such meetings are used to discuss the quality of the application and to evaluate the communication process during drug development and marketing application review. The purpose is to learn from successful aspects of the review process and to identify areas that could benefit from improvement. If you would like to have such a meeting with us, call the Regulatory Project Manager for this application.

If you have any questions, call Craig Johnson, Regulatory Project Manager, at 301-796-3921.

Sincerely,

{See appended electronic signature page}

Kendall A. Marcus, MD
Director
Division of Dermatology and Dentistry
Office of Immunology and Inflammation
Center for Drug Evaluation and Research

ENCLOSURES:

- Content of Labeling
 - Prescribing Information
 - Patient Package Insert
- Carton and Container Labeling

⁶ <http://www.fda.gov/Safety/MedWatch/HowToReport/ucm166910.htm>

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use QWO safely and effectively. See full prescribing information for QWO.

QWO™ (collagenase clostridium histolyticum-aas) for injection, for subcutaneous use
Initial U.S. Approval: 2020

INDICATIONS AND USAGE

QWO is a combination of bacterial collagenases indicated for the treatment of moderate to severe cellulite in the buttocks of adult women. (1)

DOSAGE AND ADMINISTRATION

- A treatment area is defined as a single buttock receiving up to 12 injections, 0.3 mL each (up to a total of 3.6 mL), of QWO. (2.1)
- A treatment visit may consist of up to 2 treatment areas. Treatment visits should be repeated every 21 days for 3 treatment visits. (2.1)
- Reconstitute QWO lyophilized powder with the supplied diluent prior to use. (2.2)
- Inject 0.84 mg of QWO per treatment area as 12 subcutaneous injections (0.3-mL injection administered as three 0.1-mL aliquots per injection). (2.3)

DOSAGE FORMS AND STRENGTHS

For injection: 0.92 mg or 1.84 mg as a lyophilized powder in single-dose vials. (3)

CONTRAINDICATIONS

- History of hypersensitivity to any collagenase or to any of the components in the formulation. (4)
- Infection at the injection site. (4)

WARNINGS AND PRECAUTIONS

- **Hypersensitivity Reactions:** Serious hypersensitivity reactions, including anaphylaxis may occur with collagenase clostridium histolyticum. If a serious hypersensitivity reaction occurs, initiate appropriate therapy. (5.1)
- **Injection Site Bruising:** Bruising occurs frequently after QWO administration. Use with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤ 150 mg aspirin daily) or anticoagulant therapy. (5.2)
- **Substitution:** QWO must not be substituted for other injectable collagenase products. QWO is not indicated for the treatment of Peyronie's disease or Dupuytren's contracture. (5.3)

ADVERSE REACTIONS

The most common adverse reactions ($\geq 1\%$) were related to the injection site (bruising, pain, nodule, pruritus, erythema, discoloration, swelling, and warmth). (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Endo Pharmaceuticals Inc. at 1-800-462-3636 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

See 17 for PATIENT COUNSELING INFORMATION and FDA-approved patient labeling

Revised: 07/2020

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13.1	Carcinogenesis, Mutagenesis, Impairment of Fertility
14	CLINICAL STUDIES
16	HOW SUPPLIED/STORAGE AND HANDLING
17	PATIENT COUNSELING INFORMATION

*Sections or subsections omitted from the full prescribing information are not listed.

FULL PRESCRIBING INFORMATION

1 INDICATIONS AND USAGE

QWO is indicated for the treatment of moderate to severe cellulite in the buttocks of adult women.

2 DOSAGE AND ADMINISTRATION

2.1 Dosage

QWO is injected subcutaneously at a dose of 0.84 mg per treatment area.

- A treatment area is defined as a single buttock receiving up to 12 injections, 0.3 mL each (up to a total of 3.6 mL), of QWO.
- A treatment visit may consist of up to 2 treatment areas.

Treatment should be repeated every 21 days for 3 treatment visits.

2.2 Reconstitution of Lyophilized Powder

Before reconstitution, remove the vials from the refrigerator and let stand at room temperature for at least 15 minutes. Inspect the vials containing QWO. The cake of lyophilized powder should be white in color and intact, showing no signs of erosion. The diluent should be a colorless solution, free of particulate matter.

After removal of the flip-off cap from the vial(s), using aseptic technique swab the rubber stopper and surrounding surface of the vial(s) containing QWO and diluent with sterile alcohol (no other antiseptics should be used).

Use only the supplied diluent for the reconstitution of QWO.

Using an appropriate sized syringe and needle (not supplied), withdraw the amount of supplied diluent based on the number of injection sites (see Table 1).

Table 1: Reconstitution Instructions for QWO

	Single Treatment Area	Two Treatment Areas
Collagenase clostridium histolyticum-aas (mg)	0.92	1.84
Volume of diluent (mL)	4	8
Concentration after reconstitution (mg/mL)	0.23	0.23
Number of treatment areas	1	2

Inject the diluent slowly into the sides of the vial containing the lyophilized powder of QWO. Do not invert the vial or shake the solution. Slowly swirl the solution to ensure that all of the lyophilized powder has gone into solution.

The reconstituted QWO solution in the vial can be kept at room temperature (20°C to 25°C/68°F to 77°F) for up to 8 hours or refrigerated at 2°C to 8°C (36°F to 46°F) for up to 72 hours prior to administration. If the reconstituted QWO solution in the vial is refrigerated, allow this solution to return to room temperature for approximately 15 minutes before use.

The reconstituted QWO solution should be clear, colorless and free of particulate matter. Inspect the solution visually for particulate matter or discoloration prior to administration. If the reconstituted QWO is not a clear, colorless solution essentially free of particulate matter, do not inject it.

Discard the syringe(s) and needle(s) used for reconstitution and the diluent vial(s).

After reconstitution, QWO solution in the vial should be used for only one injection session and for only one patient.

2.3 Administration

Preparation of Syringes for Injection

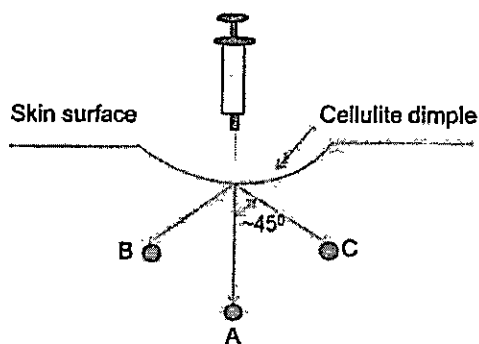
Using 1-mL syringes with removable needles (not supplied), draw up 0.9 mL of the reconstituted solution into each syringe. See Table 2 for the appropriate number of syringes needed based on the number of injection sites. After the syringes are prepared, pull the solution remaining in the needles into the barrels of the syringe and then replace the needle with a 30-gauge 1/2-inch needle. Administer reconstituted solution prepared in 1-mL syringes immediately. Do not store reconstituted solution in the 1-mL syringes.

Table 2: Preparation Instructions for QWO

	Single Treatment Visit	Two Treatment Visit
Number of 1-mL syringes	4	8
Volume per syringe (mL)	0.9	0.9
Amount of collagenase clostridium histolyticum-aaes per syringe (mg)	0.21	0.21
Total injection volume (mL) in prepared syringes	3.6	7.2
Total injection amount of collagenase clostridium histolyticum-aaes (mg) in prepared syringes	0.84	1.68

Injection Technique

Mark the injection sites while the patient is standing. Inject QWO subcutaneously while the patient is in a prone position. Each injection of QWO should be administered as three 0.1-mL aliquots to positions A, B, and C (for a total injection volume of 0.3 mL) as shown in the following figure. The depth of the injection should be 0.5 inches (corresponding to the length of the needle) without downward pressure.



Needle Tip Position A: Position the needle at 90° angle perpendicular to the skin surface at the injection site and inject one 0.1-mL aliquot by gently pushing on the syringe plunger.

Needle Tip Position B: Withdraw the needle slightly (but not so much as to remove from the injection site) and reposition approximately 45° (but not more than 45°) and inject one 0.1-mL aliquot (towards head).

Needle Tip Position C: Withdraw the needle slightly (but not so much as to remove from the injection site) and reposition approximately 45° (but not more than 45°) and inject one 0.1-mL aliquot, (towards foot).

Withdraw needle from the skin completely and move to the next identified injection site. Each treatment area may receive up to 12 injections. After treatment the patient should remain prone for at least 5 minutes.

Do not store, pool, or use any vials or syringes containing unused reconstituted solution after administration. Discard any unused portions.

3 DOSAGE FORMS AND STRENGTHS

For injection: 0.92 mg or 1.84 mg of collagenase clostridium histolyticum-aaes as a lyophilized powder (appearing as a white cake) in single-dose vials.

4 CONTRAINDICATIONS

QWO is contraindicated in:

- patients with a history of hypersensitivity to collagenase or to any of the excipients [see *Warnings and Precautions* (5.1)].
- the presence of infection at the injection sites.

5 WARNINGS AND PRECAUTIONS

5.1 Hypersensitivity Reactions

Serious hypersensitivity reactions including anaphylaxis have been reported with the use of collagenase clostridium histolyticum. If such a reaction occurs, further injection of QWO should be discontinued and appropriate medical therapy immediately instituted.

5.2 Injection Site Bruising

In clinical trials, 84% of subjects treated with QWO experienced injection site bruising [see *Adverse Reactions* (6.1)]. Subjects with coagulation disorders or using anticoagulant or

antiplatelet medications (except those taking ≤ 150 mg aspirin daily) were excluded from participating in Trials 1 and 2.

QWO should be used with caution in patients with bleeding abnormalities or who are currently being treated with antiplatelet (except those taking ≤ 150 mg aspirin daily) or anticoagulant therapy.

5.3 Substitution of Collagenase Products

QWO must not be substituted with other injectable collagenase products. QWO is not intended for the treatment of Peyronie's Disease or Dupuytren's Contracture

6 ADVERSE REACTIONS

The following adverse reactions to QWO for injection are discussed in greater detail in other sections of the labeling:

- Hypersensitivity [*see Contraindications (4) and Warnings and Precautions (5.1)*].
- Injection Site Bruising [*see Warnings and Precautions (5.2)*].

6.1 Clinical Trials Experience

Because clinical trials are conducted under widely varying conditions, the adverse reaction rates observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials of another drug and may not reflect the rates observed in clinical practice.

In two double-blind, placebo-controlled clinical trials (Trials 1 and 2) of identical design, 424 female subjects with cellulite in the buttocks received QWO and 419 female subjects with cellulite received placebo. Enrolled subjects were adults age 18 to 78 years with moderate to severe cellulite (graded as 3 or 4 on a 0 to 4 scale) and without excessive skin laxity. The majority were White (78%) or African American (18%). Subjects completed up to 3 treatment visits separated by 21 days and were followed for up to 6 months after the last treatment visit in a separate open-label extension trial (Trial 3).

Table 3 shows the incidence of adverse reactions that were reported in $\geq 1\%$ of subjects who received QWO-and at a frequency greater than subjects who received placebo in Trials 1 and 2 through Day 71. Generally, adverse reactions had a duration of less than 21 days.

Table 3: Adverse Reactions Occurring in $\geq 1\%$ of Subjects in Trials 1 and 2 Through Day 71

Adverse Reactions at Injection Site	QWO N=424 %	Placebo N=419 %
Bruising	84	21
Pain	48	10
Nodule	33	1
Pruritus	15	1
Erythema	9	5
Discoloration	8	1
Swelling	8	1
Warmth	3	0

Pooled terms:

- Bruising - injection site bruising, injection site hematoma, and injection site hemorrhage (refers to verbatim term injection site ecchymosis)
- Pain - injection site pain, injection site discomfort, and injection site dysesthesia
- Swelling - injection site swelling, injection site edema, injection site induration
- Discoloration - injection site discoloration
- Nodule- injection site mass and injection site nodule

Four hundred seventy-nine (479) subjects from Trials 1 and 2 completed a 6-month observation phase in the ongoing open-label safety extension (Trial 3). No long-term safety signals have been identified.

6.2 Immunogenicity

As with all therapeutic proteins, there is potential for immunogenicity. The detection of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody (including neutralizing antibody) positivity in an assay may be influenced by several factors including assay methodology, sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies in the studies described below with the incidence of antibodies in other studies or to other products, including other collagenase clostridium histolyticum products, may be misleading.

By Day 22, approximately 53% (203/383) and 26% (101/383) of subjects who completed the first treatment visit of QWO at the recommended dose in Trials 1 and 2 developed anti-AUX-I and anti-AUX-II antibodies, respectively. The majority ($> 96\%$) of subjects developed antibodies for AUX-I and AUX-II after second and third treatment visits. Antibody titers suggested that antibodies were retained for up to 360 days after receiving the first recommended dose. By Day 71, approximately 68% and 83% of subjects developed antibodies to AUX-I and AUX-II which were classified as neutralizing, respectively.

Antibodies to AUX-I and AUX-II including those classified as neutralizing were not associated with changes in clinical response or adverse reactions at injection site.

6.3 Postmarketing Experience

Because adverse reactions are reported voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure. The following adverse reaction was reported during post approval use of a collagenase product:

Immune system disorders: serious hypersensitivity reactions including anaphylaxis[*see Warnings and Precautions (5.1)*].

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Risk Summary

There are no available data on collagenase clostridium histolyticum use in pregnant women to evaluate for a drug- associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [*see Clinical Pharmacology (12.3)*].

In animal reproduction studies, intravenous administration of collagenase clostridium histolyticum to pregnant rats during organogenesis at doses up to 0.13 mg/rat (43 × human equivalent dose [HED] on a mg/kg basis) revealed no evidence of harm to the fetus.

The estimated background risk of major birth defects and miscarriage for the indicated population is unknown. All pregnancies have a background risk of birth defect, loss, or other adverse outcomes. In the US general population, the estimated background risk of major birth defects and miscarriage in clinically recognized pregnancies is 2-4% and 15-20%, respectively.

8.2 Lactation

Risk Summary

There are no data on the presence of collagenase clostridium histolyticum in human milk, the effects of collagenase clostridium histolyticum on the breastfed child or on milk production. Following subcutaneous injection, the systemic concentrations for QWO were below the bioanalytical assay limit of quantification [*see Clinical Pharmacology (12.3)*]. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for collagenase clostridium histolyticum and any potential adverse effects on the breastfed child from collagenase clostridium histolyticum, or from the underlying maternal condition.

8.4 Pediatric Use

The safety and effectiveness of QWO have not been established in pediatric patients.

8.5 Geriatric Use

In two double-blind, placebo-controlled, clinical trials in subjects with cellulite (Trials 1 and 2), 24 (5.7%) of the 424 subjects who received QWO were 65 years of age or older. No overall differences in safety of QWO were observed between these patients and younger patients.

11 DESCRIPTION

Collagenase clostridium histolyticum-aaes is a combination of bacterial collagenases AUX-I and AUX-II, in an approximate 1:1 mass ratio, which are isolated and purified from the fermentation of *Clostridium histolyticum* bacteria.

Collagenase AUX-I is a single polypeptide chain consisting of approximately 1000 amino acids. It has an observed molecular weight of 114 kiloDaltons (kDa). It belongs to the class I *Clostridium histolyticum* collagenases.

Collagenase AUX-II is a single polypeptide chain consisting of approximately 1000 amino acids. It has an observed molecular weight of 113 kDa. It belongs to the class II *Clostridium histolyticum* collagenases.

QWO (collagenase clostridium histolyticum-aaes) for injection is supplied as a sterile, preservative-free, lyophilized powder (appearing as a white cake) in single-dose vials for subcutaneous use after reconstitution with the Diluent for QWO.

Each QWO 0.92-mg single-dose vial contains 0.92 mg of collagenase clostridium histolyticum-aaes and mannitol (37.7 mg), sucrose (18.9 mg), tromethamine (1.1 mg), and hydrochloric acid as needed to adjust pH. Reconstitution with 4 mL of supplied Diluent for QWO yields a solution containing 0.23 mg/mL collagenase clostridium histolyticum-aaes at a pH of approximately 8.0.

Each QWO 1.84-mg single-dose vial contains 1.84 mg of collagenase clostridium histolyticum-aaes and mannitol (75.4 mg), sucrose (37.8 mg), tromethamine (2.2 mg), and hydrochloric acid as needed to adjust pH. Reconstitution with 8 mL of supplied Diluent for QWO yields a solution containing 0.23 mg/mL collagenase clostridium histolyticum-aaes at a pH of approximately 8.0.

Diluent for QWO is a sterile, preservative-free, colorless solution in a single-dose vial containing either 4 mL or 8 mL of 0.03% calcium chloride dihydrate in 0.6% sodium chloride, and Water for Injection, USP.

12 CLINICAL PHARMACOLOGY

12.1 Mechanism of Action

Collagenases are proteinases that hydrolyze collagen in its native triple helical conformation under physiological conditions. The exact mechanism for the treatment of moderate to severe cellulite is unknown.

12.2 Pharmacodynamics

Pharmacodynamics of QWO are unknown.

12.3 Pharmacokinetics

Pharmacokinetics of collagenases clostridium histolyticum were evaluated in 140 female subjects with cellulite in four clinical trials. Plasma concentrations of clostridium type I collagenase (AUX-I) and clostridium type II collagenase (AUX-II) were below the lower limit of quantitation of 5 ng/mL and 25 ng/mL, respectively, in all subjects that received a single dose of (QWO) up to 3.36 mg in up to 4 treatment areas (up to 0.84 mg per treatment area).

13 NONCLINICAL TOXICOLOGY

13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility

Long-term animal studies to evaluate the carcinogenic potential of collagenase clostridium histolyticum have not been conducted.

Purified collagenase clostridium histolyticum was not mutagenic in *Salmonella typhimurium* (Ames test) and was not clastogenic in both an in vivo mouse micronucleus assay and an in vitro chromosomal aberration assay in human lymphocytes.

Collagenase clostridium histolyticum did not impair fertility and early embryonic development when administered intravenously to rats at doses up to 0.13 mg/rat ($43 \times$ HED on a mg/kg basis).

14 CLINICAL STUDIES

Two randomized, multicenter, double-blind, placebo-controlled trials, Trial 1 and Trial 2, of identical design were conducted to evaluate safety and efficacy of QWO for the treatment of cellulite in adult women. Eligible subjects had cellulite severity in both buttocks of moderate (3) to severe (4) as evaluated on 5-level scales (0=none; 4=severe) by both the subject, using the Patient Reported Photonumeric Cellulite Severity Scale (PR-PCSS), and the investigator, using the Clinician Reported Photonumeric Cellulite Severity Scale (CR-PCSS).

A dose of 0.84 mg of QWO per buttock was administered as 12 subcutaneous injections (0.3-mL injection administered as three 0.1-mL aliquots per injection) in each of 2 buttocks for a total dose of 1.68 mg and a total volume of 7.2 mL (3.6 mL per buttock) per treatment visit. There were 3 treatment visits at 21-day intervals.

In Trials 1 and 2, the primary efficacy endpoint was the proportion of 2-level multi-component responders at Day 71 post randomization. A 2-level multi-component responder was defined as having an improvement of at least 2 levels of cellulite severity from baseline on both the CR-PCSS and the PR-PCSS in the target buttock.

Patient satisfaction with the appearance of their cellulite was assessed using a patient reported outcome scale ranging from 0 (extremely dissatisfied) to 6 (extremely satisfied).

The mean age was 47 years with a mean BMI of 31 kg/m². All of the subjects were female, and most were White (78%). At baseline, 61% subjects had investigator reported cellulite severity (CR-PCSS) scores of moderate and 39% subjects had cellulite severity scores of severe.

Reductions in cellulite severity were observed more frequently in the QWO group compared to the placebo group as measured by the investigator (CR-PCSS) and patient (PR-PCSS) scales at Day 71 (Table 4).

Table 4: Subject/Investigator 2-Level Responder Analysis at Day 71

	Trial 1			Trial 2		
	QWO N=210	Placebo N=213	Adj Trt Diff (95% CI)	QWO N=214	Placebo N=206	Adj Trt Diff (95% CI)
2-level multi-component responder	16 (8%)	4 (2%)	6% (2%, 10%)	12 (6%)	1 (< 1%)	5% (2%, 8%)
2-level PR-PCSS responder	51 (24%)	26 (12%)	12% (5%, 19%)	45 (21%)	12 (6%)	15% (9%, 22%)
2-level CR-PCSS responder	35 (17%)	12 (6%)	11% (5%, 17%)	32 (15%)	3 (1%)	13% (8%, 19%)

Adj Trt Diff=Adjusted treatment difference; CI=Confidence interval

Non-responder imputation used to handle missing data. Adjusted treatment difference is the weighted average of the treatment differences in response percentages across the analysis centers using Cochran-Mantel-Haenszel (CMH) weights along with the associated CI.

In Trials 1 and 2, the measure of patient-reported satisfaction with cellulite appearance showed a greater improvement in the QWO group over the placebo group.

16 HOW SUPPLIED/STORAGE AND HANDLING

How Supplied

QWO (collagenase clostridium histolyticum-aas) for injection is a sterile, preservative-free, lyophilized powder (appearing as a white cake) in single-dose vials for subcutaneous use.

NDC Number	Package Size
73611-300-05	Single treatment area: Carton containing one QWO 0.92-mg single-dose vial and one Diluent for QWO 4-mL single-dose vial [see Description (11)]
73611-300-10	Two treatment areas: Carton containing one QWO 1.84-mg single-dose vial and one Diluent for QWO 8-mL single-dose vial [see Description (11)]

Storage and Handling

Refrigerate QWO and Diluent for QWO vials at 2°C to 8°C (36°F to 46°F). Do not freeze.

17 PATIENT COUNSELING INFORMATION

Advise the patient to read the FDA-approved patient labeling (Patient Information).

Hypersensitivity

Advise patients to seek immediate medical attention if they experience any symptoms of serious hypersensitivity reactions [*see Warnings and Precautions (5.1)*].

Injection Site Bruising

Advise patients that injection site bruising may occur with administration of QWO [*see Warnings and Precautions (5.2)*].

Manufactured by:
Endo Global Aesthetics Limited
Dublin, Ireland
US License No. 2136

Distributed by:
Endo Aesthetics LLC
Malvern, PA 19355

Patient Information
QWO (kwoe)
(collagenase clostridium histolyticum-aaes)
for injection, for subcutaneous use

What is QWO?

QWO is a prescription medicine used for the treatment of moderate to severe cellulite in the buttocks of adult women. It is not known if QWO is safe and effective in children.

Do not receive QWO if you:

- Are allergic to any collagenase or to any of the ingredients in QWO. See the end of this Patient Information for a complete list of ingredients in QWO.
- Have an active infection in the treatment area.

Before receiving QWO, tell your healthcare provider about all of your medical conditions, including if you:

- have had an allergic reaction to a QWO injection in the past
- have a bleeding problem
- are pregnant or plan to become pregnant. It is not known if QWO will harm your unborn baby.
- are breastfeeding or plan to breastfeed. It is not known if QWO passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby if you receive QWO.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. **Especially tell your healthcare provider if you take a medicine that prevents the clotting of your blood (antiplatelet or anticoagulant medicine).**

How will I receive QWO?

- QWO is injected into the fat (subcutaneously) of each single buttock (treatment area) by your healthcare provider. You may receive up to 12 injections per treatment area.
- Each treatment visit may include up to 2 treatment areas.
- QWO injections will be given 21 days apart for 3 treatment visits.

What are the possible side effects of QWO?

QWO may cause serious side effects, including:

- **Allergic (hypersensitivity) reactions, including anaphylaxis.** Call your healthcare provider right away if you have any of these symptoms of an allergic reaction after an injection of QWO:

○ hives	○ swollen face
○ trouble breathing	○ chest pain
○ low blood pressure	○ dizziness or fainting
- **Injection site bruising.**

The most common side effects of QWO include bruising, pain, areas of hardness, itching, redness, discoloration, swelling and warmth in the treatment area.

These are not all of the possible side effects of QWO.

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

General information about QWO

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. If you would like more information, talk to your healthcare provider. You can ask your pharmacist or healthcare provider for more information about QWO that is written for health professionals.

What are the ingredients in QWO?

Active ingredient: collagenase clostridium histolyticum

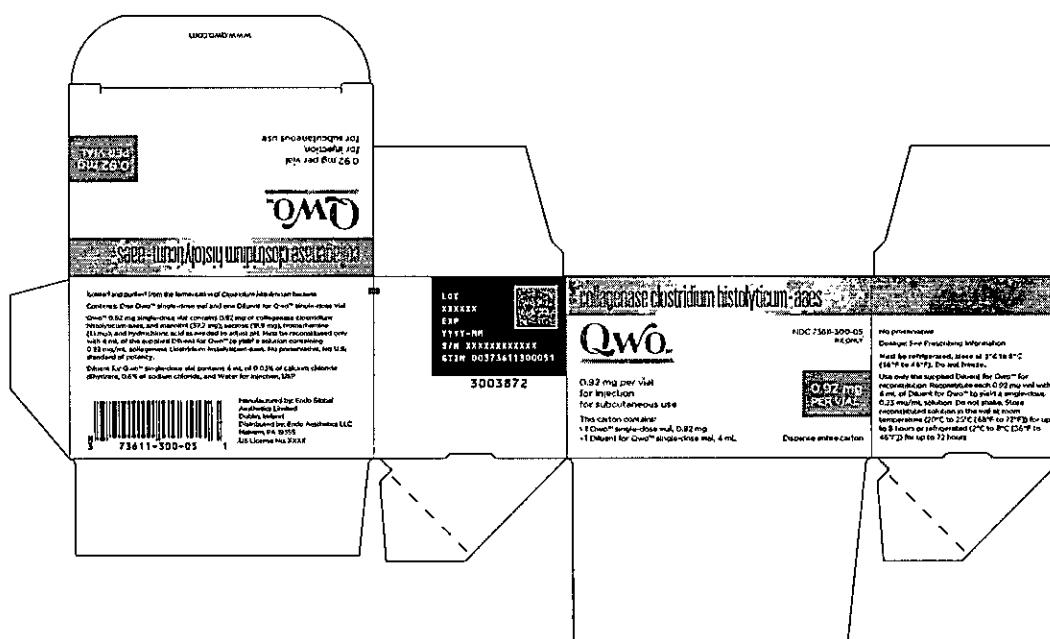
Inactive ingredients: mannitol, sucrose, tromethamine, and hydrochloric acid

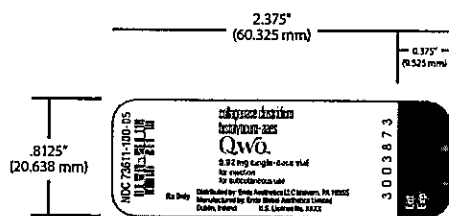
The diluent contains: calcium chloride dihydrate, sodium chloride, and Water for Injection, USP

Manufactured by: Endo Global Aesthetics Limited, Dublin, Ireland US license number 2136 Distributed by: Endo Aesthetics LLC, Malvern, PA 19355

This Patient Information has been approved by the U.S. Food and Drug Administration

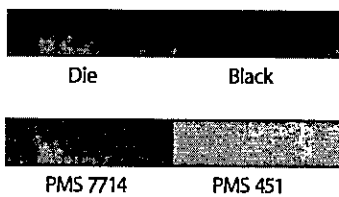
Issued: 07/2020





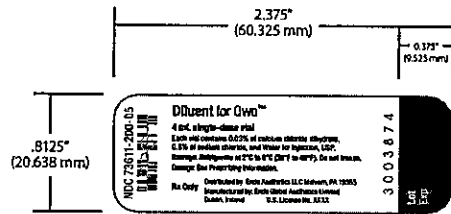
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Date: 08/06/2019



Date: 08/06/2019



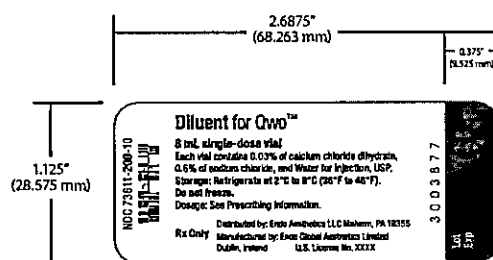


LABEL SIZE: .8125 X 2.375 inches (20.638 X 60.325 mm)

Date: 08/06/2019



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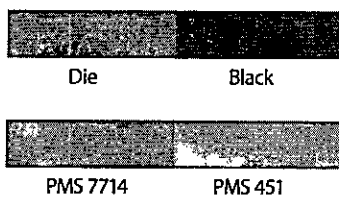
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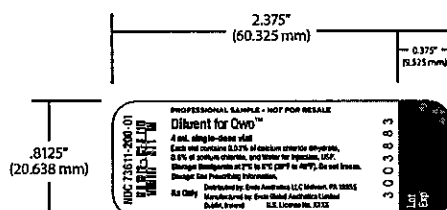
Date: 08/06/2019



Die

Black





LABEL SIZE: .8125 X 2.375 inches (20.638 X 60.325 mm)

Date: 08/06/2019



Die

Black

This is a representation of an electronic record that was signed electronically. Following this are manifestations of any and all electronic signatures for this electronic record.

/s/

KENDALL A MARCUS
07/06/2020 12:00:00 AM

No Disciplinary Action for Endo Aesthetics LLC

Endo Aesthetics LLC is a new entity and has no disciplinary action history.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ENDO AESTHETICS 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 JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



7690930 8300

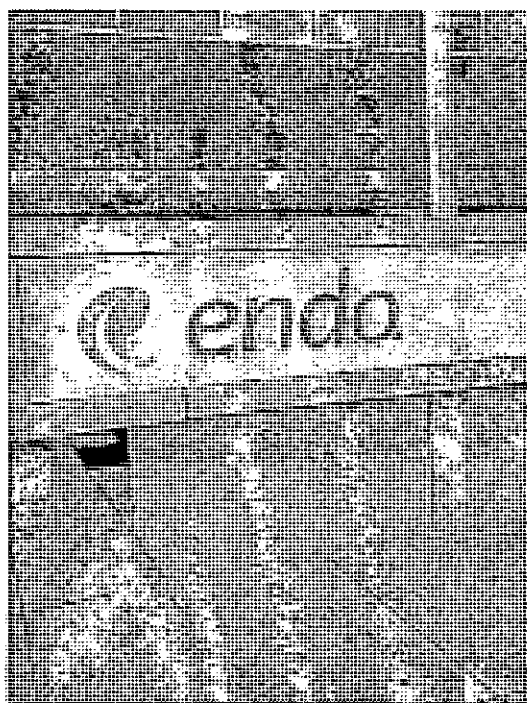
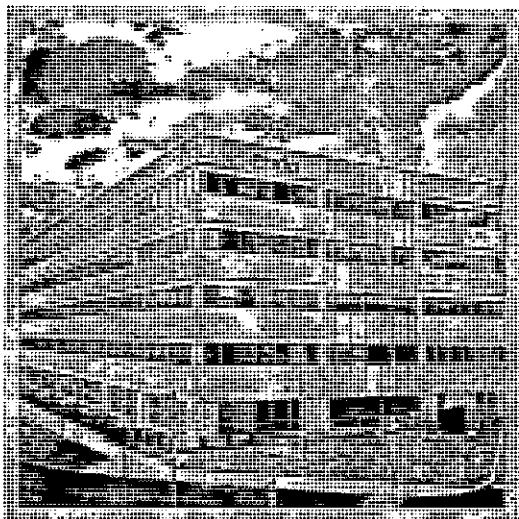
SR# 20210265969

You may verify this certificate online at corp.delaware.gov/authver.shtml
Jeffrey W. Bullock, Secretary of State

Authentication: 202398694

Date: 01-29-21

Endo Headquarters – 1400 Atwater Drive, Malvern PA 19355





Description of Activities

Endo Aesthetics LLC currently has one biologic product, Qwo™. Endo Global Aesthetics LLC owns the Biologic License, BLA# 761146. Endo Aesthetics LLC is the duly authorized agent for Endo Global Aesthetics LLC under FDA labeler code 73611.

Endo Aesthetics LLC holds the NDA/ANDA as a Virtual Manufacturer. Endo Aesthetics LLC is located at 1400 Atwater Drive in Malvern, PA. Endo Aesthetics LLC filed a Letter of Record for In-State Virtual Manufacturers with the state of Pennsylvania. Proof of registration is attached.

This product is being manufactured by our subsidiary, Par Sterile Products, LLC located at 870 Parkdale Road in Rochester, MI. Copies of the home state licenses and the FDA registration are attached.

Upon manufacturing completion, the commercial product is shipped to our contracted 3PL, UPS Supply Chain Solutions, LLC located at 1910 Danielson Place in Memphis, TN. Copies of the home state license and VAWD certificate are attached.

The product is then sold to wholesale distributors who supply medical practitioners.

Qwo™ is an FDA-approved prescription medicine/specialty product that is used to treat moderate to severe cellulite in the buttocks of adult women. The product is an injectable collagenase clostridium histolyticum-aes that must be administered by a practitioner.

Replaces National Casualty Company #SNO4002040 Effective 8/1/2019

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane
Reno, NV 89509
(775) 850-1440
Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURE

*Par Pharma &
Endo Aesthetics
are under same
ownership*

Bond No. 1029367

Application/License No.

Par Pharmaceutical Companies, Inc.

Applicant /Principal

_____, doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is _____

1 Ram Ridge Road, Chestnut Ridge, NY 10977

Address of Applicant /Principal

, as

PRINCIPAL, and The Hanover Insurance Company

Surety Company

, a

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes
of service is 440 Lincoln St., Worcester, MA 01653

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 August 1, 2019

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal
file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00
payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance
therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to
NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are
impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

SURETY RIDER

To be attached to and form a part of

Bond No. 1029367

dated August 1, 2019
effective _____
(MONTH-DAY-YEAR)

executed by Par Pharmaceutical Companies, Inc.

, as Principal,

(PRINCIPAL)

and by The Hanover Insurance Company, as Surety,

in favor of Nevada State Board of Pharmacy

(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Changing Principal Name by adding additional principal Endo Aesthetics LLC & Change of address to 870 Parkdale Road, Rochester, MI 48307

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider
is effective February 4, 2021
(MONTH-DAY-YEAR)

Signed and Sealed February 4, 2021
(MONTH-DAY-YEAR)

Par Pharmaceutical Companies, Inc. and Endo Aesthetics LLC
(PRINCIPAL)

By: _____
(PRINCIPAL)

The Hanover Insurance Company
(SURETY)

By: Mary Y. Volmar
Mary Y. Volmar, Attorney-in-Fact

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of August, 2019.

APPLICANT/PRINCIPAL

Par Pharmaceutical Companies, Inc.

Mark T. Bradley
Authorized Representative
MARK T. BRADLEY

SIGNED and SEALED in the presence of:

Witness

Witness

SURETY COMPANY

The Hanover Insurance Company

Thelma M. Lett
Surety Company's Representative

Thelma M. Lett, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

Witness

Witness

Mary Y. Volmar

Bonnie Rice

Countersigned by:

N/A

Nevada Resident Agent

**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,

Carolyn E. Wheeler, Loretta M. Jones, Mary Y. Volmar, Sandra King, Julie Karnes, Rebecca J. Hobbs, Bonnie Rice, Sandy McElhaney,

Vicki Nobinger, Thelma M. Lett, Mariah Smith, Andrea Allman, Michelle Lute-Heatherly and/or Rachel A. Chaverlat

Of Marsh USA, Inc., Knoxville, TN 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 Two Million and No/100 (\$2,000,000) 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 19th day of June, 2019.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

John C. Roche

John C. Roche, EVP and President



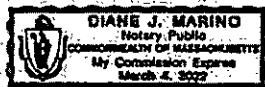
The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America

James H. Kawiecki

James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 19th day of June, 2019 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
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 7th day of August 2019

CERTIFIED COPY

Theodore G. Martinez
Theodore G. Martinez, Vice President

SURETY RIDER

To be attached to and form a part of

Bond No. 1029367

dated August 1, 2019
effective

(MONTH-DAY-YEAR)

executed by Par Pharmaceutical Companies, Inc.

, as Principal,

(PRINCIPAL)

and by The Hanover Insurance Company, as Surety,

in favor of Nevada State Board of Pharmacy

(OBLIGEE)

in consideration of the mutual agreements herein contained the Principal and the Surety hereby consent to changing

Changing Principal Name by adding additional principal Endo Aesthetics LLC & Change of address to 870 Parkdale Road, Rochester, MI 48307

Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

This rider
is effective

February 4, 2021

(MONTH-DAY-YEAR)

Signed and Sealed February 4, 2021

(MONTH-DAY-YEAR)

Par Pharmaceutical Companies, Inc. and Endo Aesthetics LLC

PRINCIPAL)

By: *Walt Bailey*

(PRINCIPAL)

The Hanover Insurance Company

(SURETY)

By: *Mary Y. Volmar*

Mary Y. Volmar, 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,

Carolyn E. Wheeler, Loretta M. Jones, Mary Y. Volmar, Sandra King, Julie Karnes, Krystal Karnes, Bonnie Rice, Sandy McElhaney, Vicki Nobinger, Thelma M. Lett, Andrea Allman, Michelle Lute-Heatherly and/or Rachel A. Chaverlat

Of Marsh USA, Inc., Knoxville, TN 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 Two Million and No/100 (\$2,000,000) in any single instance

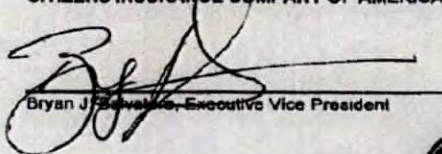
That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

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 and affirmed by each Company on March 24, 2014)

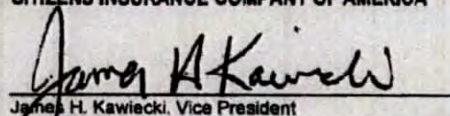
IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 8th day of December, 2020.

**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**


Bryan J. Saville, Executive Vice President



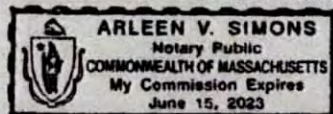
**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**

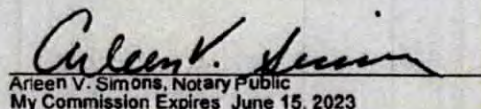

James H. Kawiecki, Vice President



THE COMMONWEALTH OF MASSACHUSETTS
COUNTY OF WORCESTER } ss.

On this 8th day of December, 2020 before me came the above named Executive Vice President and Vice President 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.




Arleen V. Simons, Notary Public
My Commission Expires June 15, 2023

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 4th day of February 2021.

CERTIFIED COPY



**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**

John A. Rowedder, Vice President

Replaces National Casualty Company #SNO4002040 Effective 8/1/2019

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BOND

Bond No. 1029367

Application/License No. _____

Par Pharmaceutical Companies, Inc.

Applicant /Principal

_____, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is _____

1 Ram Ridge Road, Chestnut Ridge, NY 10977

Address of Applicant /Principal

PRINCIPAL, and The Hanover Insurance Company, a

Surety Company

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes

of service is 440 Lincoln 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 August 1, 2019

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 7th day of August, 2019

APPLICANT/PRINCIPAL

Par Pharmaceutical Companies, Inc.

[Signature]
Authorized Representative
MARK T. BRADLEY

SIGNED and SEALED in the presence of:

Witness

[Signature]
Witness

SURETY COMPANY

The Hanover Insurance Company

[Signature]
Surety Company's Representative

Thelma M. Lett
print name, Attorney-in-fact

SIGNED and SEALED in the presence of:

[Signature]
Witness Mary Y. Volmar

[Signature]
Witness

Bonnie Rice

Countersigned by:

N/A

Nevada Resident Agent

**THE HANOVER INSURANCE COMPANY
MASSACHUSETTS BAY INSURANCE COMPANY
CITIZENS INSURANCE COMPANY OF AMERICA**

POWER OF ATTORNEY

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Carolyn E. Wheeler, Loretta M. Jones, Mary Y. Volmar, Sandra King, Julie Karnes, Rebecca J. Hobbs, Bonnie Rice, Sandy McElhaney, Vicki Nobinger, Thelma M. Lett, Mariah Smith, Andrea Allman, Michelle Lute-Heatherly and/or Rachel A. Chaveriat

Of Marsh USA, Inc., Knoxville, TN 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:

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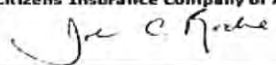
That this power is made and executed pursuant to the authority of the following Resolutions passed by the Board of Directors of said Company, and said Resolutions remain in full force and effect:

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)

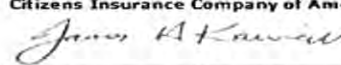
IN WITNESS WHEREOF, THE HANOVER INSURANCE COMPANY, MASSACHUSETTS BAY INSURANCE COMPANY and CITIZENS INSURANCE COMPANY OF AMERICA have caused these presents to be sealed with their respective corporate seals, duly attested by two Vice Presidents, this 19th day of June, 2019.

The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America


John C. Roche, EVP and President

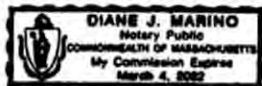


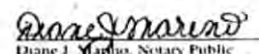
The Hanover Insurance Company
Massachusetts Bay Insurance Company
Citizens Insurance Company of America


James H. Kawiecki, Vice President

THE COMMONWEALTH OF MASSACHUSETTS)
COUNTY OF WORCESTER) ss.

On this 19th day of June, 2019 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.

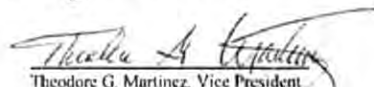



Diane J. Marino, Notary Public
My Commission Expires March 4, 2022

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 7th day of August 2019

CERTIFIED COPY


Theodore G. Martinez, Vice President



pennsylvania
DEPARTMENT OF HEALTH

February 3, 2021

717.787.4779

Endo Aesthetics LLC
1400 Atwater Drive
Malvern, PA 19355

Dear Sir or Madam:

The Pennsylvania Department of Health, Drug, Device & Cosmetic Program acknowledges that the company, Endo Aesthetics LLC, is an entity within the Commonwealth that is performing business activities related to the pharmaceutical, medical device, or cosmetic industry at the stated address. The company is not engaging in the physical manufacture, storage, distribution or retailing of product at this address.

The company has voluntarily provided information and has attested that no pharmaceutical product, medical device or cosmetic of any kind is physically manufactured, stored, distributed or retailed at the address stated above. This information serves only to place the company at the specified location, on file as a courtesy and does not subject it to any on-site inspection or regulatory requirements under the purview of this office. The information is recorded under record number #9500000220 and reviewed annually.

If at any time the business function changes and pharmaceutical product, medical devices or cosmetics are physically manufactured, stored, distributed or retailed at the address stated above, an application for registration/licensure will be required by Department of Health and the facility would be subject to all laws and regulations applicable to those activities. You may visit our website at <https://apps.health.pa.gov/ddc/> or contact our office for additional information.

Sincerely,

Theresa A. Ritchie, R.Ph.
Drug & Device Program Specialist
Division of Home Health



ENDO AESTHETICS LLC

MEMBER/MANAGER
Endo Health Solutions Inc.

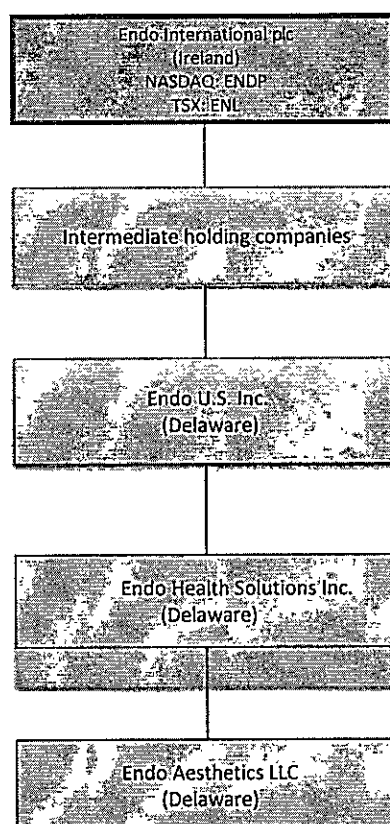
Corporate Officers

Name	Title	Address/Phone/SSN#
Blaise A. Coleman	Chief Executive Officer	■ Willing Way Malvern, PA 19355 ■■■■■ SSN# ■■■■■
Patrick A. Barry	President	■■■■■ Swabia Court Macungie, PA 18062 ■■■■■ SSN# ■■■■■
Matthew J. Maletta	Executive Vice President, Chief Legal Officer & Secretary	■■■■■ Harrison Drive Newtown Square, PA 19073 ■■■■■ SSN# ■■■■■

US Tax I.D. #84-3630218

State and Date of Incorporation: Delaware; November 6, 2019

Endo International plc Corporate Ownership



February 2021

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL+DRUG+CODE+DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) [+](#)

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDG/DSP_SEARCHRESULT.CFM\)](mailto:?subject=NATIONAL+DRUG+CODE+DIRECTORY&body=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

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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	
Qwo	73611-300-05	.23 mg/mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRALESIONAL	BLA761146	Endo Aesthetics LLC	73611-300	collagenase clostridium histolyticum	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	HUMAN PRESCRIPTION DRUG	C
Qwo	73611-300-10	.23 mg/mL	INJECTION, POWDER, LYOPHILIZED, FOR SOLUTION	INTRALESIONAL	BLA761146	Endo Aesthetics LLC	73611-300	collagenase clostridium histolyticum	COLLAGENASE CLOSTRIDIUM HISTOLYTICUM	HUMAN PRESCRIPTION DRUG	C

Showing 1 to 2 of 2 entries

Previous Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: [Drug Registration and Listing Instructions](#)

(<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified
M.H
2/11/2021

Maria Herrera

From: Schoonover, MaryLou <Schoonover.MaryLou@Endo.com>
Sent: Thursday, April 8, 2021 7:34 AM
To: Maria Herrera
Subject: RE: Status Update - Nevada Wholesaler Application- Endo Aesthetics LLC
Attachments: Resume - Chris Thomas.pdf; Delisa Wedderburn - Resume.pdf

Hi Maria,

Chris Thomas will remain the DR for Par Sterile Products LLC. Delisa Wedderburn will become the DR for Endo Aesthetics LLC.

I have attached their resumes for your records.

Thanks!

M-L

MaryLou Schoonover

Customer Due Diligence & State Licensing Manager, DEA Compliance

office 845-364-4820

mobile 973-529-4774

Schoonover.marylou@endo.com –NOTE NEW EMAIL ADDRESS

Par Pharmaceutical *an endo company*

2 Ram Ridge Road

Chestnut Ridge, NY 10977

endo.com

parpharm.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, April 7, 2021 1:00 PM
To: Schoonover, MaryLou <Schoonover.MaryLou@Endo.com>
Subject: [EXTERNAL] RE: Status Update - Nevada Wholesaler Application- Endo Aesthetics LLC

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails. Click the "Report Phishing" button in Outlook if it is suspicious.

From: Maria Herrera
Sent: Thursday, April 1, 2021 3:15 PM
To: 'Schoonover, MaryLou' <Schoonover.MaryLou@Endo.com>
Subject: RE: Status Update - Nevada Wholesaler Application- Endo Aesthetics LLC

Hello MaryLou,

Thank you for the information provided.

Just to confirm will Chris Thomas then be the Designated Representative of Endo Aesthetics LLC? If so can you please have his resume amended to show this? If Delisa will be the Designated Representative then we need to have her resume reflecting this as well.

Thank you,
Maria H.

DELISA N. WEDDERBURN

██████████ Quincy Drive
Rochester Hills, MI 48306
Cell: ██████████

Email: delisa.wedderburn@parpharm.com

OBJECTIVE

To utilize my strong knowledge of analytical techniques, GMP/DEA regulations and guidance documents, problem solving abilities and leadership to contribute to the success of the company.

SKILLS

Leadership: Pharmaceutical Compliance Manager (4 years)
 Pharmaceutical Quality Control Manager (3 years)
 Pharmaceutical Quality Control Supervisor (3 years)
 University Teaching Assistant (2 years)
 High School Math and Science Teacher (3 years)

Certification: ASQ Certified Quality Auditor (CQA) - 2017

Software: Word, Excel, PowerPoint, Visio, Minitab, Chemstation/Chemstore, Empower, LIMS

EDUCATION

- Master of Science in Chemistry
Morgan State University, Baltimore MD
Thesis: "The Physical Characterization of Surfactant Micellar Systems and Their Applications"
Advisor: Dr. Maurice O. Iwunze
Date of Graduation: May 2005
- BS, Chemistry, Morgan State University (Baltimore MD), 2004.

EMPLOYMENT**Manager – Quality Compliance**

Par Pharmaceutical Inc., Rochester MI
Dec 2014 – Present

- Manage eight (8) Quality Compliance colleagues
- Develop and implement processes to maintain cGMP compliance and conform to Corporate policies
- Develop and monitor key performance indicators to measure cGMP compliance and audit readiness
- Oversee and maintain the DEA Compliance program
 - o Coordinate and oversee year-end inventory and biennial inventory
 - o Participate in theft and loss investigations and ensure necessary documents are filed
 - o Work with Supply Chain and EH&S to coordinate destruction of controlled substances and listed chemicals
 - o Develop and conduct training to ensure employees operate in a manner consistent with DEA regulations
 - o Implement and enforce controls to effectively guard against diversion
 - o Complete and file all required reports (ARCOS, YERS etc.)
 - o Ensure appropriate document retention
- Oversee and maintain the Internal Audit program
 - o Establish annual internal audit schedule and perform internal audits
 - o Evaluate audit responses and monitor CAPAs
- Review and write procedures/SOPs to drive improvements and conformance to cGMP
- Manage and maintain Supplier Quality program
- Compliance lead during regulatory and customer audits

Cell: ██████████

Email: delisa.wedderburn@parpharm.com

DELISA N. WEDDERBURN**Manager – Chemical Testing**

Par Pharmaceutical Inc., Rochester MI

August 2011 – December 2014

- Manage Pharmaceutical Quality Control Lab (2 shifts; 5 days; 19 BS/MS Analysts)
- Assess and implement appropriate staffing and organization structure to support growing business needs
- Determine and set schedule for analysts to meet production and customer needs
- Implement and monitor Key Performance Indicators (KPI) and laboratory Metrics
- Mentor supervisors and analysts and assist with trouble shooting and problem solving
- Perform final review and approval of laboratory data
- Review and write laboratory procedures/SOPs to drive improvements and conformance to cGMP
- Manage, Review and write Laboratory Investigations and Deviations.
- Completed Kepner-Tregoe training for Deviations
- Laboratory Representative for regulatory and customer audits
- Knowledge and understanding of cGMP, FDA, ICH and USP/NF guidelines

Chemical Quality Supervisor

Quality Control Laboratory

Hospira Inc., Rocky Mount, NC

2008 – July 2011

- Supervise Pharmaceutical Quality Control Lab (3 shifts; 7 days; 45 BS/MS Analysts)
- Supervise Raw Material (API & Excipient), In-Process, and Finish Product Lab
- Supervise Planning group for Laboratory Testing
- Lead supervisor during the lean transformation of CQ laboratory
- Manage Lab Key Performance Indicators (cycle time, right first time, analyst utilization etc.)
- Trained Six-Sigma (Green-Belt)
- Corporate SME for setting standard practices, OOS, and data integrity SOPs
- Determine and set schedule for analysts to meet production and customer needs. Mentor analysts and assist with trouble shooting and problem solving. Ensure timely testing, documentation and review of data generated for raw drug, in-process and final product samples.
- Manage Laboratory Investigations and Deviations.
- Laboratory Representative for regulatory (EMA, FDA, JP, ANVISA, Korea, etc) and customer audits
- Experience working with Quantic Group, NNE pharman and McKinsey & Company

Senior Chemical Quality Specialist

Analytical Test Method Transfer Group

Hospira Inc., Rocky Mount, NC

2007 – 2008

- Develop, write, and validate HPLC methods for analysis of parenteral pharmaceutical products. Complete subsequent validation reports.
- Perform method transfers and create transfer reports
- Followed cGMP and good documentation practices during testing of stability, new drug and finished product samples to ensure drug quality
- Train new analysts in the operation of technologies (wet and chromatographic) and testing requirements per standard operating procedures (SOP)

REFERENCES

Furnished upon request.

Cell: [REDACTED]

Email: delisa.wedderburn@parpharm.com

Endo Aesthetics LLC – Licensing

The only licenses received to date is our home state license (PA) 9500000220 and our CT license CSM.0001938-OOS. All other state licensing applications are in process.

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "ENDO AESTHETICS LLC",
FILED IN THIS OFFICE ON THE SIXTH DAY OF NOVEMBER, A.D. 2019,
AT 4:50 O'CLOCK P.M.



7690930 8100
SR# 20197953883

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

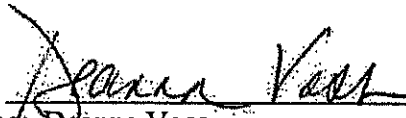
Jeffrey W. Bullock, Secretary of State

Authentication: 203955922
Date: 11-07-19

CERTIFICATE OF FORMATION
OF
ENDO AESTHETICS LLC

1. The name of the limited liability company is Endo Aesthetics LLC.
2. The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, Delaware 19801. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation of this 6th day of November, 2019.

By: 
Name: Deanna Voss
Title: Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:50 PM 11/06/2019
FILED 04:50 PM 11/06/2019
SR 20197953883 - File Number 7690930

GRETCHEN WHITNER
GOVERNOR

N939360

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
MANUFACTURER LICENSE

PAR STERILE PRODUCTS LLC
870 PARKDALE ROAD
ROCHESTER, MI 48307

LICENSE NO.

5306004389

EXPIRATION DATE

6/24/2022

19163090603

THIS DOCUMENT IS DULY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

N969120

GRETCHEN WHITNER
GOVERNORSTATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BOARD OF PHARMACY
CONTROLLED SUBSTANCE LICENSE

*THIS LICENSE IS ONLY VALID IF PROFESSIONAL LICENSE IS ACTIVE

PAR STERILE PRODUCTS LLC

LICENSE NO:
5315067008EXPIRATION DATE
6/24/2022

19176140655

THIS DOCUMENT IS ONLY
ISSUED UNDER THE LAWS OF
THE STATE OF MICHIGAN

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

PAR STERILE PRODUCTS, LLC
870 PARKDALE RD
ROCHESTER MI 48307

Date: 10/12/2020
Amount: \$ 525.00
Permit #: WH01456

(ID Card)

Trim ID Card to fit your wallet

	Wholesaler
	Expires: 10/31/2022
PAR STERILE PRODUCTS, LLC 870 PARKDALE RD ROCHESTER MI 48307	
Permit # WH01456 Active	
IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS	

Cut Here

Permit Type: Wholesaler
Permit #: WH01456

NEVADA
STATE BOARD OF PHARMACY



Expires: 10/31/2022
STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

PAR STERILE PRODUCTS, LLC
870 PARKDALE RD
ROCHESTER MI 48307

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RP0467387	03-31-2021	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, L1	MANUFACTURER	03-03-2020
PAR STERILE PRODUCTS, LLC PAR PHARMACEUTICAL COMPANIES, INC. 870 PARKDALE ROAD ROCHESTER, MI 48307		

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
RP0467387	03-31-2021	\$3047
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3,3N,4, L1	MANUFACTURER	03-03-2020
PAR STERILE PRODUCTS, LLC PAR PHARMACEUTICAL COMPANIES, INC. 870 PARKDALE ROAD ROCHESTER, MI 48307		

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Drug Establishments Current Registration Site

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New Search

Search Results for Par Sterile Products

CSV Excel		Filter:			
Firm Name ▲	FDA Establishment Identifier ◆	DUNS ◆	Business Operations ◆	Address ◆	Expiration Date ◆
Par Sterile Products LLC	1818977	808402890	ANALYSIS; LABEL; MANUFACTURE; PACK; STERILIZE;	870 Parkdale Rd., Rochester, Michigan (MI) 48307, United States (USA)	12/31/2021

Showing 1 to 1 of 1 entries

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Data Current through: Thursday, Jan 7, 2021

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U.S. Food and Drug Administration
 10903 New Hampshire Avenue
 Silver Spring, MD 20993

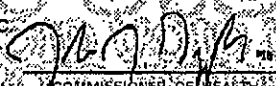
25770 2946


TENNESSEE DEPARTMENT OF HEALTH
DIVISION OF HEALTH RELATED BOARDS

ID NUMBER: 0000001438
 EXPIRATION DATE: 02/28/2021

This is to certify that all requirements of the State of Tennessee have been met.

PHARMACY BOARD
 THIRD PARTY LOGISTICS
 UPS SUPPLY CHAIN SOLUTIONS, INC.


 COMMISSIONER OF HEALTH

UPS SUPPLY CHAIN SOLUTIONS, INC.
 211 LAKE DRIVE, SUITE F
 NEWARK DE 19702-3320



11436371 25770


State of Tennessee
Department of Health

TENNESSEE BOARD OF PHARMACY
 THIRD PARTY LOGISTICS
 UPS SUPPLY CHAIN SOLUTIONS, INC.
 1910 DANIELSON PLACE
 MEMPHIS TN 38114

This is to certify that all requirements of the State of Tennessee have been met.

ID NUMBER: 0000001438
 EXPIRATION DATE: 02/28/2021

CONTROLLED SUBSTANCE REGISTRATION


 INTERIM DIRECTOR, HEALTH RELATED BOARDS


 COMMISSIONER

Nevada State Board Of Pharmacy

(Firm mailing address for window envelope)

THIS STUB IS YOUR RECEIPT

Date: 10/07/2020

Amount: \$ 525.00

Permit #: WH00960

UPS SUPPLY CHAIN SOLUTIONS, INC.

1910 DANIELSON PL

MEMPHIS TN 38114

(ID Card)

Trim ID Card to fit your wallet

	Wholesaler Expires: 10/31/2022 UPS SUPPLY CHAIN SOLUTIONS, INC. 1910 DANIELSON PL MEMPHIS TN 38114
Permit # WH00960 Active	IDENTIFICATION ONLY DOES NOT MEET POSTING REQUIREMENTS

Cut Here

Permit Type: Wholesaler

Permit #: WH00960

NEVADA
STATE BOARD OF PHARMACY



Expires: 10/31/2022

STATUS: Active

THE UNDER-NOTED HAVING PAID STATUTORY FEE IS HEREBY LICENCED

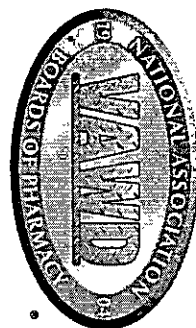
UPS SUPPLY CHAIN SOLUTIONS, INC.

1910 DANIELSON PL

MEMPHIS TN 38114

NONTRANSFERABLE

POST THIS PERMIT PROMINENTLY IN A CONSPICUOUS PLACE



*The National Association of Boards of Pharmacy®
hereby awards*

*Verified-Accredited Wholesale Distributors®
Accreditation*

to

WJS Supply Chain Solutions, Inc

located at

1910 Davidson Dr, Memphis, TN 38114

This facility has met all the Verified-Accredited Wholesale Distributors (VAWD) criteria set in place by the National Association of Boards of Pharmacy. The current status of this facility's accreditation may also be verified by visiting the VAWD section of the NABP website, located at www.nabp.pharmacy.

Carmen A. Catizone, Executive Director/Secretary

September 5, 2019 - September 4, 2022

Period of Accreditation

National Association of Boards of Pharmacy | 1600 Feehanville Drive, Mount Prospect, IL 60056 | www.nabp.pharmacy

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
RL0251518	05-31-2021	\$1523
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-02-2020
UPS SUPPLY CHAIN SOLUTIONS, INC. 1910 DANIELSON PLACE MEMPHIS, TN 381140000		

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
RL0251518	05-31-2021	\$1523
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N,3, 3N,4,5	DISTRIBUTOR	04-02-2020
UPS SUPPLY CHAIN SOLUTIONS, INC. 1910 DANIELSON PLACE MEMPHIS, TN 381140000		

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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Maria Herrera

From: Schoonover, MaryLou <Schoonover.MaryLou@Endo.com>
Sent: Thursday, April 1, 2021 2:44 PM
To: Maria Herrera
Subject: RE: Status Update - Nevada Wholesaler Application- Endo Aesthetics LLC
Attachments: State of Nevada - Board of Pharmacy_PPCI.pdf; State of Nevada - Bond Rider 1029367.pdf; Delisa Wedderburn - Resume.pdf

Hi Maria,

As Chris Thomas is unable to serve as the DR since he is also the DR for Par Sterile Products, LLC. The Designated Representative would then be **Delisa Wedderburn**. Please advise if you need any information about Delisa.

I've also attached a surety bond and bond rider for Endo Aesthetics LLC.

Please let me know if you need any additional documentation.

Thank you...stay safe and be well!

M-L

MaryLou Schoonover

Customer Due Diligence & State Licensing Manager, DEA Compliance

office 845-364-4820

mobile [REDACTED]

Schoonover.marylou@endo.com –NOTE NEW EMAIL ADDRESS

Par Pharmaceutical *an endo company*

2 Ram Ridge Road

Chestnut Ridge, NY 10977

endo.com

parpharm.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, March 31, 2021 4:34 PM
To: Schoonover, MaryLou <Schoonover.MaryLou@Endo.com>
Subject: [EXTERNAL] RE: Status Update - Nevada Wholesaler Application- Endo Aesthetics LLC

ATTENTION: This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails. Click the "Report Phishing" button in Outlook if it is suspicious.

Good Afternoon MaryLou,

In further revising the application we will need the Designated Representative to meet the qualifications per NAC 639.5935 4(d). Also please provide a Surety Bond with Endo Aesthetics LLC named as the applicant.

NAC 639.5935 Representative of wholesaler: General requirements; exceptions; approval; enforcement. ([NRS 639.070](#), [639.100](#))

1. Except as otherwise provided in this subsection, an applicant for a license, or a licensee with a license, to operate as a wholesaler shall designate at least one natural person to serve as the representative of the wholesaler. The Board will not issue or renew a license of an applicant or licensee that is required to designate a representative of a wholesaler pursuant to this section unless the Executive Secretary determines that the designated natural person meets the qualifications set forth in subsection 2 and approves that natural person to be the designated representative of the wholesaler. The requirement to designate a representative set forth in this subsection does not apply to:

(a) An applicant that is a publicly traded corporation; or

19F

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 02559)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Immunomedics, Inc.

Physical Address: 300 The American Road

City: Morris Plains State: NJ Zip Code: 07950

Telephone Number: 973.602.8200 Fax Number: 800.639.9009

Toll Free Number: _____

E-mail: lfalcon@immunomedics.com Website: www.immunomedics.com After 2/16 - www.gilead.com

Facility Manager: Brian Recchione (brecchione@immunomedics.com)

Professional qualifications and experience of facility manager: See attached resume.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: McKesson Plasma and Biologics

Address: 2515 Medical Center Parkway, Suite 180, Murfreesboro, TN 37129

Name: McKesson Specialty

Address: 4100 Quest Way, Memphis, TN 38115 & 401 Mason Road, Laverne, TN 27086

Name: ASD Specialty Healthcare

Address: 345 International BLVD, Brooks, KY 40109 & 5025 Plano Pkwy, Carrollton, TX 75010

Name: Cardinal 108

Address: 233 Mason Road, Laverne, TN 37086

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

1. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)?

Yes ☐ No ☒

2. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership.

3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

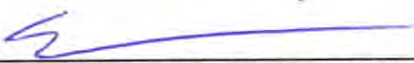
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

Brian Recchione
Print Name of Authorized Person

07 JAN 2024
Date

Board Use Only

Date Processed: _____

Amount: 500

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: Gilead Sciences, Inc.
Corporation Name: Gilead Sciences, Inc.
Mailing Address: 333 Lakeside Drive
City: Foster City State: CA Zip: 94404
Telephone: 800-939-9009 Fax: _____
Contact Person: Tracey Dyson

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

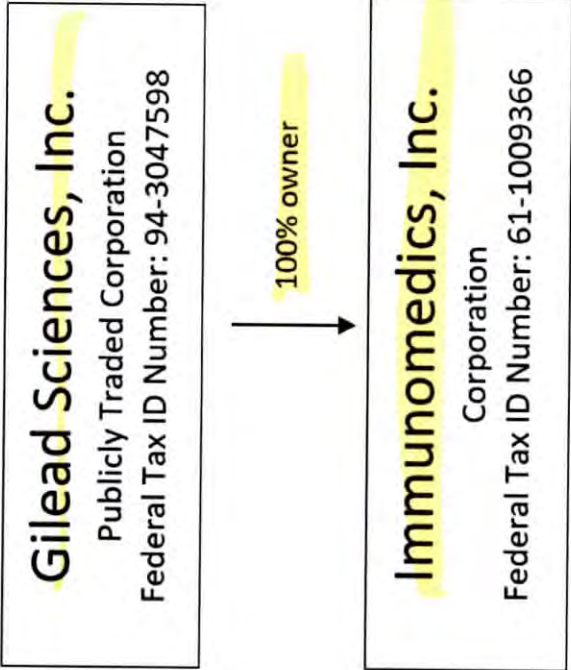
Date of Incorporation: June 22, 1987
Registration number issued: 1940692
Stock Exchange: GLD

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: N/A

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.



Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404
800-939-9009

Executive Officers

Daniel O'Day
Chairman & Chief Executive Officer

Andrew Dickinson
Chief Financial Officer

Johanna Mercier
Chief Commercial Officer

Merdad Parsey
Chief Medical Officer

Brett Pletcher
Executive Vice President, Corporate Affairs,
General Counsel & Corporate Secretary

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 2/26/2021

Registration Number: 5005393 **Registered as:** Manufacturer and Wholesale
Parent Company Name: IMMUNOMEDICS, INC.

Trade Name:

Original Issue Date: 03/20/2018 **Expiration Date:** 01/31/2022

Current Issue Date: 01/29/2021

Disciplines: No

Maria Herrera

From: Falcon, Laurie <lfalcon@immunomedics.com>
Sent: Tuesday, February 23, 2021 12:43 PM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Immunomedics, Inc

Hi Maria,

I don't have the Registration Certificate yet; however, I was able to obtain the verification below. Will this suffice until we get the actual certificate?

The screenshot shows the New Jersey Department of Health website. The page title is "Food and Drug Safety Home". Below the header, there is a section titled "Wholesale Drug & Medical Device Registration Verification". A search result is displayed: "Search by: 'Owner/Immunomedics, Inc.' and one record found on 2/23/2021." The verification details are as follows:

Registration Number: 5005393	Registered as: Manufacturer and Wholesale	Print Verification Certificate
Parent Company Name: IMMUNOMEDICS, INC.		
Trade Name:		
Original Issue Date: 03/20/2018	Expiration Date: 01/31/2022	
Current Issue Date: 01/29/2021		
Disciplines: No		

Below the table is a "Search Again" button. The footer of the page includes links for "Contact Us", "Privacy Notice", "Legal Statement", and "Accessibility Statement".

Please advise.

Thank you,
 Laurie

Laurie Falcon
 Corporate Paralegal
 Legal Affairs
 (973) 715-6934 Mobile
lfalcon@immunomedics.com



Immunomedics is now a subsidiary of Gilead Sciences, Inc.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, February 23, 2021 2:45 PM
To: Falcon, Laurie <lfalcon@immunomedics.com>
Subject: Nevada Wholesaler Application- Immunomedics, Inc

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Immunomedics, Inc. The application is incomplete due to the following missing items.

- Updated Home state license, the one received is outdated

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
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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Maria Herrera

From: Falcon, Laurie <lfalcon@immunomedics.com>
Sent: Tuesday, February 23, 2021 11:47 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Immunomedics, Inc

Follow Up Flag: Follow up
Flag Status: Flagged

The renewal application for NJ has been filed and we are awaiting the updated license.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, February 23, 2021 2:45 PM
To: Falcon, Laurie <lfalcon@immunomedics.com>
Subject: Nevada Wholesaler Application- Immunomedics, Inc

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Immunomedics, Inc. The application is incomplete due to the following missing items.

- Updated Home state license, the one received is outdated

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
 775-850-1440
m.herrera@pharmacy.nv.gov



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**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

P.O. Box 369, Trenton, New Jersey 08625-0369

0738240

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 -- "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

300 THE AMERICAN RD MORRIS PLAINS, NJ 07950-

Reg. No.
5005393

IMMUNOMEDICS, INC.
300 THE AMERICAN RD
MORRIS PLAINS, NJ 07950-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2021

Establishment Copy

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/5/2021

Registration	Registered as: Manufacturer
Number: 5005393	and Wholesale
Parent Company Name: IMMUNOMEDICS, INC.	
Trade Name:	
Original Issue Date: 03/20/2018	Expiration Date: 01/31/2021
Current Issue Date: 01/03/2020	
Disciplines: No	

Drugs@FDA: FDA-Approved Drugs

Drug Name	Active Ingredients	Strength	Dosage Form/Route	Marketing Status	TE Code	RLD	RS
 TRODELVY	SACITUZUMAB GOVITECAN- HZIY	180MG	INJECTABLE;INJECTION	Prescription	None	TBD	No

From: Slobotsky, Meyer J [mailto:Meyer.Slobotsky@fda.hhs.gov]
Sent: Friday, February 9, 2018 9:03 AM
To: Whiteley, Diane
Subject: RE: Immunomedics Establishment Registration Status

Good morning, Ms. Whitely –

I have confirmed through our data systems that the FEI Number and Labeler Code, as note below, are correct. In addition, your company has a valid drug registration for the year 2018.

Is there an anticipated start for production at the site?

Have a nice day.

Meyer Slobotsky

From: Whiteley, Diane [mailto:dwhiteley@immunomedics.com]
Sent: Friday, February 09, 2018 7:48 AM
To: Slobotsky, Meyer J <Meyer.Slobotsky@fda.hhs.gov>
Subject: RE: Immunomedics Establishment Registration Status

Dear Mr. Slobotsky.

Based on the attached document can you kindly confirm that the following information is correct?

FEI Number for Immunomedics, Inc. is 1000526871, and the **labeler code is 55135?**

We have completed our submission and confirm these are the correct identifiers.

I greatly appreciate all of the assistance you have provided me.

National Drug Code Directory

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDP/DSP_SEARCHRESULT.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=NATIONAL DRUG CODE DIRECTORY&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDP/DSP_SEARCHRESULT.CFM\)](https://twitter.com/intent/tweet/?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm) +

[EMAIL \(MAILTO:?SUBJECT=NATIONAL DRUG CODE DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDP/DSP_SEARCHRESULT.CFM\)](mailto:?SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/NDP/DSP_SEARCHRESULT.CFM)

Current through February 11, 2021

You have searched Finished drug products

Search Results: '55135'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

CSV Excel

Display records per page

Search for text in the table:

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name	
TRODELVY	55135-132-01	180 mg/1	POWDER, FOR SOLUTION	INTRAVENOUS	BLA761115	Immunomedics, Inc.	55135-132	SACITUZUMAB GOVITECAN	SACITUZUMAB GOVITECAN	HUMAN PRESCRIPTION DRUG	0

Showing 1 to 1 of 1 entries

Previous Next

[Background Information \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

Drug questions email: DRUGINFO@FDA.HHS.GOV (mailto:DRUGINFO@FDA.HHS.Gov)

See also: [Drug Registration and Listing Instructions](#)

(<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)

[National Drug Code Directory Data Files \(https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm\)](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

Verified ✓
M.H.
2/11/2021

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

IMMUNOMEDICS, INC.
0100195647

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on May 11, 1983.

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:

CORPORATION SERVICE COMPANY
PRINCETON SOUTH CORPORATE CTR
STE 160, 100 CHARLES EWING BLVD
EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 22nd day of December, 2020

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6114093724

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Brian Recchione

• Apple Tree Court Marlboro, NJ 07746 •

EDUCATION

School of Business, Rutgers University, New Brunswick, NJ

2014 – 2017

Masters of Business Administration

Concentrations: Pharmaceutical Management and Supply Chain Management

School of Engineering and Applied Science, University of Pennsylvania, Philadelphia, PA

2006 – 2010

Bachelor of Science in Chemical and Biomolecular Engineering

Concentration: Pharmaceuticals and Biotechnology

WORK EXPERIENCE

Director, Supply Chain Systems

September 2018 – Present

Immunomedics, Morris Plains, NJ

- Managed all internal Supply Chain groups, ranging from Receiving, Warehouse, Inventory Control, Purchasing, and Shipping/Logistics, as well as all ERP implementation activities
- Served as Supply Chain SME for all Internal/External Audits, successfully remediating Supply Chain 483s during the most recent FDA inspection, leading to the company's first commercial approval and eventual buy-out by Gilead Life Sciences
- Redesigned internal Supply Chain Systems to operate a Central Dispensary within the Production Site for direct material issuance to Production Batches and GMP Functional Groups
- Led implementation and validation of Microsoft Dynamics Great Plains ERP System for Purchasing and Inventory functionality, serving as the company-wide Master User
- Collaborated with external partners to customize the Great Plains System for enhanced reporting functionality and tracking of global inventory at all CMO sites
- Authored all Supply Chain SOPs regarding new procedures, including but not limited to: Purchasing, Receiving, Picking, Material Issuance, Traceability and Reconciliation, Cycle Counting, Shipping, and ERP Master Data

Manager, Cochleate LCNP Manufacturing

August 2017 – September 2018

Matinas BioPharma, Bridgewater, NJ

- Combined knowledge and experience from previous jobs to serve as the de facto Head of Operations, with responsibility over all Manufacturing, Packaging, Supply Chain, and Engineering activities at the company
- Developed and successfully executed inaugural production plan to meet Clinical Trial deadlines for leading formulation while simultaneously continuing studies on new materials and processes
- Represented the company as primary contact for all raw material, equipment, and facility-related suppliers, developing relations with existing suppliers and sourcing new suppliers as needed
- Managed all 3rd party vendors, contact manufacturers and suppliers.
- Drafted and executed IQ, OQ, and PQ protocols for the USP Water System as well as new and legacy equipment
- Wrote all Operations SOPs, including but not limited to: Equipment Operation and Cleaning Procedures, Inventory Control Processes, and Raw Material Receiving Procedures

Purchasing Specialist, API

June 2016 – July 2017

Renaissance Lakewood, LLC (formerly DPT Labs), Lakewood, New Jersey

- Purchased all API and inactive materials for internal and third-party partners to support commercial demand and development projects
- Sourced and negotiated pricing with potential and approved suppliers for all API and excipient procurement activities
- Reviewed technical and commercial information packets from vendors including DMFs, validation reports, and change notifications, serving as the central point of contact between Renaissance internal teams and suppliers
- Led Continual Improvement team to develop and implement changes to the API/excipient introduction process, Production Scheduling, ANDA/NDA Streamlining, and Chemical Harmonization
- Optimized Master Data and Reporting Activities within the Infor LN ERP System to generate accurate messages for the Purchasing, Planning, Warehouse, and Commercial Service teams

Sr. Production Planner and Inventory Control Coordinator

January 2015 – June 2016

Tris Pharma, Monmouth Junction, New Jersey

- Translated commercial demand plan into a working production plan and schedule, considering labor, equipment, and time constraints
- Compiled standard set-up, run, and clean times for all products for use in schedule optimization and cost of goods determination
- Created master capacity plan to determine needed capital expenditures and hiring expansion and evaluate capacity for new business

Brian Recchione

[REDACTED] Apple Tree Court Marlboro, NJ 07746 • [REDACTED]

- Optimized production to increase output by 32% without expansion of labor or equipment capacity
- Led implementation of JD Edwards Oracle ERP System for Supply Chain functionality, translating Tris processes into the system and serving as one of five company-wide Master Users
- Supervised team of inventory control personnel charged with issuing all raw materials and packaging components for commercial production, utilizing a FIFO consumption model and managing material retest periods, to maintain accurate counts
- Drove bi-annual Physical Inventory and subsequent external financial audits to justify third-party loans and investment
- Presented monthly production and inventory metrics for S&OP process to Tris Leadership Team, including company President/CEO
- Trained Buyers and Warehouse personnel on writing investigations, preparing change controls, and creating department SOPs
- Participated in launch marketing and production meetings for Dyanavel XR, Tris Pharma's first in-house marketed product

Technical Services Engineer II

May 2012 -- December 2014

Tris Pharma, Monmouth Junction, New Jersey

- Prepared, executed, and completed process validation reports to meet the launch dates for ER suspension/powder, solutions, and OSD tablet products
- Investigated batching and cleaning failures for validated and non-validated processes and implemented resulting CAPAs
- Analyzed data generated from optimization batches to successfully scale-up multiple products
- Collaborated with Pfizer new product team to complete product and equipment qualification needed to launch Quillivant XR
- Revised essential SOPs for Process Validation, Hold and Fill Times, and Creation of Batch Records based on recent FDA guidelines
- Redesigned Master Production, Packaging, and Labeling Batch Records for process clarification for operators and reviewers
- Devised system for Technical Services' Studies Program, under which Removal Torque Determination Studies, Shipping Studies, and multiple Process Improvement Projects were completed
- Supervised the initial qualification of multiple pieces of manufacturing equipment for the newly expanded facility, including main and ancillary processing tanks, granulation machines, fluid bed processors, a tablet compression system, and full packaging lines
- Identified qualification gaps for older pieces of equipment and initiated retroactive and concurrent qualifications based on business needs and FDA guidances

Technical Services Engineer

June 2011 -- May 2012

G&W Laboratories, South Plainfield, New Jersey

- Developed and executed the process validation protocols and completed process validation reports to meet launch dates for cream, ointment, and gel products
- Manufactured optimization batches to define process parameters and create batching recipes for the development of a cream process from a manual batching procedure to an automated batching procedure
- Participated in the execution and design of Cleaning Validation procedures
- Designed series of experiments to study the effects of major process parameters on solutions and suppository products
- Provided validation-related information for Annual Product Reviews and Annual Product Reports
- Updated Master Batch Records and Automated Process Recipes for process clarification

Quality Assurance Compliance Specialist

July 2010 -- June 2011

G&W Laboratories, South Plainfield, New Jersey

- Reviewed and provided initial approval of investigation reports from all company departments
- Handled, investigated, and resolved customer complaints
- Assisted in the development of CAPAs to correct problems identified throughout the investigation process
- Conducted internal cGMP audits of Operations and Quality Control Departments to improve quality systems
- Provided investigation-related information for Annual Product Reviews and Annual Product Reports
- Performed second audit of executed batch records and associated documentation
- Oversaw the closure of approximately 900 investigations, 70 complaints, 100 CAPAs, and 30 PDs over an 11-month period

ADDITIONAL INFORMATION

Computer Skills: Master User for JD Edwards Oracle ERP System; specializing in Planning, Inventory, and Manufacturing modules
 Master User for Microsoft Dynamics Great Plains; specializing in Inventory and Purchasing modules
 Proficient User for Infor LN ERP System; specializing in Purchasing and Planning modules
 Functional User for SAP ERP Modules
 Working knowledge of Java and Aspen; Proficiency in Microsoft Word, Excel, Visio, and PowerPoint.
 Recipe writing performed using WonderWare software.

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
DISCIPLINARY TREATMENT OF THE
LICENSE OF: Gilead Sciences, Inc.
Wholesale Drug Distributor
License No. 374.

} Docket No. CC-10-0155-PHA
} Complaint No. PHA-2010-0051
} STIPULATION AND FINAL
} ORDER

The Professional and Occupational Licensing Division of the Department of Labor and Industry of the State of Montana (Department), by and through its legal counsel, Anjeanette C. Lindle, and Gilead Sciences, Inc. (Licensee), by and through the Person-in-Charge, hereby stipulate and agree as follows:

1. Licensee is a licensed Wholesale Drug Distributor, licensed in the state of Montana, license number 374.

2. The Montana Board of Pharmacy has a statutory obligation to protect the public health, safety and welfare under Mont. Code Ann. §37-7-102 et seq.

3. Licensee admits the jurisdiction of the Board of Pharmacy over the subject matter of the above-entitled proceeding. Licensee desires to avoid unnecessary expenditure of time and other valuable resources in resolving the issues in this action. Therefore, Licensee specifically and affirmatively waives a contested case hearing in the above-entitled matter and all rights to appeal under the Montana Administrative Procedure Act, and elects to resolve this matter on the terms and conditions set forth herein.

4. Licensee acknowledges that Licensee has read and understands the terms of this Stipulation and the Notice of Proposed Board Action issued in this matter. Licensee acknowledges that Licensee enters into this Stipulation voluntarily, and without reservation. Licensee acknowledges that no promise, other than those contained herein, and no threat has been made by the Department or by any of its members, officers, agents or representatives, to induce Licensee to enter into this Stipulation.

5. Based upon the information received, the Department contends as set forth in

Stipulation and Final Order

1 the Facts and Violations-section of the Notice of Proposed Board Action herein issued
2 in this-matter. Licensee admits the Department's contentions in that section and agrees
3 that settlement of this matter is in the best interest of all parties involved.

4 6. The Department and the Licensee agree that this Stipulation shall be a final
5 compromise and settlement of grounds for license discipline as a result of Licensee's
6 conduct. In the event that the Board, in its discretion, does not approve this settlement
7 or a lesser remedy than indicated in this settlement, this Stipulation is withdrawn and
8 shall be of no evidentiary value and shall not be relied upon or introduced by either
9 party. Licensee agrees that if the Board rejects this Stipulation and this case proceeds
10 to hearing, Licensee will assert no claim that the Board was prejudiced by its review and
11 discussion of this Stipulation or of any records relating thereto.

12 7. The Department and the Licensee agree that this Stipulation shall be
13 incorporated and made a part of the final order issued by the Montana Board of
14 Pharmacy herein.

15 8. The Department and the Licensee agree that this Stipulation and the attached
16 final order are public documents. Licensee understands that this disciplinary action will
17 be reported to data banks as required by federal law, including the Healthcare Integrity
18 and Protection Data Bank (HIPDB) and the National Practitioners Data Bank (NPDB).

19 9. The following conditions shall apply to the continued licensure of Licensee in
20 the state of Montana:

21 A. Licensee shall pay an administrative fine in the amount of one thousand
22 five hundred dollars (\$1500.00). Licensee shall pay by certified check or money order,
23 made payable to the Montana Board of Pharmacy, P. O. Box 200513, Helena,
24 Montana, 59620-0513, within 30 days of the Final Order.

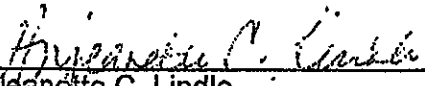
25 B. Licensee shall ensure that the individual who the Board of Pharmacy has
26 listed as the current person-in-charge is accurate and ensure that in the future any
27 changes in the name, address, telephone number, and title of the designated person in
28 charge of the facility will be submitted to the Montana Board of Pharmacy within 30
days of the change, pursuant to ARM 24.174.1202. A PHARMACIST/PERSON-IN-

Stipulation and Final Order

1 CHARGE CHANGE FORM is available on-line at the Montana Board of Pharmacy's
2 website.

3 10. In the event the Board of Pharmacy, in its discretion, does not approve this
4 settlement, this Stipulation shall be withdrawn and shall be of no evidentiary value and
5 shall not be relied upon nor introduced in any disciplinary action by either party hereto.
6 Licensee agrees that should the Board reject this Stipulation, and if this case proceeds
7 to a contested case hearing, Licensee will assert no claim that the Board of Pharmacy
8 was prejudiced by its review and discussion of this Stipulation or of any records relating
9 hereto.

10 THIS AGREEMENT IS SUBJECT TO FINAL APPROVAL BY THE MONTANA
11 BOARD OF PHARMACY

12
13 
14 Anjeanette C. Lindle
15 Legal Counsel
Department of Labor and Industry

DATE 4/8/2010

16
17 
18 Person-In-Charge
Gilead Sciences, Inc.

DATE 03/23/10

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Stipulation and Final Order

BEFORE THE BOARD OF PHARMACY
DEPARTMENT OF LABOR AND INDUSTRY
STATE OF MONTANA

IN THE MATTER OF THE PROPOSED
DISCIPLINARY TREATMENT OF THE
LICENSE OF: Gilead Sciences, Inc.
Wholesale Drug Distributor
License No. 374

Docket No. CC-10-0155-PHA
Complaint No. PHA-2010-0051

FINAL ORDER

Based upon the Stipulation entered into herein by the Department of Labor and Industry, Business Standards Division (Department) and Gilead Sciences, Inc. (Licensee), and good cause appearing therefore,

IT IS HEREBY ORDERED that the parties' Stipulation is approved, adopted, and incorporated by reference with the same force and effect as if its terms were recited in this Final Order verbatim, and that the Licensee must comply with the terms and conditions thereof.

IT IS FURTHER ORDERED that Gilead Sciences, Inc. is adjudged to have violated certain statutes and regulations under the jurisdiction of the Montana Board of Pharmacy warranting sanctions under Mont. Code Ann. §37-1-312.

As required by Mont. Code Ann. §37-1-312(2), the Board has first considered the sanctions that are necessary to protect and compensate the public and now enters the following order designed to rehabilitate the licensee.

DATE: 7-12-2010


Presiding Officer
Montana Board of Pharmacy
Adjudication Panel

Stipulation and Final Order

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2009-2206

CEASE AND DESIST ORDER

IN THE MATTER OF THE UNAUTHORIZED AND UNLAWFUL DISTRIBUTION OF
PRESCRIPTION DRUGS IN COLORADO BY GILEAD SCIENCES, INC.,

Respondent.

Pursuant to guidance established by the Colorado State Board of Pharmacy ("Board") at its January 15, 2009 meeting, documentation has been considered, including, but not limited to, the written complaint dated January 9, 2009, in the above-captioned matter.

Based upon this review, the Board hereby finds that it has jurisdiction over Respondent and the subject matter herein, and that there exists credible evidence that Respondent has acted without the required license, in violation of §§12-22-126 and/or 12-22-127, C.R.S.

The Board finds as follows:

1. Respondent is not registered to distribute prescription drugs or controlled substances in the State of Colorado.
2. On or around December 1, 2008, Respondent distributed prescription drugs to a prescription drug wholesaler in the State of Colorado.
3. Respondent's conduct constitutes the unlawful distribution of prescription drugs and in the State of Colorado, in violation of §§12-22-802(1), C.R.S.
4. WHEREFORE, pursuant to §12-22-125.2(9), C.R.S., the Board hereby ORDERS that Respondent immediately CEASE AND DESIST in engaging in the unlawful distribution of prescription drugs in the State of Colorado, in violation of §§12-22-802(1), C.R.S.

Within ten days after service of this order to cease and desist, Respondent may request a hearing on whether such acts or practices in violation of Part 1 of Article 22 of Title 12, C.R.S. have occurred. Such hearing shall be conducted pursuant to §§ 24-4-104 and 24-4-105, C.R.S.

The Board authorized the undersigned representative to sign this Cease and Desist Order on its behalf.

DATED this 13th day of February 2009.

STATE BOARD OF PHARMACY

BY: Wendy Anderson
Wendy Anderson
Program Director
1560 Broadway, Suite 1300
Denver, Colorado 80202

**BEFORE THE STATE BOARD OF PHARMACY
STATE OF COLORADO**

Case No. 2009-2786

STIPULATION AND FINAL AGENCY ORDER

**IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE LICENSE
TO PRACTICE AS A OUT-OF-STATE WHOLESALER IN THE STATE OF COLORADO
OF GILEAD SCIENCES, INC.,**

Wholesaler Applicant.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and Gilead Sciences, Inc. ("Wholesaler Applicant") to resolve all matters pertaining to Board Case Number 2009-2786 as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Wholesaler Applicant, its application for registration as an out-of-state wholesaler and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of the Pharmaceuticals and Pharmacists Act at Title 12, Article 22, C.R.S.
2. Wholesaler Applicant admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
3. On December 1, 2008, Wholesaler Applicant distributed prescription drugs into Colorado without having first registered as an out-of-state wholesaler in the State of Colorado.
4. Wholesaler Applicant's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes:

Colorado Revised Statutes

12-22-125. Unprofessional conduct - grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this part 1, including but not limited to any acts in section 12-22-126;

(II) The lawful rules of the board; or

(III) Any state or federal law pertaining to drugs.

12-22-125.2. Disciplinary actions. (1) The board may deny or discipline an applicant, licensee, or registrant when the board determines that such applicant, licensee, or registrant has engaged in activities that are grounds for discipline.

* * *

12-22-802. Wholesaler license requirements. (1) A wholesaler that resides in this state shall be licensed by the board. A wholesaler that does not reside in this state shall be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-22-803, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rulemaking by the board.

* * *

5. On January 23, 2009, Wholesaler Applicant submitted an out-of-state wholesaler application, which application was denied by the Board.
6. The Board finds and concludes, and Wholesaler Applicant agrees, that based upon Wholesaler Applicant's above-described violations of the Pharmaceuticals and Pharmacists Act and relevant rules and regulations, the following discipline is just and appropriate under the circumstances as a condition of its registration as an out-of-state wholesaler.

DISPOSITION

**Conditional Registration;
\$5,000.00 Fine and Terms**

7. **Conditional Registration.** Wholesaler Applicant shall be granted a registration as an out-of-state wholesaler upon execution of this Final Agency Order and satisfaction of the terms and conditions set forth herein.

8. **Fine with Surcharge.** Wholesaler Applicant accepts the following discipline: Pursuant to §12-22-125.2(5), C.R.S., Wholesaler Applicant shall pay a fine of Five Thousand Dollars and No Cents (\$5,000.00). Wholesaler Applicant understands and acknowledges, pursuant to §24-34-108, C.R.S., that the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Wholesaler Applicant shall therefore pay a total amount of Five Thousand, Seven Hundred Fifty Dollars and No Cents (\$5,750.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Wholesaler Applicant submits this signed Final Agency Order to the Board.
9. **Compliance.** Wholesaler Applicant shall at all times remain in compliance with §§12-22-801, *et seq.* C.R.S. and shall not at any time distribute prescription drugs into Colorado without being registered as an out-of-state wholesaler in the State of Colorado at the time of distribution.
10. **Advisements and Waivers.** Wholesaler Applicant enters into this Final Agency Order freely and voluntarily, whether or not Wholesaler Applicant has consulted with legal counsel. Wholesaler Applicant acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to §12-22-125, C.R.S.; and
 - d. To appeal this Board order.
- Wholesaler Applicant freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.
11. **Acknowledgments.** The undersigned authorized agent of Wholesaler Applicant has read this Final Agency Order in its entirety and acknowledges, whether or not Wholesaler Applicant has consulted with legal counsel, that Wholesaler Applicant understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable.
12. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Wholesaler Applicant to take all appropriate steps to comply fully with this Final Agency Order. Wholesaler Applicant acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under §12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Wholesaler Applicant to comply with all terms and conditions of this Final Agency Order.

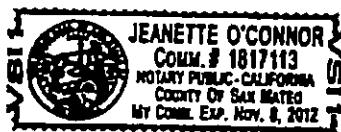
13. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
14. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
15. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Kristie A. Banks
Authorized Agent of Wholesaler Applicant

Dated: 3/6/09

Subscribed and sworn to by Kristie A. Banks, in his/her capacity as an authorized agent of Gilead Sciences, Inc., before me in the County of San Mateo, State of California, this 6th day of March, 2009.



[Signature]
Notary Public

My commission expires: Nov. 8, 2012

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 19th day of March, 2009.

State Board of Pharmacy

BY: Wendy Anderson

Wendy Anderson

Program Director

APPROVED AS TO FORM

Attorneys for Respondent:

*Jason Brandwene, Esq.

322 Lakeside Drive
Foster City, CA 94404
Telephone: (650) 522 - 5283
Fax: (650) 522 - 5771

*Counsel of Record

Maria Herrera

From: Falcon, Laurie <lfalcon@immunomedics.com>
Sent: Wednesday, March 17, 2021 5:51 AM
To: Maria Herrera
Subject: RE: Nevada Wholesaler Application- Immunomedics, Inc WH02559
Attachments: Immunomedics Inc. - Ownership Organizational Chart.docx; Gilead Sciences, Inc. - Montana Department of Labor - Stipulation and Final Order (Jul. 12, 2010).pdf; Gilead Sciences, Inc. - Colorado State Board of Pharmacy - Cease and Desist Order (Feb. 13, 2009).pdf; Gilead Sciences, Inc. - Colorado State Board of Pharmacy - Stipulation and Final Agency Order (Mar. 6, 2009).pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Maria,

Thank you for your e-mail. You asked for (1) a copy of the ownership chart showing pre-closing and post-closing and (2) a copy of the disclosures, as stated on page 3 question 3 of the application. Please find below answers to your questions:

- (1) Immunomedics, Inc. was a publicly traded corporation and is now a wholly owned subsidiary of Gilead Sciences, Inc. Attached is an ownership chart.
- (2) As requested, please see explanations below and attached supporting documents related to question 3 on page 3 of the application:
 - a. **Explanation Regarding Gilead Sciences, Inc. Colorado Stipulation and Final Agency Order.** On March 6, 2009, the Colorado State Board of Pharmacy entered a Stipulation and Final Agency Order ("Order") in a disciplinary proceeding against Gilead Sciences, Inc. ("Gilead") regarding its license to practice as an out-of-state wholesaler in the state of Colorado. In that Order, the Colorado State Board of Pharmacy found that on December 1, 2008, Gilead distributed products into Colorado, prior to being licensed as a wholesaler in that state. Gilead had not previously been required to hold a license in Colorado, based on a letter from the Colorado Board of Pharmacy. When the requirement changed, Gilead was not made aware and therefore did not immediately apply for licensure in the state. The matter was identified when Gilead applied for a Colorado out-of-state wholesaler license in January 2009 and resulted in the initial denial of Gilead's application. As part of the Order, Gilead agreed to pay a \$5,000 fine and the Colorado State Board of Pharmacy granted Gilead a conditional out-of-state wholesaler license, which is still valid and in use by Gilead today. Since then, Gilead has not had any other substantive issues with respect to this license in the past 12 years.
 - b. **Explanation Regarding Gilead Sciences, Inc. Montana Stipulation and Final Order.** On July 12, 2010, the Montana Department of Labor and Industry entered a Stipulation and Final Order ("Order") in a disciplinary proceeding against Gilead Sciences, Inc. ("Gilead") regarding its license to practice as a wholesale drug distributor in the state of Montana. In that Order, the Montana Department of Labor and Industry found that on November 2, 2009, Gilead submitted a Wholesale Drug Distributor License renewal form signed by the new person-in-charge for the license but had not notified the Montana Board of Pharmacy of this new person-in-charge. Gilead was not aware that a notification needed to be sent when there was a change in person-in-charge. As part of the Order, Gilead agreed to pay a \$1,500 administrative fine to the Montana Board of Pharmacy and to timely submit changes related to the person-in-charge to the Board of Pharmacy, in alignment with applicable Montana law. Gilead currently holds an active Wholesale Drug Distributor License in Montana. Since then, Gilead has not had any other substantive issues with respect to this license in the past 11 years.

Please let me know if you have any further questions.

Sincerely,
Laurie

Laurie Falcon
Senior Legal Contracts Specialist
(973) 715-6934 Mobile
lfalcon@immunomedics.com
laurie.falcon@gilead.com



Immunomedics is now a subsidiary of Gilead Sciences, Inc.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, March 10, 2021 10:54 AM
To: Falcon, Laurie <lfalcon@immunomedics.com>
Subject: [EXTERNAL] RE: Nevada Wholesaler Application- Immunomedics, Inc WH02559

Good morning Laurie,

Could you please provide a copy of the ownership chart showing pre-closing and post-closing? As well as a copy of the disclosures, as stated on page 3 question 3 of the application.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
775-850-1440
m.herrera@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

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From: Falcon, Laurie <lfalcon@immunomedics.com>
Sent: Friday, February 26, 2021 7:58 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Wholesaler Application- Immunomedics, Inc

I will send it as soon as received.

Thank you

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, February 26, 2021 10:57 AM
To: Falcon, Laurie <lfalcon@immunomedics.com>
Subject: RE: Nevada Wholesaler Application- Immunomedics, Inc

Good Morning Laurie,

Yes, it satisfies the requirement for the home state license, but please send in the updated license when you receive it.

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



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From: Falcon, Laurie <lfalcon@immunomedics.com>
Sent: Friday, February 26, 2021 7:06 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Wholesaler Application- Immunomedics, Inc

Good Morning,

Please advise if the attached satisfies the requirement for updated home state license. As I advised in my previous email, we do not yet have the updated license.

Please advise.

Thank you,
Laurie

Laurie Falcon
Senior Legal Contracts Specialist
(973) 715-6934 Mobile
lfalcon@immunomedics.com
laurie.falcon@gilead.com



Immunomedics is now a subsidiary of Gilead Sciences, Inc.

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, February 23, 2021 2:45 PM
To: Falcon, Laurie <lfalcon@immunomedics.com>
Subject: Nevada Wholesaler Application- Immunomedics, Inc

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Immunomedics, Inc. The application is incomplete due to the following missing items.

- Updated Home state license, the one received is outdated

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
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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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
 Washington, D.C. 20549

FORM 10-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2019

or

☐ **TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from

to

Commission File No. 0-19731

GILEAD SCIENCES, INC.

(Exact Name of Registrant as Specified in Its Charter)

Delaware

(State or Other Jurisdiction of Incorporation)

94-3047598

(IRS Employer Identification No.)

333 Lakeside Drive, Foster City, California 94404

(Address of principal executive offices) (Zip Code)

650-574-3000

(Registrant's Telephone Number, Including Area Code)

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Common Stock, par value, \$0.001 per share	GILD	The Nasdaq Global Select Market

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 and post such files). Yes ☒ No ☐

Indicate by check mark whether registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, or a smaller reporting company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act.

Large accelerated filer ☒ Accelerated filer ☐ Non-accelerated filer ☐

Smaller reporting company ☐ Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes ☐ No ☒

The aggregate market value of the voting and non-voting common equity held by non-affiliates of the registrant based upon the closing price of its Common Stock on the Nasdaq Global Select Market on June 28, 2019 was \$66.4 billion.*

The number of shares outstanding of the registrant's Common Stock on February 18, 2020 was 1,263,636,656.

DOCUMENTS INCORPORATED BY REFERENCE

Specified portions of the registrant's proxy statement, which will be filed with the Commission pursuant to Regulation 14A in connection with the registrant's 2020 Annual Meeting of Stockholders, to be held on May 6, 2020, are incorporated by reference into Part III of this Report.

* Based on a closing price of \$67.56 per share on June 28, 2019. Excludes 284,647,252 shares of the registrant's Common Stock held by executive officers, directors and any stockholders whose ownership exceeds 5% of registrant's common stock outstanding at June 28, 2019. Exclusion of such shares should not be construed to indicate that any such person possesses the power, direct or indirect, to direct or cause the direction of the management or policies of the registrant or that such person is controlled by or under common control with the registrant.

GILEAD SCIENCES, INC.
2019 Form 10-K Annual Report
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We own or have rights to various trademarks, copyrights and trade names used in our business, including the following: GILEAD®, GILEAD SCIENCES®, AMBISOME®, ATRIPLA®, BIKTARVY®, CAYSTON®, COMPLERA®, DESCOVY®, DESCOVYFORPREP®, EMTRIVA®, EPCLUSA®, EVIPLERA®, GENVOYA®, HARVONT®, HEPSERA®, LETAIRIS®, ODEFSEY®, RANEXA®, SOVALDI®, STRIBILD®, TRUVADA®, TRUVADA FOR PREP®, TYBOST®, VEMLIDY®, VIREAD®, VOSEVI®, YESCARTA® and ZYDELIG®. LEXISCAN® is a registered trademark of Astellas U.S. LLC. MACUGEN® is a registered trademark of Bausch Health Ireland Limited. SYMTUZA® is a registered trademark of Janssen Sciences Ireland UC. TAMIFLU® is a registered trademark of Hoffmann-La Roche Inc. This report also refers to trademarks, service marks and trade names of other companies.

This Annual Report on Form 10-K, including the section entitled "Management's Discussion and Analysis of Financial Condition and Results of Operations," contains forward-looking statements regarding future events and our future results that are subject to the safe harbors created under the Securities Act of 1933, as amended (the Securities Act), and the Securities Exchange Act of 1934, as amended (the Exchange Act). Words such as "expect," "anticipate," "target," "goal," "project," "hope," "intend," "plan," "believe," "seek," "estimate," "continue," "may," "could," "should," "might," "forecast," variations of such words and similar expressions are intended to identify such forward-looking statements. In addition, any statements other than statements of historical fact are forward-looking statements, including statements regarding overall trends, operating cost and revenue trends, liquidity and capital needs and other statements of expectations, beliefs, future plans and strategies, anticipated events or trends and similar expressions.

We have based these forward-looking statements on our current expectations about future events. These statements are not guarantees of future performance and involve risks, uncertainties and assumptions that are difficult to predict. Our actual results may differ materially from those suggested by these forward-looking statements for various reasons, including those identified in Part I, Item 1A of this Annual Report on Form 10-K under the heading "Risk Factors." Given these risks and uncertainties, you are cautioned not to place undue reliance on forward-looking statements. The forward-looking statements included in this report are made only as of the date hereof. Except as required under federal securities laws and the rules and regulations of the Securities and Exchange Commission (SEC), we do not undertake, and specifically decline, any obligation to update any of these statements or to publicly announce the results of any revisions to any forward-looking statements after the distribution of this report, whether as a result of new information, future events, changes in assumptions or otherwise.

PART I

ITEM 1. BUSINESS

Gilead Sciences, Inc. (Gilead, we, our or us), incorporated in Delaware on June 22, 1987, is a research-based biopharmaceutical company that discovers, develops and commercializes innovative medicines in areas of unmet medical need. With each new discovery and investigational drug candidate, we strive to transform and simplify care for people with life-threatening illnesses around the world. We have operations in more than 35 countries worldwide, with headquarters in Foster City, California. Gilead's primary areas of focus include viral diseases, inflammatory and fibrotic diseases and oncology. We seek to add to our existing portfolio of products through our internal discovery and clinical development programs, product acquisition, in-licensing and strategic collaborations.

Our Principal Products

Our innovative medicines represent advancements by offering enhanced modes of delivery, more convenient treatment regimens, improved resistance profiles, reduced side effects and greater efficacy. Our focus on innovation has allowed us to deliver more than 24 marketed products across multiple therapeutic areas.

Our principal products and the approved indications in the United States are as follows:

HIV/AIDS

- **Biktarvy**[®] is an oral formulation dosed once a day for the treatment of HIV-1 infection in certain patients. Biktarvy is a single tablet regimen of a fixed-dose combination of our antiretroviral medications, bictegravir, emtricitabine and tenofovir alafenamide (TAF).
- **Descovy**[®] is an oral formulation indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in certain patients. Descovy is a fixed-dose combination of our antiretroviral medications, emtricitabine and TAF. Descovy is also approved by U.S. Food and Drug Administration (FDA) for a pre-exposure prophylaxis (PrEP) indication to reduce the risk of sexually acquired HIV-1 infection in certain at-risk patients.
- **Odefsey**[®] is an oral formulation dosed once a day for the treatment of HIV-1 infection in certain patients. Odefsey is a single tablet regimen of a fixed-dose combination of our antiretroviral medications, emtricitabine and TAF, and rilpivirine marketed by Janssen Sciences Ireland UC, one of the Janssen Pharmaceutical Companies of Johnson & Johnson (Janssen).
- **Genvoya**[®] is an oral formulation dosed once a day for the treatment of HIV-1 infection in certain patients. Genvoya is a single tablet regimen of a fixed-dose combination of our antiretroviral medicines, elvitegravir, cobicistat, emtricitabine and TAF.
- **Stribild**[®] is an oral formulation dosed once a day for the treatment of HIV-1 infection in certain patients. Stribild is a single tablet regimen of a fixed-dose combination of our antiretroviral medications, elvitegravir, cobicistat, tenofovir disoproxil fumarate (TDF) and emtricitabine.
- **Complera**[®]/**Eviplera**[®] is an oral formulation dosed once a day for the treatment of HIV-1 infection in certain patients. The product, marketed in the United States as Complera and in Europe as Eviplera, is a single tablet regimen of a fixed-dose combination of our antiretroviral medications, TDF and emtricitabine, and Janssen's rilpivirine hydrochloride.
- **Atripla**[®] is an oral formulation indicated as a complete regimen for the treatment of HIV-1 infection in certain patients. Atripla is a fixed-dose combination of our antiretroviral medications, TDF and emtricitabine, and Bristol-Myers Squibb Company (BMS)'s efavirenz.
- **Truvada**[®] is an oral formulation indicated in combination with other antiretroviral agents for the treatment of HIV-1 infection in certain patients. It is a fixed-dose combination of our antiretroviral medications, TDF and emtricitabine. Truvada is also approved by FDA for a PrEP indication, in combination with safer sex practices, to reduce the risk of sexually acquired HIV-1 infection in certain at-risk patients.

Liver Diseases

- **Vosevi**[®] is an oral formulation of a once-daily, single tablet regimen of sofosbuvir, velpatasvir and voxilaprevir for the re-treatment of chronic hepatitis C virus (HCV) infection in adults: (i) with genotype 1, 2, 3, 4, 5 or 6 previously treated with an NS5A inhibitor-containing regimen or (ii) with genotype 1a or 3 previously treated with a sofosbuvir-containing regimen without an NS5A inhibitor.
- **Epclusa**[®] is an oral formulation of a once-daily single tablet regimen of sofosbuvir and velpatasvir for the treatment of chronic HCV infection in adults with genotype 1, 2, 3, 4, 5 or 6: (i) without cirrhosis or with compensated cirrhosis or (ii) with decompensated cirrhosis for use in combination with ribavirin.
- **Harvoni**[®] is an oral formulation of a once-daily, single tablet regimen of ledipasvir and sofosbuvir for the treatment of chronic HCV infection in: (i) adults with genotype 1, 4, 5 or 6 without cirrhosis or with compensated cirrhosis, (ii) adults with genotype 1 infection with decompensated cirrhosis, in combination with ribavirin, (iii) adults with genotype 1 or 4

who are liver transplant recipients without cirrhosis or with compensated cirrhosis, in combination with ribavirin, or (iv) certain pediatric patients with genotype 1, 4, 5 or 6 without cirrhosis or with compensated cirrhosis.

- **Vemlidy®** is an oral formulation of TAF dosed once a day for the treatment of chronic hepatitis B virus (HBV) infection in adults with compensated liver disease.
- **Viread®** is an oral formulation of TDF dosed once a day for the treatment of chronic HBV infection in adults and certain pediatric patients.

Hematology/Oncology

- **Yescarta®** (axicabtagene ciloleucel) is a chimeric antigen receptor (CAR) T cell therapy for the treatment of adult patients with relapsed or refractory large B-cell lymphoma after two or more lines of systemic therapy, including diffuse large B-cell lymphoma (DLBCL) not otherwise specified, primary mediastinal large B-cell lymphoma, high-grade B-cell lymphoma and DLBCL arising from follicular lymphoma.
- **Zydelig®** (idelalisib) is an oral formulation of a kinase inhibitor for the treatment of patients with: (i) relapsed chronic lymphocytic leukemia (CLL), in combination with rituximab, for whom rituximab alone would be considered appropriate therapy due to other co-morbidities, (ii) relapsed follicular B-cell non-Hodgkin lymphoma (FL) in patients who have received at least two prior systemic therapies or (iii) relapsed small lymphocytic lymphoma who have received at least two prior systemic therapies.

Other

- **Letairis®** (ambrisentan) is an oral formulation of an endothelin receptor antagonist for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) (i) to improve exercise capacity and delay clinical worsening or (ii) in combination with tadalafil to reduce the risks of disease progression and hospitalization for worsening PAH, and to improve exercise ability.
- **Ranexa®** (ranolazine) is an oral formulation of an extended-release tablet of an antianginal for the treatment of chronic angina.
- **AmBisome®** (amphotericin B liposome for injection) is a proprietary liposomal formulation of amphotericin B, an antifungal agent, for the treatment of serious invasive fungal infections caused by various fungal species in adults.

For information about our product revenues, including the amount of revenue contributed by each of the products listed above for each of the last three fiscal years, see Note 2. Revenues of the Notes to Consolidated Financial Statements included in Part II, Item 8 of this Annual Report on Form 10-K.

Commercialization and Distribution

We have U.S. and international commercial sales operations, with marketing subsidiaries in more than 35 countries. Our products are marketed through our commercial teams and/or in conjunction with third-party distributors and corporate partners. Our commercial teams promote our products through direct field contact with physicians, hospitals, clinics and other healthcare providers. We generally grant our third-party distributors the exclusive right to promote our product in a territory for a specified period of time. Most of our agreements with these distributors provide for collaborative efforts between the distributor and Gilead in obtaining and maintaining regulatory approval for the product in the specified territory.

We sell and distribute most of our products in the United States exclusively through the wholesale channel. Our product sales to three large wholesalers, AmerisourceBergen Corporation, Cardinal Health, Inc. and McKesson Corporation, each accounted for more than 10% of total revenues for each of the years ended December 31, 2019, 2018 and 2017. On a combined basis, in 2019, these wholesalers accounted for approximately 87% of our product sales in the United States and approximately 64% of our total worldwide revenues. We sell and distribute our products in Europe and countries outside the United States where the product is approved, either through our commercial teams, third-party distributors or corporate partners.

Competition

We operate in a highly competitive environment. We face significant competition from global pharmaceutical and biotechnology companies, specialized pharmaceutical firms and generic drug manufacturers. Our products compete with other commercially available products based primarily on efficacy, safety, tolerability, acceptance by doctors, ease of patient compliance, ease of use, price, insurance and other reimbursement coverage, distribution and marketing. As our products mature, private insurers and government payers often reduce the amount they will reimburse patients, which increases pressure on us to reduce prices. Further, as new branded or generic products are introduced into major markets, our ability to maintain pricing and market share may be affected. For a description of our competitors, see Item 1A. Risk Factors "We face significant competition."

Research and Development

Our research and development (R&D) philosophy and strategy are to develop best-in-class drugs that improve safety or efficacy for unmet medical needs. We intend to continue committing significant resources to internal R&D opportunities and external business development activity.

Our product development efforts are focused primarily in viral diseases, inflammatory and fibrotic diseases and oncology. We have research scientists engaged in the discovery and development of new molecules and technologies that we hope will lead to the approval of new medicines that will advance the current standard of care and address unmet medical needs.

The development of our product candidates is subject to various risks and uncertainties. These risks and uncertainties include our ability to enroll patients in clinical trials, the possibility of unfavorable results of our clinical trials, the need to modify or delay our clinical trials or to perform additional trials and the risk of failing to obtain regulatory approvals. As a result, our product candidates may never be successfully commercialized. Drug development is inherently risky and many product candidates fail during the drug development process.

In 2019, we continued to invest in and advance our R&D pipeline across our therapeutic areas. At the end of 2019, our R&D pipeline included 104 active clinical studies, of which 27 were Phase 3 clinical trials.

Below is a summary of our key product candidates and their corresponding current stages of development.

Product Candidates in Viral Diseases

Product Candidates	Description
Phase 2	
GS-6207	GS-6207, a capsid inhibitor, is being evaluated for the treatment of HIV infection.
Selgantolimod	Selgantolimod, a TLR-8 agonist, is being evaluated for the treatment of chronic HBV infection.
Phase 1	
Vesatolimod	Vesatolimod, a TLR-7 agonist, is being evaluated as a potential cure for HIV infection.
Elipovimab	Elipovimab, a broadly neutralizing antibody, is being evaluated as a potential cure for HIV infection.
GS-4224	GS-4224, a PD-L1 inhibitor, is being evaluated for the treatment of chronic HBV infection.

Product Candidates in Inflammatory and Fibrotic Diseases

Product Candidates	Description
Phase 3	
Filgotinib	Filgotinib, a JAK1 inhibitor, is being evaluated for the treatment of (i) Crohn's disease, (ii) ulcerative colitis and (iii) psoriatic arthritis.
Cilofexor	Cilofexor, a FXR agonist, is being evaluated for the treatment of primary sclerosing cholangitis.
GLPG-1690 ⁽²⁾	GLPG-1690, an autotaxin inhibitor, is being evaluated for the treatment of idiopathic pulmonary fibrosis.
Phase 2	
Filgotinib	Filgotinib is being evaluated for the treatment of (i) ankylosing spondylitis and (ii) uveitis.
GS-4875	GS-4875, a TPL2 inhibitor, is being evaluated for the treatment of ulcerative colitis.
GLPG-1972 ⁽¹⁾	GLPG-1972, an ADAMTS-5 inhibitor, is being evaluated for the treatment of osteoarthritis.
Selonsertib	Selonsertib, an ASK-1 inhibitor, is being evaluated for the treatment of diabetic kidney disease.
Cilofexor, firsocostat and selonsertib combinations	Cilofexor, firsocostat (an ACC inhibitor) and selonsertib combinations are being evaluated for the treatment of nonalcoholic steatohepatitis (NASH).
GLPG-1690 ⁽²⁾	GLPG-1690 is being evaluated for the treatment of systemic sclerosis.
GLPG-1205 ⁽¹⁾	GLPG-1205, a GPR84 inhibitor, is being evaluated for the treatment of idiopathic pulmonary fibrosis.
Phase 1	
GLPG-0555 ⁽¹⁾	GLPG-0555 is being evaluated for the treatment of inflammatory diseases.
GLPG-3312 ⁽¹⁾	GLPG-3312 is being evaluated for the treatment of inflammatory diseases.
GLPG-3970 ⁽¹⁾	GLPG-3970 is being evaluated for the treatment of inflammatory diseases.
GLPG-3667 ⁽¹⁾	GLPG-3667 is being evaluated for the treatment of inflammatory diseases.

Product Candidates in Oncology

Product Candidates	Description
Phase 3	
Axicabtagene ciloleucel	Axicabtagene ciloleucel is being evaluated for the treatment of second line DLBCL.
Phase 2	
Axicabtagene ciloleucel	Axicabtagene ciloleucel is being evaluated for the treatment of indolent non-Hodgkin lymphoma. Axicabtagene ciloleucel is also being evaluated for the treatment of (i) first line DLBCL and (ii) DLBCL in combination with either rituximab or lenalidomide.
KTE-X19	KTE-X19, a CAR T cell therapy, is being evaluated for the treatment of (i) adult and pediatric acute lymphoblastic leukemia and (ii) CLL.
Phase 1	
Axicabtagene ciloleucel	Axicabtagene ciloleucel is being evaluated for the treatment of DLBCL in combination with utomilumab.
KITE-718	KITE-718, a MAGE A3/A6, is being evaluated for the treatment of solid tumors.
KITE-439	KITE-439, an HPV E7, is being evaluated for the treatment of solid tumors.
GS-1423	GS-1423, a bi-specific antibody, is being evaluated for the treatment of solid tumors.
GS-4224	GS-4224, an oral PD-L1 inhibitor, is being evaluated for the treatment of solid tumors.
AGEN1223 ⁽¹⁾	AGEN1223, a bi-specific mAb, is being evaluated for the treatment of multiple indications in oncology.
AGEN2373 ⁽¹⁾	AGEN2373, an anti-CD137 mAb, is being evaluated for the treatment of multiple indications in oncology.

(1) Optionable partner program

(2) Optioned partner program

In addition to our internal discovery and clinical development programs, we seek to add to our portfolio of products through product acquisition, in-licensing and strategic collaborations. In 2019, we completed 27 strategic partnerships, licensing deals and equity investments, which reflects our commitment to developing our pipeline across a range of diseases to address areas of significant unmet medical need and positioning ourselves for the long-term growth of our business.

Patents and Proprietary Rights

U.S. and European Patent Expiration

We have a number of U.S. and foreign patents, patent applications and rights to patents related to our compounds, products and technology, but we cannot be certain that issued patents will be enforceable or provide adequate protection or that pending patent applications will result in issued patents.

The following table shows the estimated expiration dates (including patent term extensions, supplementary protection certificates and/or pediatric exclusivity where granted) in the United States and the European Union for the primary (typically compound) patents for our Phase 3 product candidates. For our product candidates that are fixed-dose combinations of single tablet regimens, the estimated patent expiration date provided corresponds to the latest expiring compound patent for one of the active ingredients in the single tablet regimen.

Phase 3 Product Candidates	Patent Expiration	
	U.S.	E.U.
Product Candidates in Inflammatory and Fibrotic Diseases:		
Filgotinib for the treatment of rheumatoid arthritis, Crohn's disease, ulcerative colitis and psoriatic arthritis	2030	2030
GLPG-1690 for the treatment of idiopathic pulmonary fibrosis	2034	2034
Cilofexor for the treatment of primary sclerosing cholangitis	2032	2032
Product Candidate in Oncology:		
Axicabtagene ciloleucel for the treatment of second line DLBCL	2027	*

* The composition of matter patent has expired in the European Union. In the European Union and the United States, patent applications are pending relating to proprietary manufacturing processes of Kite, a Gilead company.

The following table shows the actual or estimated expiration dates (including patent term extensions, supplementary protection certificates and/or pediatric exclusivity where granted) in the United States and the European Union for the primary (typically compound) patents for our principal products. For our products that are fixed-dose combinations or single tablet regimens,

the estimated patent expiration dates provided correspond to the latest expiring compound patent for one of the active ingredients in the single tablet regimen.

Products	Patent Expiration	
	U.S.	E.U.
Letairis	2018 ⁽¹⁾	2020
Ranexa	2019 ⁽²⁾	2023
Atripla	2021 ⁽³⁾	2017
Truvada	2021 ⁽³⁾	2017 ⁽⁴⁾
Descovy	2022 ⁽⁵⁾	2026
Vemlidy	2022 ⁽⁵⁾	2026
Complera/Eviplera	2025	2026
Zydelig	2025 ⁽⁶⁾	2025 ⁽⁶⁾
Odefsey	2025	2026
Yescarta	2027 ⁽⁶⁾	- ⁽⁷⁾
Stribild	2029	2028
Genvoya	2029	2028
Harvoni	2030	2030 ⁽⁶⁾
Epclusa	2032	2032
Biktarvy	2033	2033
Vosevi	2034	2033

These estimated expiration dates do not include any potential additional exclusivity (e.g., patent term extensions, supplementary protection certificates or pediatric exclusivity) that has not yet been granted.

- (1) In 2017, Gilead and Watson Laboratories, Inc. reached an agreement to settle a patent litigation matter related to Letairis.
- (2) In 2013, Gilead and Lupin Limited reached an agreement to settle a patent litigation matter related to Ranexa.
- (3) In 2014, Gilead and Teva Pharmaceuticals reached an agreement to settle the patent litigation concerning patents that protect emtricitabine in our Truvada and Atripla products. For additional information, see Item 1A. Risk Factors "We face significant competition."
- (4) Supplementary protection certificates (SPCs) have been granted in several European countries. The validity of these SPCs has been challenged by several generic manufacturers, many of whom launched their competing products in 2017.
- (5) An application for patent term extension was filed in the United States that, if granted, would extend the U.S. expiration date to at least 2025.
- (6) Applications for patent term extensions are pending in the United States and/or SPCs are pending in one or more countries in the European Union for these products.
- (7) The composition of matter patent has expired in the European Union. In the European Union and the United States, patent applications are pending relating to proprietary manufacturing processes of Kite.

Patent Protection and Certain Challenges

Patents and other proprietary rights are very important to our business. If we have a properly drafted and enforceable patent, it can be more difficult for our competitors to use our technology to create competitive products and more difficult for our competitors to obtain a patent that prevents us from using technology we create. As part of our business strategy, we actively seek patent protection both in the United States and internationally and file additional patent applications, when appropriate, to cover improvements in our compounds, products and technology.

Patents covering certain of the active pharmaceutical ingredients (API) of most of our HIV products as well as Yescarta are held by third parties. We acquired exclusive rights to these patents in the agreements we have with these parties.

We may obtain patents for certain products many years before marketing approval is obtained. Because patents have a limited life that may begin to run prior to the commercial sale of the related product, the commercial value of the patent may be limited. However, we may be able to apply for patent term extensions or supplementary protection certificates in some countries. For example, extensions for the patents or supplementary protection certificates on many of our products have been granted in the United States and in a number of European countries, compensating in part for delays in obtaining marketing approval. Similar patent term extensions may be available for other products we are developing, but we cannot be certain we will obtain them in some countries.

It is also important that we do not infringe the valid patents of third parties. If we infringe the valid patents of third parties, our reputation may be harmed and we may be required to pay significant monetary damages, we may be prevented from commercializing products or we may be required to obtain licenses from these third parties. We may not be able to obtain alternative technologies or any required license on reasonable terms or at all. If we fail to obtain these licenses or alternative technologies, we may be unable to develop or commercialize some or all of our products. For example, we are aware of patents and patent

applications owned by other parties that such parties may claim to cover the use of sofosbuvir, axicabtagene ciloleucel and bictegrovir.

Because patent applications are confidential for a period of time until a patent is issued, we may not know if our competitors have filed patent applications for technology covered by our pending applications or if we were the first to invent or first to file an application directed toward the technology that is the subject of our patent applications. Competitors may have filed patent applications or received patents and may obtain additional patents and proprietary rights that block or compete with our products. In addition, if competitors file patent applications covering our technology, we may have to participate in interference/derivation proceedings or litigation to determine the right to a patent. Litigation and interference/derivation proceedings are unpredictable and expensive, such that, even if we are ultimately successful, our results of operations may be adversely affected by such events.

Patents relating to pharmaceutical, biopharmaceutical and biotechnology products, compounds and processes such as those that cover our existing compounds, products and processes and those that we will likely file in the future, do not always provide complete or adequate protection. Future litigation or other proceedings regarding the enforcement or validity of our existing patents or any future patents could result in the invalidation of our patents or substantially reduce their protection. From time to time, certain individuals or entities may challenge our patents.

Our pending patent applications and the patent applications filed by our collaborative partners may not result in the issuance of any patents or may result in patents that do not provide adequate protection. As a result, we may not be able to prevent third parties from developing compounds or products that are closely related to those which we have developed or are developing. In addition, certain countries do not provide effective enforcement of our patents, and third-party manufacturers may be able to sell generic versions of our products in those countries.

For a description of our significant pending legal proceedings, see Note 14. Commitments and Contingencies - Legal Proceedings of the Notes to Consolidated Financial Statements included in Part II, Item 8 of this Annual Report on Form 10-K.

Trade Secrets

We also rely on unpatented trade secrets and improvements, unpatented internal know-how and technological innovation. For example, a great deal of our liposomal manufacturing expertise, which is a key component of our liposomal technology, is not covered by patents but is instead protected as a trade secret. We protect these rights mainly through confidentiality agreements with our corporate partners, employees, consultants and vendors. These agreements provide that all confidential information developed or made known to an individual during the course of their relationship with us will be kept confidential and will not be used or disclosed to third parties except in specified circumstances. In the case of employees, the agreements provide that all inventions made by an individual while employed by us will be our exclusive property. We cannot be certain that these parties will comply with these confidentiality agreements, that we have adequate remedies for any breach or that our trade secrets will not otherwise become known or be independently discovered by our competitors. Under some of our R&D agreements, inventions become jointly owned by us and our corporate partners and in other cases become the exclusive property of one party. In certain circumstances, it can be difficult to determine who owns a particular invention and disputes could arise regarding those inventions. If our trade secrets or confidential information become known or independently discovered by competitors, or if we enter into disputes over ownership of inventions, our business and results of operations could be adversely affected.

Manufacturing and Raw Materials

Our products are manufactured either at our own facilities or by third-party contract manufacturers. We depend on third parties to perform manufacturing activities for the majority of our API and drug products. For most of our products, including our HIV and HCV products, we use multiple third-party contract manufacturers so that we have primary and back-up suppliers and manufacturing sites. For Yescarta, we have established clinical and commercial manufacturing facilities for cell processing activities. For our future products, we continue to develop additional manufacturing capabilities and establish additional third-party suppliers to manufacture sufficient quantities of our product candidates to undertake clinical trials and to manufacture sufficient quantities of any product that is approved for commercial sale.

Our Manufacturing Facilities

We own or lease manufacturing facilities to manufacture and distribute certain products and API for clinical and/or commercial uses. These facilities are located in Foster City, San Dimas, La Verne, Oceanside and El Segundo, California; Dublin and Cork, Ireland; Hoofddorp, Netherlands; and Edmonton, Canada.

- Foster City, California: We conduct process chemistry research and formulation development activities, manufacture API and drug product for our clinical trials and oversee our third-party contract manufacturers.
- San Dimas and La Verne, California: We manufacture AmBisome and also package and label the majority of our commercial products for distribution to the Americas and Pacific Rim.
- Oceanside, California: We utilize the facility for clinical manufacturing and process development of our biologics candidates.

Drug Establishments Current Registration Site

 [SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDE
R/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

 [TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=
HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet/?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)



 [EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDA
TA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?subject=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&body=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

New Search (default.cfm)

Search Results for Immunomedics

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Immunomedics, Inc.		115350605	API MANUFACTURE;	300 The American Road, Morris Plains, New Jersey (NJ) 07950, United States (USA)	12/31/2020

Showing 1 to 1 of 1 entries

[Previous](#)[Next](#)

Data Current through: Monday, Nov 18, 2019

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

This Amendment No. 5 (this "Amendment") amends and supplements the Tender Offer Statement on Schedule TO filed by Maui Merger Sub, Inc., a Delaware corporation ("Purchaser"), and Gilead Sciences, Inc., a Delaware corporation ("Parent"), with the U.S. Securities and Exchange Commission on September 24, 2020 (together with any subsequent amendments and supplements thereto, the "Schedule TO"). The Schedule TO relates to the offer by Purchaser to purchase all outstanding shares of common stock, \$0.01 par value per share ("Shares"), of Immunomedics, Inc., a Delaware corporation ("Immunomedics"), at a price of \$88.00 per Share, net to the holder in cash, without interest and subject to any withholding of taxes, upon the terms and subject to the conditions described in the Offer to Purchase dated September 24, 2020 (together with any amendments or supplements thereto, the "Offer to Purchase") and in the accompanying Letter of Transmittal (together with any amendments or supplements thereto and with the Offer to Purchase, the "Offer"), which are annexed to and filed with the Schedule TO as Exhibits (a)(1)(A) and (a)(1)(B), respectively. Purchaser is a wholly owned subsidiary of Parent. This Amendment is being filed on behalf of Parent and Purchaser. Unless otherwise indicated, references to sections in the Schedule TO are references to sections of the Offer to Purchase.

Except as otherwise set forth in this Amendment, the information set forth in the Schedule TO remains unchanged and is incorporated herein by reference to the extent relevant to the items in this Amendment. Capitalized terms used but not defined herein have the meanings ascribed to them in the Schedule TO.

Items 1 through 9 and Item 11.

The information set forth in the Offer to Purchase and Items 1 through 9 and Item 11 of the Schedule TO, to the extent such Items incorporate by reference the information contained in the Offer to Purchase, are hereby amended and supplemented as follows:

"The Offer expired at one minute after 11:59 p.m., Eastern Time, on October 22, 2020. The Depositary advised Purchaser that, as of the expiration of the Offer, a total of 188,227,162 Shares (excluding Shares with respect to which Notices of Guaranteed Delivery were delivered) were validly tendered and not validly withdrawn, representing approximately 81.38% of the Shares outstanding as of the expiration of the Offer. In addition, the Depositary advised Purchaser that Notices of Guaranteed Delivery have been delivered with respect to 12,451,797 additional Shares, representing approximately 5.38% of the outstanding Shares as of the expiration of the Offer.

As of the expiration of the Offer, the number of Shares validly tendered and not validly withdrawn pursuant to the Offer satisfied the Minimum Tender Condition, and all other conditions to the Offer were satisfied or waived. Immediately after the expiration of the Offer, Purchaser irrevocably accepted for payment, and will promptly (and in any event within three business days) pay for, all Shares tendered and not validly withdrawn pursuant to the Offer.

Parent and Purchaser expect to complete the acquisition of Immunomedics on October 23, 2020 by consummating the Merger pursuant to the Merger Agreement without a vote of the Immunomedics shareholders in accordance with Section 251(h) of the DGCL. At the effective time of the Merger, each outstanding Share (other than (i) Shares held by Immunomedics (or held in the treasury of Immunomedics), (ii) Shares held by Parent, Purchaser or any other direct or indirect wholly owned subsidiary of Parent and (iii) Shares held by stockholders who are entitled to appraisal rights under Section 262 of the DGCL and have properly exercised and perfected their respective demands for appraisal of such Shares in the time and manner provided in Section 262 of the DGCL and, as of the effective time of the Merger, have neither effectively withdrawn nor lost their rights to such appraisal and payment under the DGCL) will be converted into the right to receive \$88.00, in cash, without interest.

Following consummation of the Merger, the Shares will be delisted and will cease to trade on the NASDAQ Global Market. Parent and Purchaser intend to take steps to cause the termination of the registration of the Shares under the Exchange Act and suspend all of Immunomedics' reporting obligations under the Exchange Act as promptly as practicable."

ITEM 12. EXHIBITS.

<u>Index No.</u>	
(a)(1)(A)*	Offer to Purchase, dated September 24, 2020.
(a)(1)(B)*	Form of Letter of Transmittal.
(a)(1)(C)*	Form of Notice of Guaranteed Delivery.
(a)(1)(D)*	Form of Letter to Brokers, Dealers, Commercial Banks, Trust Companies and Other Nominees.
(a)(1)(E)*	Form of Letter to Clients for Use by Brokers, Dealers, Commercial Banks, Trust Companies and Other Nominees.
(a)(1)(F)*	Form of Summary Advertisement, published September 24, 2020 in <i>The Wall Street Journal</i> .
(a)(5)(A)	Joint Press Release of Parent and Immunomedics, dated September 13, 2020 (incorporated by reference to Exhibit 99.1 to the Current Report on Form 8-K filed by Parent with the Securities and Exchange Commission on September 14, 2020).
(a)(5)(B)	Investor Presentation, dated September 13, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 14, 2020).
(a)(5)(C)	Transcript of Investor Presentation Call on September 13, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 14, 2020).
(a)(5)(D)	Frequently Asked Questions, sent to Parent Operating Group on September 14, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 14, 2020).
(a)(5)(E)	Frequently Asked Questions provided by Parent to Immunomedics' employees on September 14, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 14, 2020).
(a)(5)(F)	Tweet posted by Parent on September 13, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 14, 2020).
(a)(5)(G)	Email sent by Parent to Immunomedics' employees on September 13, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 14, 2020).
(a)(5)(H)	Transcript of CNBC News "Squawk Box" Interview of Daniel O'Day, posted on Parent's website on September 15, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 15, 2020).
(a)(5)(I)	Email sent to the Gilead Development Team on September 15, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 16, 2020).
(a)(5)(J)	Excerpt from email sent to Gilead's commercial employees on September 17, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 17, 2020).
(a)(5)(K)	Press Release, dated September 23, 2020 (incorporated by reference to the Tender Offer Statement on Schedule TO-C of Parent and Purchaser filed with the Securities and Exchange Commission on September 23, 2020).

<u>Index No.</u>	
(a)(5)(L)**	Press Release of Parent, dated October 14, 2020, announcing the expiration of the waiting period under the HSR Act.
(b)(1)*	Commitment Letter, dated as of September 18, 2020, among Gilead Sciences, Inc. Barclays Bank PLC, Wells Fargo Bank, National Association and certain other parties.
(d)(1)	Agreement and Plan of Merger, dated September 13, 2020, among Immunomedics, Parent and Purchaser (incorporated by reference to Exhibit 2.1 to the Current Report on Form 8-K filed by Parent with the Securities and Exchange Commission on September 14, 2020).
(d)(2)	Mutual Confidential Disclosure Agreement, effective as of January 1, 2019, between Immunomedics and Parent (incorporated by reference to Exhibit (e)(2) to the Schedule 14D-9 filed by Immunomedics with the Securities and Exchange Commission on September 24, 2020).
(d)(3)	Amendment No. 1 to Mutual Confidential Disclosure Agreement, effective as of January 1, 2019, between Immunomedics and Parent (incorporated by reference to Exhibit (e)(3) to the Schedule 14D-9 filed by Immunomedics with the Securities and Exchange Commission on September 24, 2020).
(d)(4)	Exclusivity Agreement, dated as of September 10, 2020, by and between Immunomedics and Parent (incorporated by reference to Exhibit (e)(6) to the Schedule 14D-9 filed by Immunomedics with the Securities and Exchange Commission on September 24, 2020).
(g)	Not applicable.
(h)	Not applicable.

* Previously filed on September 24, 2020 as an exhibit to the Schedule TO.

** Previously filed on October 14, 2020 as an exhibit to the Schedule TO.

SIGNATURE

After due inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated: October 23, 2020

MAUI MERGER SUB, INC.

By: /s/ Brett A. Pletcher
Name: Brett A. Pletcher
Title: *Secretary*

GILEAD SCIENCES, INC.

By: /s/ Brett A. Pletcher
Name: Brett A. Pletcher
Title: *Executive Vice President, Corporate
Affairs and General Counsel*

SC TO-T/A 1 tm2030810d14_sctot.htm SC TO-T/A

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SCHEDULE TO

TENDER OFFER STATEMENT UNDER SECTION 14(D)(1) OR 13(E)(1)
OF THE SECURITIES EXCHANGE ACT OF 1934
(Amendment No. 5)

IMMUNOMEDICS, INC.
(Name of Subject Company (Issuer))

MAUI MERGER SUB, INC.
a wholly owned subsidiary of

GILEAD SCIENCES, INC.
(Names of Filing Persons (Offeror))

Common Stock, Par Value \$0.01 Per Share
(Title of Class of Securities)

452907108
(Cusip Number of Class of Securities)

Brett A. Pletcher, Esq.
Executive Vice President, Corporate Affairs and General Counsel
Gilead Sciences, Inc.
333 Lakeside Drive
Foster City, CA 94404
650-574-3000

(Name, Address and Telephone Number of Person Authorized to
Receive Notices and Communications on Behalf of Filing Persons)

Copies to:
Marc O. Williams
Cheryl Chan
Davis Polk & Wardwell LLP
450 Lexington Avenue
New York, NY 10017
(212) 450-6145
(212) 450-4503

CALCULATION OF FILING FEE

Transaction Valuation*	Amount of Filing Fee**
\$20,882,123,744.48	\$2,710,499.66

* Estimated for purposes of calculating the filing fee only. The transaction valuation was calculated as the sum of (i) 231,320,559 outstanding shares of common stock, par value \$0.01 per share (the "Shares"), of Immunomedics, Inc. ("Immunomedics") multiplied by \$88.00, (ii) 7,308,692 Shares issuable pursuant to outstanding "in-the-money" stock options multiplied by \$70.44 (which is \$88.00 minus the weighted average exercise price for such options of \$17.56 per Share) and (iii) 126,026 Shares issuable pursuant to restricted stock units multiplied by \$88.00. The calculation of the filing fee is based on information provided by Immunomedics as of September 18, 2020.

** The filing fee was calculated in accordance with Rule 0-11 under the Securities Exchange Act of 1934, as amended, and Fee Rate

Advisory No. 1 for Fiscal Year 2020, issued August 23, 2019, by multiplying the transaction value by 0.0001298.

- x Check box if any part of the fee is offset as provided by Rule 0-11(a)(2) and identify the filing with which the offsetting fee was previously paid. Identify the previous filing by registration statement number, or the Form or Schedule and the date of its filing.

Amount Previously Paid: \$2,710,499.66
Form or Registration No.: Schedule TO

Filing Party: Maui Merger Sub, Inc. and Gilead Sciences, Inc.
Date Filed: September 24, 2020

- " Check the box if the filing relates solely to preliminary communications made before the commencement of a tender offer.

Check the appropriate boxes below to designate any transactions to which the statement relates:

- x third-party tender offer subject to Rule 14d-1.
" issuer tender offer subject to Rule 13e-4.
" going-private transaction subject to Rule 13e-3.
" amendment to Schedule 13D under Rule 13d-2.

Check the following box if the filing is a final amendment reporting the results of the tender offer. x



RE: Out of State Wholesaler License #WH02559

Dear Sir or Madam:

This application is being filed at this time due to change of ownership. We have enclosed a check in the amount of \$500.00 and all necessary documents.

if you have any questions or require additional information, please feel free to contact us.

Sincerely,

Laurie Falcon
Corporate Paralegal

Enclosure



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NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership

☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Laurus Generics Inc.

Physical Address: 400 Connell Drive Suite 5200

City: Berkeley Heights State: NJ Zip Code: 07922

Telephone Number: (313) 580-0229 Fax Number: (833) 352-8787

Toll Free Number: (833) 352-8787

E-mail: LGE@SLSNY.com Website: www.LaurusLabs.com

Facility Manager: Thomas Jude Versosky

Professional qualifications and experience of facility manager: Accomplished and strategic leader in US Pharmaceuticals with unique and diverse experience across all functional area and company type whether large multi-national or startup

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices	☐ Hypodermic Devices
☐ Poisons or Chemicals	☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)	
☐ Other: _____	

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? Labeler Code: 42385

Yes ☒ No ☐

(If yes, provide a copy of your FDA registration)

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Cardinal Health

Address: 7000 Cardinal Place, Dublin, OH 43017

Name: McKesson

Address: 6535 N. State Highway 161, Irving, TX 75039

Name: AmerisourceBergen

Address: 1300 Morris Dr., Chesterbrook, PA 19087

Name: Top Rx

Address: 2950 Brother Blvd., Bartlett, TN 38133

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 ☐

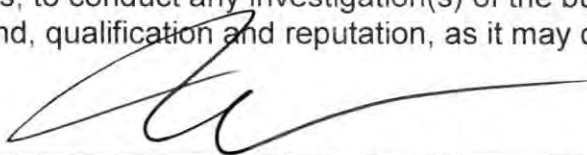
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Thomas Jude Versosky
Print Name of Authorized Person

4/5/21
Date

Board Use Only

Date Processed: ☒ 5/6/2021

Amount: 500
Check # 6985

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Laurus Generics Inc.Parent Company if any: Laurus Holdings LimitedMailing Address: c/o State License Servicing, 1751 State Route 17A, Ste 3City: Florida State: NY Zip: 10921Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

Laurus Holdings Limited is the 100 percent sole owner.

a) Laurus Holdings Limited

Southgate Chambers, 37-39 Southgate Street, Winchester, United Kingdom SO23 9EH

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- Laurus Holdings Limited is the 100 percent sole owner

- 3) What was the price paid per share?
- N/A- Laurus Holdings Limited is the 100 percent sole owner.

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

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LAURUS GENERICS 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 APRIL, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAURUS GENERICS INC." WAS INCORPORATED ON THE SEVENTH DAY OF AUGUST, A.D. 2017.



6504207 8300

SR# 20211367616

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 203016899

Date: 04-21-21



NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE
P.O. Box 369, Trenton, New Jersey 08625-0369

0741675

DRUG AND MEDICAL DEVICE CERTIFICATE OF REGISTRATION

N.J.S.A. 24:6B-5 - "If any location of a registered business is to be changed, the registrant shall give the department written notice prior to the change of the address of such new location and the name and address of the individual to be in charge thereof. A fee of \$20.00 shall accompany such notification."

Registered as ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

400 CONNELL DR, STE 5200 BERKELEY HEIGHTS, NJ 07922-

Reg. No.
5005399

LAURUS GENERICS INC.
400 CONNELL DR, STE 5200
BERKELEY HEIGHTS, NJ 07922-

ISSUED PURSUANT TO
N.J.S.A. 24:6B

EXPIRES: January 31, 2022

Establishment Copy

☆ ↩ 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>

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 3/31/2021

Registration Number: 5005399 **Registered as:** Manufacturer and Wholesale

Parent Company Name: LAURUS GENERICS INC.

Trade Name:

Original Issue Date: 04/04/2018 **Expiration Date:** 01/31/2022

Current Issue Date: 10/21/2020

Disciplines: No

Corporate Address: 400 Connell Drive, Suite 5200, Berkeley Heights, NJ 07922 USA
FEIN: 61-1860531
www.LaurusLabs.com

Drug Labeler Code: 42385
Incorporation State: DE
Incorporation Date: 08/07/2017

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
BER	400 Connell Drive Suite 5200 Berkeley Heights, NJ 07922 County: Union	N/A	N/A - No CS	081037118	No	(313) 580-0229	(833) 352-8787

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Thomas Jude Versosky	██████████ Oakbrooke LN West Bloomfield, MI 48323	President	No	██████████	██████████	Own supervisor

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Laurus Holdings Limited	Southgate Chambers 37-39 Southgate Street Winchester, SO23 9EH United Kingdom	N/A	100	N/A		N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Thomas Jude Versosky	██████████ Oakbrooke LN West Bloomfield, MI 48323	President	No	██████████	██████████	Own supervisor

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
InCorp Services						

3PLS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Integrated Commercialization Solutions, LLC	420 International Blvd., Suite 500 Brooks, KY 40109					

THOMAS VERSOSKY

Cell: [REDACTED]

PHARMACEUTICAL EXECUTIVE

Accomplished and strategic leader in US Pharmaceuticals with unique and diverse experience across all functional areas and company type whether large multi-national or startup

Capabilities and Competencies

- Sales – Maintain active relationships with all key US Customers. Launched over 100 ANDA products as well as NDA and 505(b)2 products.
- Business Development – Maintain active relationships with Corporate Development contacts as well as relevant contacts in Banking and Private Equity. Successfully in-licensed products, out-licensed products, and completed major corporate acquisition and sale processes.
- Portfolio Management – Product selection and forecasting expert, having managed process for generic products in all scenarios from exclusive first to market through competitive late entry.
- Operations – Leader across organization with the expertise in non-commercial areas such as Gross to Net accounting and Supply Chain management internally and externally.

PROFESSIONAL EXPERIENCE9/2016–Current **Laurus Labs, Laurus Generics Inc.**

Berkeley Heights, NJ

President FDF North America

- Manage all aspects of launching Laurus US finished dose label for generic products and niche 505(b)2s and lead out-licensing activities for CA market
- Full P&L responsibility for virtual generic pharmaceutical company
- Lead portfolio development to drive the activities of both internal R&D and business development team
- Maintain alliances with external partners on in-licensing and out-licensing activities as well as third party logistics provider as well as pharmacovigilance provider



WOODWARD PHARMA

4/2015–9/2016 **Woodward Pharma Services LLC**

Birmingham, MI

President

- Founding Partner, managed all aspects from start-up of Pharma Services Company offering commercial operations, training, and support to emerging manufacturing clients.
- Full P&L responsibility for operation.
- Established Woodward Pharma manufacturer label including licensure in required States.
- Actively and aggressively pursued acquisition opportunities for Woodward label through established and new contacts while developing funding relationships.
- Created Contract Sales and Marketing business partnership for Sunrise Pharmaceutical with Woodward responsibilities including all Sales and Marketing activities, including:

THOMAS VERSOSKY



- Established relationship and contracts with major customers.
- Launched first products for Sunrise label.
- Performed all back office activities including government contracting, customer service, and gross to net accounting.
- Provided consulting services on items including acquisitions and integration, pipeline development, corporate strategy, and general commercial operations to numerous pharmaceutical companies as well as a top three US customer.



4/2013–4/2015 **Trail Services Inc. (CorePharma)**

Horsham, PA



Vice President - Sales and Marketing

Lineage Therapeutics

- Led the Sales, Marketing, and Sales Operations for a private equity owned group of US generic and branded pharmaceutical companies (CorePharma, Amedra Pharmaceuticals, and Lineage Therapeutics) with over \$500 Million in peak combined annual revenue with sales to all of the major wholesalers, chains, and GPOs leading to the acquisition of the companies by Impax Labs for over \$700 Million in March 2015.
- P&L responsibility for sales organization managing all aspects of commercial pricing, contracting, budgeting, and forecasting, while in partnership with Finance the accrual assuring an accurate accrual process and gross-to-net methodology.
- Responsibly and professionally drove sales and marketing of a unique portfolio high value generics and mature brands, including:
 - Managed an exclusive generic through its loss of exclusivity maintaining appropriate share and pricing.
 - Tripled the revenue and profit of a mature brand through data driven aggressive pricing strategy.
 - Launched a 505(b)(2) generic product against a blockbuster brand gaining product placement in all target customers.
- Opened new relationships with previously underserved retail and non-retail customers.
- Rebuilt the generic product pipeline through detailed portfolio selection process.
- Presented monthly and quarterly results to private equity ownership group, RoundTable Healthcare Partners.
- Managed 3PL relationship with leading provider managing distribution and chargeback processing.
- Successfully transitioned commercial operations to Impax Labs brand, generic, and portfolio teams.



1/2007–4/2013 **Sun Pharma USA (Caraco Pharmaceutical Labs, Ltd.)**

Detroit, MI

2010-2013 Sr. Director of Business Strategies

- Directly managed Sales Operations and Business Development activities leading the commercialization and marketing activities for an emerging US generic pharmaceutical company that markets diverse product lines and therapeutic indications with over \$700 Million in annual sales to all of the major wholesalers, chains, and GPOs.
- Business Development
 - Identified and in-licensed generic products from third party developers to supplement the company's pipeline
 - Managed the alliance with contract manufacturing partners providing for consistent supply on licensed products
 - Organized due diligence efforts on numerous targeted generic manufacturers leading to numerous offers of acquisition and two completed acquisitions of competitors.
- Continued management of functions performed in previous role

2007-2010 Director of Business Strategy

- Business Strategy
 - Chief analyst of key performance metrics for all areas of the company, providing detailed analysis to parent company while generating improvement opportunities
 - Successful in launching over 80 products into the market in the past 5 years, driving appropriate and responsible pricing and market share
 - Develop annual sales forecast and budget for rapidly increasing product line, regularly managing to these forecasts and appropriately communicating with the key people to drive targets
 - Evaluate development projects and manage launch planning for over 150 filed ANDA's already in pipeline
- Sales Operations
 - Direct and develop Sales Operations staff consisting of Sr. Manager of Sales Operations and over 20 FTEs in all sales related functions
 - Accountable for all facets of the customer relationship such as orders, sales, and service.
 - Responsible for annual sales budget and real time inventory forecasts
 - Implemented CRM system to provide accurate and consistent service to customers
 - Manage return and recall processes both in-house and contracted
 - Effectively increased workload within the group while reducing headcount through process optimization
- Performed Investor and Media Relations functions acting as chief contact for inquiries from the investment community as well as the press for the Company while publicly traded

THOMAS VERSOSKY

2004–2006 **Anda, Inc** (subsidiary of Watson Pharmaceuticals)

Weston, FL

Director of Strategic Development

- Drove strategic plan and direction for distribution business that generated over \$700M in annual sales
- Chief analyst of business metrics as a direct report to President/COO
- Identified and improved numerous processes using data driven decisions across the organization in areas such as sales targeting, staffing levels, and accounting workflow
- Through data stratification and analysis, created and implemented customer programs and target marketing that maximized retention and profit
- Provided data support of Due Diligence on distribution targets, SEC Filings, and Board of Directors meetings
- Analyzed industry trends and competition to determine their impact on the business
- Directed the development and implementation of Data Mart using Cognos Report Net sui



Vanguard

1999–2004 **The Vanguard Group**

Scottsdale, AZ

2000-2004 Metric Analyst

- Developed and maintained Dashboard for \$6 Billion dollar business segment
- Performed quantitative and qualitative analysis of business to identify trends and opportunities and presented findings at the executive level.
- Led and coached Six Sigma DMAIC projects improving quality by reducing process variation.
- Trained on Six Sigma concepts to prepare employees to work as team members on DMAIC projects.

1999-2000 Communications Associate

- Assisted clients in financial planning concepts and products
- Strengthened client relationships through quality service



Prudential

1998–1999 **Prudential**

Scottsdale, AZ

Sales Representative

- Matched client needs with investment and insurance products
- Successfully probed clients to determine appropriate investment strategy

THOMAS VERSOSKY



EDUCATION

University of Phoenix
Bachelor Degree of Science in Business

Scottsdale, AZ

University of Arizona
Undergraduate Coursework

Tucson, AZ

National Drug Code Directory

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Current through May 06, 2021

You have searched Finished drug products

Search Results: '42385'

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CSV Excel

Display records per pageSearch 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
+ Levetiracetam	42385-954-12	250 mg/1	TABLET	ORAL	ANDA090767	Laurus Generics Inc.	42385-954	Levetiracetam	LEVETIRACETAM	HUMAN PRESCRIPTION DRUG	03/22/2021	N/A	ANDA	120 TABLET in 1 BOTTLE (42385-954-12)
+ Levetiracetam	42385-955-05	500 mg/1	TABLET	ORAL	ANDA090767	Laurus Generics Inc.	42385-955	Levetiracetam	LEVETIRACETAM	HUMAN PRESCRIPTION DRUG	03/22/2021	N/A	ANDA	500 TABLET in 1 BOTTLE (42385-955-05)
+ Levetiracetam	42385-955-12	500 mg/1	TABLET	ORAL	ANDA090767	Laurus Generics Inc.	42385-955	Levetiracetam	LEVETIRACETAM	HUMAN PRESCRIPTION DRUG	03/22/2021	N/A	ANDA	120 TABLET in 1 BOTTLE (42385-955-12)
+ Levetiracetam	42385-956-12	750 mg/1	TABLET	ORAL	ANDA090767	Laurus Generics Inc.	42385-956	Levetiracetam	LEVETIRACETAM	HUMAN PRESCRIPTION DRUG	03/22/2021	N/A	ANDA	120 TABLET in 1 BOTTLE (42385-956-12)
+ Levetiracetam	42385-957-60	1000 mg/1	TABLET	ORAL	ANDA090767	Laurus Generics Inc.	42385-957	Levetiracetam	LEVETIRACETAM	HUMAN PRESCRIPTION DRUG	03/22/2021	N/A	ANDA	60 TABLET in 1 BOTTLE (42385-957-60)

Showing 1 to 5 of 5 entries (filtered from 50 total records)

[Background Information](#)

Previous 1 Next

✓ verified
N.H.
5/6/2021

3/11/2021

National Drug Code Directory

National Drug Code Directory

SHARE https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm

TWEET https://twitter.com/intent/tweet?text=NATIONAL%20DRUG%20CODE%20DIRECTORY&url=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm

EMAIL mailto:?SUBJECT=NATIONAL%20DRUG%20CODE%20DIRECTORY&BODY=https://www.accessdata.fda.gov/scripts/cder/ndc/dsp_searchresult.cfm

Current through March 11, 2021

You have searched Finished drug products

Search Results: 'Laurus'

[Back to Search Page \(\)](#) | [Search Again \(\)](#)

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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
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-928-30	600 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA212786	Laurus Labs Limited	42385-928	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-928-90	600 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA212786	Laurus Labs Limited	42385-928	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-929-18	400 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA213038	Laurus Labs Limited	42385-929	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-929-30	400 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA213038	Laurus Labs Limited	42385-929	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-929-31	400 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA213038	Laurus Labs Limited	42385-929	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-929-82	400 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA213038	Laurus Labs Limited	42385-929	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-929-90	400 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA213038	Laurus Labs Limited	42385-929	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG
Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	42385-929-91	400 mg/1, 300 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA213038	Laurus Labs Limited	42385-929	Efavirenz, Lamivudine and Tenofovir Disoproxil Fumarate	EFAVIRENZ; LAMIVUDINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIP DRUG

3/11/2021

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 Emtricitabine and Tenofovir Disoproxil Fumarate	42385-953-30	200 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA212114	Laurus Labs Limited	42385-953	Emtricitabine and Tenofovir Disoproxil Fumarate	EMTRICITABINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIPTION DRUG
 Emtricitabine and Tenofovir Disoproxil Fumarate	42385-953-90	200 mg/1, 300 mg/1	TABLET, FILM COATED	ORAL	ANDA212114	Laurus Labs Limited	42385-953	Emtricitabine and Tenofovir Disoproxil Fumarate	EMTRICITABINE; TENOFOVIR DISOPROXIL FUMARATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-935-05	54 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-935	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-935-11	54 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-935	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-935-30	54 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-935	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-935-90	54 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-935	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-936-05	160 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-936	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-936-11	160 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-936	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-936-30	160 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-936	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 FENOFIBRATE	42385-936-90	160 mg/1	TABLET, FILM COATED	ORAL	ANDA210606	Laurus Labs Limited	42385-936	FENOFIBRATE	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 fenofibrate	42385-950-11	48 mg/1	TABLET	ORAL	ANDA211122	Laurus Labs Limited	42385-950	fenofibrate	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 fenofibrate	42385-950-30	48 mg/1	TABLET	ORAL	ANDA211122	Laurus Labs Limited	42385-950	fenofibrate	FENOFIBRATE	HUMAN PRESCRIPTION DRUG
 fenofibrate	42385-950-90	48 mg/1	TABLET	ORAL	ANDA211122	Laurus Labs Limited	42385-950	fenofibrate	FENOFIBRATE	HUMAN PRESCRIPTION DRUG

3/11/2021

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type
(+) fenofibrate	42385-951-11	145 mg/1	TABLET	ORAL	ANDA211122	Laurus Labs Limited	42385-951	fenofibrate	FENOFIBRATE	HUMAN PRESCRIP [®] DRUG
(+) fenofibrate	42385-951-30	145 mg/1	TABLET	ORAL	ANDA211122	Laurus Labs Limited	42385-951	fenofibrate	FENOFIBRATE	HUMAN PRESCRIP [®] DRUG
(+) fenofibrate	42385-951-90	145 mg/1	TABLET	ORAL	ANDA211122	Laurus Labs Limited	42385-951	fenofibrate	FENOFIBRATE	HUMAN PRESCRIP [®] DRUG
(+) FENOFIBRIC ACID DELAYED-RELEASE	42385-944-11	45 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA211626	Laurus Labs Limited	42385-944	FENOFIBRIC ACID	FENOFIBRIC ACID	HUMAN PRESCRIP [®] DRUG
(+) FENOFIBRIC ACID DELAYED-RELEASE	42385-944-30	45 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA211626	Laurus Labs Limited	42385-944	FENOFIBRIC ACID	FENOFIBRIC ACID	HUMAN PRESCRIP [®] DRUG
(+) FENOFIBRIC ACID DELAYED-RELEASE	42385-944-90	45 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA211626	Laurus Labs Limited	42385-944	FENOFIBRIC ACID	FENOFIBRIC ACID	HUMAN PRESCRIP [®] DRUG
(+) FENOFIBRIC ACID DELAYED-RELEASE	42385-945-11	135 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA211626	Laurus Labs Limited	42385-945	Fenofibric Acid	FENOFIBRIC ACID	HUMAN PRESCRIP [®] DRUG
(+) FENOFIBRIC ACID DELAYED-RELEASE	42385-945-30	135 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA211626	Laurus Labs Limited	42385-945	Fenofibric Acid	FENOFIBRIC ACID	HUMAN PRESCRIP [®] DRUG
(+) FENOFIBRIC ACID DELAYED-RELEASE	42385-945-90	135 mg/1	CAPSULE, DELAYED RELEASE	ORAL	ANDA211626	Laurus Labs Limited	42385-945	Fenofibric Acid	FENOFIBRIC ACID	HUMAN PRESCRIP [®] DRUG
(+) Hydroxychloroquine Sulfate	42385-927-01	200 mg/1	TABLET, FILM COATED	ORAL	ANDA210959	Laurus Labs Limited	42385-927	Hydroxychloroquine Sulfate	HYDROXYCHLOROQUINE SULFATE	HUMAN PRESCRIP [®] DRUG
(+) Hydroxychloroquine Sulfate	42385-927-05	200 mg/1	TABLET, FILM COATED	ORAL	ANDA210959	Laurus Labs Limited	42385-927	Hydroxychloroquine Sulfate	HYDROXYCHLOROQUINE SULFATE	HUMAN PRESCRIP [®] DRUG

3/11/2021

National Drug Code Directory

Proprietary Name	NDC Package Code	Strength	Dosage Form	Route	Appl. No.	Labeler Name	Product NDC	Nonproprietary Name	Substance Name	Product Type Name
 Metformin Hydrochloride	42385-902-01	1000 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-902	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-902-05	1000 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-902	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-903-01	850 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-903	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-903-05	850 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-903	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-904-01	500 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-904	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-904-05	500 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-904	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-903-10	850 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-903	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-904-10	500 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-904	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-902-06	1000 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-902	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-902-10	1000 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-902	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-903-09	850 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-903	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG
 Metformin Hydrochloride	42385-904-09	500 mg/1	TABLET, FILM COATED	ORAL	ANDA209882	Laurus Labs Limited	42385-904	Metformin Hydrochloride	METFORMIN HYDROCHLORIDE	HUMAN PRESCRIPTION DRUG

Showing 1 to 44 of 44 entries

Previous

1

Next

Background Information (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

3/11/2021

National Drug Code Directory

Drug questions email: DRUGINFO@FDA.HHS.GOV (<mailto:DRUGINFO@FDA.HHS.Gov>)

See also: [Drug Registration and Listing Instructions](https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm)

(<https://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/DrugRegistrationandListing/ucm078801.htm>)

[National Drug Code Directory Data Files](https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm) (<https://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>)

U.S Department of Health and Human Services
Public Health Service
Food and Drug Administration
Center for Drug Evaluation and Research
Division of Data Management and Services

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. 60116897

Application/License No. _____

Laurus Generics, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
400 Connell Drive, Suite 5200 Berkeley Heights, NJ 07922, as
Address of Applicant/Principal
PRINCIPAL, and Capital Indemnity Corporation, a
Surety Company
 corporation organized under the laws of the state of Wisconsin
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
P.O. Box 5900, Madison, WI 53558 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 February 10, 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
10th day of February, 2021.

APPLICANT/PRINCIPAL

Laurus Generics, Inc.

Authorized Representative

SURETY COMPANY

Capital Indemnity Corporation

Surety Company's Representative

Shelly L. Andrade, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:

Witness Lori De Giusti

Witness Kayla Robinson

SIGNED and SEALED in the presence of:

Witness Bubba Jones

Witness Deborah Rabinson

Countersigned by:

N/A
 Nevada Resident Agent

State of Michigan - Oakland County) ss.

Subscribed and sworn to (or affirmed) before me on this 24th day
 of March 2021
 by Thomas VERZOSKY
 who personally proved to me on the basis of satisfactory evidence
 to be the person(s) who appeared before me.

Notary Signature: M. J. Bl

CAPITOL INDEMNITY CORPORATION

POWER OF ATTORNEY

60116897

Bond Number

KNOW ALL MEN BY THESE PRESENTS, That the CAPITOL INDEMNITY CORPORATION, a corporation of the State of Wisconsin, having its principal offices in the City of Middleton, Wisconsin, does make, constitute and appoint

-----SHELLY L ANDRADE; SUSAN KANIA; GAIL M PERRIN; STEVEN VITORINO-----

its true and lawful Attorney(s)-in-fact, to make, execute, seal and deliver for and on its behalf, as surety, and as its act and deed, any and all bonds, undertakings and contracts of suretyship, provided that no bond or undertaking or contract of suretyship executed under this authority shall exceed in amount the sum of

-----ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED: \$20,000,000-----

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 CAPITOL INDEMNITY CORPORATION at a meeting duly called and held on the 15th day of May, 2002.

"RESOLVED, that the President, Executive Vice President, Vice President, Secretary or Treasurer, acting individually or otherwise, be and they hereby are granted the power and authorization to appoint by a Power of Attorney for the purposes only of executing and attesting bonds and undertakings, and other writings obligatory in the nature thereof, one or more resident vice-presidents, assistant secretaries and attorney(s)-in-fact, each appointee to have the powers and duties usual to such offices to the business of this company; the signature of such officers and seal of the Company may be affixed to any such power of attorney or to any certificate relating thereto by facsimile, and any such power of attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company, and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking or other writing obligatory in the nature thereof to which it is attached. Any such appointment may be revoked, for cause, or without cause, by any of said officers, at any time."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

IN WITNESS WHEREOF, the CAPITOL INDEMNITY CORPORATION has caused these presents to be signed by its officer undersigned and its corporate seal to be hereto affixed duly attested, this 1st day of January, 2020.

Attest:

RJ Byrnes
Ryan J. Byrnes
Senior Vice President,
Chief Financial Officer and Treasurer

Suzanne M Broadbent
Suzanne M. Broadbent
Assistant Secretary



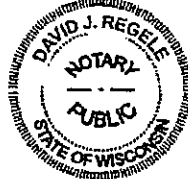
CAPITOL INDEMNITY CORPORATION

John L. Sennott, Jr.
John L. Sennott, Jr.
Chief Executive Officer and President

STATE OF WISCONSIN }
COUNTY OF DANE

S.S.:

On the 1st day of January, 2020 before me personally came John L. Sennott, Jr., to me known, who being by me duly sworn, did depose and say: that he resides in the County of Hartford, State of Connecticut; that he is Chief Executive Officer and President of CAPITOL INDEMNITY CORPORATION, the corporation described in and which executed the above instrument; that he knows the seal of the said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation and that he signed his name thereto by like order.



David J. Regele
David J. Regele
Notary Public, Dane Co., WI
My Commission Is Permanent

STATE OF WISCONSIN }
COUNTY OF DANE

S.S.:

I, the undersigned, duly elected to the office stated below, now the incumbent in CAPITOL INDEMNITY CORPORATION, a Wisconsin Corporation, authorized to make this certificate, DO HEREBY CERTIFY that the foregoing attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the Resolution of the Board of Directors, set forth in the Power of Attorney is now in force.

Signed and sealed at the City of Middleton, State of Wisconsin this 10th day of February, 2021



Andrew B. Diaz-Matos
Andrew B. Diaz-Matos
Senior Vice President, General Counsel and Secretary

THIS DOCUMENT HAS BEEN GENERATED FOR A SPECIFIC BOND. IF YOU HAVE ANY QUESTIONS CONCERNING THE AUTHENTICITY OF THIS DOCUMENT CALL 800-475-4450.

CIC-ePOA-M (Rev. 01-2020)

1 BEFORE THE NEVADA STATE DEPARTMENT OF HEALTH AND HUMAN SERVICES

2 ***

3 In the Matter of the Administrative Penalty for
4 LAURUS GENERICS INC.
56 SETTLEMENT AGREEMENT7 COMES NOW, the parties of the DEPARTMENT OF HEALTH AND HUMAN SERVICES
8 (hereinafter "the DEPARTMENT") and LAURUS GENERICS INC. and stipulate to the following:

- 9 1. Under NRS 439B.635, the DEPARTMENT sought an administrative penalty from LAURUS
10 GENERICS INC. in connection with certain alleged annual report information to be submitted to
11 the DEPARTMENT by April 1, 2020. LAURUS GENERICS INC. provided the report information
12 on or about October 9, 2020, asserted defenses, and disputed the administrative penalty sought by
13 the DEPARTMENT (hereinafter the "DISPUTE").
- 14 2. The DEPARTMENT and LAURUS GENERICS INC. consulted with their respective counsel. The
15 DEPARTMENT and LAURUS GENERICS INC. agreed to a settlement payment in the amount of
16 Sixty Thousand dollars. (\$60,000.00) to be paid by LAURUS GENERICS INC. on or before
17 December 11, 2020, in exchange for the complete and final resolution of the DISPUTE between
18 the parties and the waiver of any and all claims by the DEPARTMENT in connection with the
19 annual report information due on April 1, 2020. Each party shall bear its own attorney's fees and
20 costs.
- 21 3. The parties further agree that this settlement is exclusively for the purpose of compromise and
22 settlement of a dispute to avoid the risks and uncertainties of litigation and shall not be construed
23 as an admission of liability with regard to any allegation or issue presented in this or any other
24 matter.

25 ...

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28 ...

- 1 4. This settlement agreement shall not be construed as prohibiting any criminal or civil actions or
2 other claims for relief that may be available to any party other than the DEPARTMENT under any
3 applicable federal, state or local laws.

4 Dated: 12/1/20

5 
6

7 Thomas Versosky
8 President FDF North America
9 Authorized Signatory of Laurus Generics Inc.

10 Dated: 12/1/2020

11 

12 By: _____

13 RICHARD WHITLEY, Director
14 Nevada Department of Health and Human Services
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Steve Sisolak
Governor



**DEPARTMENT OF
HEALTH AND HUMAN SERVICES**
Director's Office
Helping people. It's who we are and what we do.



Richard Whitley, MS
Director

September 23, 2020

Laurus Labs
Serene Chambers, Road No 7,
Banjarahills, Hyderabad - 500 034,
Telangana, India

Notice of Intent to Impose Penalty for Noncompliance Pursuant to NRS 439B.635

To Whom it May Concern:

YOU ARE HEREBY NOTIFIED that the Nevada DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS) intends to impose a penalty of \$800,000 for failing to report as required by NRS 439B.635. Please submit a complete report as outlined in <http://drugtransparency.nv.gov>; an explanation of why your organization should not have to report; or an estimated date for the submission of the report. Failure to submit a report may result in notice of additional administrative penalties.

Statutory or Regulatory Authority

Nevada Revised Statutes (NRS) 439B.635 requires manufacturers that produce essential diabetes or asthma drugs defined by the Nevada Department of Health and Human Services (DHHS) to submit information to DHHS. Additionally, if a drug on the Essential Drug List had a significant price increase as outlined in NRS 439B.640, manufacturers are also required to submit a report describing the reasons for the increase in price. NRS 439B.695 gives DHHS the authority to impose a penalty of \$5,000 per day to drug manufacturers for failure to comply with these requirements.

Facts Supporting the Penalty

Your organization is identified on the 2020 Essential Drug List published Feb. 1, 2020. The 2020 list of drugs for which you are responsible to report along with templates and instructions can be found at <http://drugtransparency.nv.gov>.

Your organization failed to submit the report that was initially due on April 1, 2020. DHHS extended the deadline to April 16, 2020 due to the worldwide response to the COVID-19 pandemic. As of the date of this notice, a report has not been received. Based on your organization's noncompliance for 160 days, your organization could be assessed a penalty of up to \$800,000.

Other Circumstances Considered

Your organization is included on the 2020 Essential Diabetes and Asthma Drug List because an essential medication was identified and the organizations has a Medicaid claim in Nevada. Additionally, DHHS contacted your organization regarding the required reporting via email on April 21, 2020.

Notice of Right to Appeal

Your organization may appeal this penalty within 15 business days of the date of this letter. Submit any appeal to the Director at the following address: drugtransparency@dhhs.nv.gov

Enclosed please find LCB File No. R121-20 for proposed hearing process for an appeal.

Effective Date of Administrative Penalty

If your organization does not appeal this penalty it is effective 15 business days after the date of this notice which was mailed to the last known address and e-mailed to the last known e-mail address of your organization.

For questions please contact the drug transparency program at 775-684-4255 or drugtransparency@dhhs.nv.gov

Sincerely,



Richard Whitley, MS
Director

Cc: Julie Slabaugh, Chief Deputy Attorney General

**PROPOSED REGULATION OF THE
DIRECTOR OF THE DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

LCB FILE NO. R121-201

**The following document is the initial draft regulation proposed
by the agency submitted on 06/30/2020**

PROPOSED REGULATION OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

AUTHORITY: NRS 439B.685

Section 1. Chapter 439 of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to x, inclusive of these regulations.

Section 2. *As used in in section 2 to 7, inclusive, of this regulation and NAC 439.730 through and including NAC 439.749, the words and terms are defines as follows:*

1. *"Department" means the Department of Health and Human Services.*
2. *"Director" means the Director of the Department.*
3. *"Manufacturer" has the meaning ascribed in NRS 439B.605*
4. *"Pharmacy" has the meaning ascribed in NRS 439B.610.*
5. *"Pharmacy benefit manager" has the meaning ascribed in NRS 439B.615*

Section 3.

1. *The Director shall appoint three permanent employees to act as hearing officers. The hearing officers shall perform their duties in addition to their regularly assigned duties.*
2. *Upon receipt of a request for an appeal to be heard by a hearing officer, the Director shall assign the appeal to the next hearing officer in the rotation unless that hearing officer has a conflict of interest or is otherwise disqualified from hearing the appeal.*

Section 4

1. *if the Department intends to impose and administrative penalty under NRS 439B.695, the Department shall notify the pharmacy, manufacturer, pharmacy benefit manager, non-profit organization or pharmaceutical sales representative of the proposed penalty, in writing, at least 15 business days before the effective date of the imposition of the penalty. The notice must include, without limitation:*
 - (a) *A citation of the statutory and regulatory authority for the penalty;*
 - (b) *The facts on which the penalty is based;*
 - (c) *A description of any circumstances that the Department considered in taking the penalty;*
 - (d) *Instructions for responding to the notice, including, without limitation, a statement of the right to any internal informal procedures for appeal, the right to a hearing, the period during which a hearing must be requested and the consequences of waiving a hearing; and*
 - (e) *The effective date of the penalty.*
2. *The Department shall serve the notice by mailing to last known address and e-mail to the last known e-mail address of the pharmacy, manufacturer, pharmacy benefit manager, non-profit organization or pharmaceutical representative.*

Section 5

1. All requests for an appeal must be addressed to the Director and submitted within 15 business days of the date of the notice described in section 4.

2. Hearings on appeals must be open to the public. Upon the motion of a party, the hearing officer, in his or her discretion, may exclude from the hearing room any witnesses in the matter not at the time under examination except a party or parties to the proceeding or his or her counsel.

3. The hearing officer shall determine the evidence upon the allegations as set forth by the Department in the notice of intent to impose the administrative penalty described in section 4.

4. The technical rules of evidence do not apply. All testimony and exhibits offered must be relevant and bear upon the matter in contention. Any testimony or exhibits considered by the hearing officer as not meeting this criterion may properly be excluded. The hearing officer shall also consider the objection of either side to the introduction of evidence, whether oral testimony or exhibit. Competence and relevance are the primary test in ruling on such objections.

5. The hearing officer shall base his or her decision on the weight of the evidence presented at the hearing. Findings of fact, conclusions of law and decisions must be based on a preponderance of the evidence.

6. At the beginning of his or her testimony, each witness who has not previously testified in the hearing shall be required to state his or her name and business, employment or position.

7. Any letter, paper or object offered in evidence must be properly authenticated and, if received, must be marked by the hearing reporter with a distinguishing number or letter, such as "Department's Exhibit 1" or "Appellant's Exhibit A."

8. Testimony may be presented in statement or question and answer form.

9. Good cause appearing, hearings may be continued beyond the period originally scheduled or recessed until a future date agreeable to the hearing officer and the parties.

10. Witnesses may be subpoenaed by either party to the hearing and shall receive the fees and mileage allowed a witness in a civil case.

11. A record of the proceedings must be kept but need not be transcribed unless the decision is appealed or a transcript is requested by an interested party, who shall bear the cost of transcription.

Section 6

1. If a party fails to appear at a hearing scheduled by the hearing officer and no continuance has been granted, the hearing officer may hear the evidence and proceed to consider the matter and dispose of it on the basis of the evidence before the hearing officer. If the appellant fails to appear at the hearing and fails to reply to the notice, the allegations in the notice of intent to impose administrative penalty are presumed to be true.

2. With the approval of the hearing officer, the parties may stipulate as to any fact at issue, either by a written stipulation introduced in evidence as an exhibit or by oral statements shown upon the record. Any such stipulation is binding upon all parties so stipulating and may be regarded by the hearing officer as evidence at the hearing.

3. The hearing officer may, before or during a hearing, upon a proper showing, grant a continuance for submission of additional proof or other reasonable purpose.

Section 7

1. *An order or decision with separately stated findings of fact and conclusions of law will be rendered by the hearing officer after the completion of the hearing.*
2. *A proceeding stands submitted for decision by the hearing officer after the taking of evidence, the filing of briefs or the presentation of such oral or written arguments as may have been allowed by the hearing officer.*
3. *The decision of a hearing officer made pursuant to the procedures set forth in section 3 to section 7, inclusive, is a final decision in a contested case. Any person aggrieved by such a decision is entitled to judicial review of the decision pursuant to NRS 233B.130*

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NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: LifeScience Logistics, LLC

Physical Address: 3860 S. 500 E, Suite 200

City: Whitestown State: IN Zip Code: 46075

Telephone Number: (317) 456-0254 Fax Number: (756) 405-2625

Toll Free Number: (888) 844-9363

E-mail: LSL@slny.com Website: www.lslog.com

Facility Manager: Nathaniel Christian Roberts

Professional qualifications and experience of facility manager: Committed to offering the highest quality, flexibility, and compliance in healthcare supply chain solutions. Site leader for a 330,00 sq ft warehouse with 115 employees. Responsible for receiving, storage and shipping of a VAWD accredited, cGMP, compliant, FDA registered facility.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Distribution sites with organization, Distributors, Physicians/Veterinarians, US Government

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: Drugs (Vet Rx & OTC) Drugs (Biologics) Drugs (Ophthalmic)

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☒ No ☐

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA?

Yes ☐ No ☒

(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: Ajanta Pharma USA Inc

Address: 440 US Highway 22E, Suite 150 Bridgewater NJ 261559

Name: Alembic Pharmaceuticals, Inc

Address: 750 Route 202 STE 410, Bridgewater NJ 46231

Name: Macleods Pharma USA, INC

Address: 666 Plainsboro Road, Plainsboro NJ 46200

Name: Nivagen Pharmaceuticals, Inc

Address: 3100 Fite Circle, Suite 208, Sacramento CA 46161

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

Richard Beeny
Print Name of Authorized Person

06 May 2021
Date

Board Use Only

Date Processed: 5/26/2021 ✓

Amount: 500
check # 8443

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: FloridaParent Company if any: LifeScience Logistics, LP- 100% OwnerMailing Address: LifeScience Logistics, LLC C/o State License Service, Inc 1751 State Route 17A, Ste 3City: Florida State: NY Zip: 10925Telephone: (845) 544-2482 Fax: (845) 544-2481Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a)	<u>LifeScience Logistics, LP- 100% Sole Owner</u>	<u>2600 Regent Blvd P.O. Box 612226 DFW Airport TX 75261</u>
	Name	Business Address

b)	<u></u>	<u></u>
	Name	Business Address

c)	<u></u>	<u></u>
	Name	Business Address

d)	<u></u>	<u></u>
	Name	Business Address

2) Provide the number of shares issued by the corporation. N/A- LifeScience Logistics, LP 100% sole owner3) What was the price paid per share? N/A- LifeScience Logistics, LP 100% sole ownerA 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.



Company Name: LifeScience logistics, LLC.
Company Address: 3860 S 500 E, Suite 200, Whitestown, Indiana-46075, United States
Document Title: FDA Drug Establishment Registration (2021)

Home > Drug Databases > Drug Establishments Current Registration Site

Drug Establishments Current Registration Site

SHARE TWITTER LINKEDIN PRINT EMAIL PRINT

New Search

Search Results for Life Science Logistics

CSV Excel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Life Science Logistics	3018161030	117963806	RELABEL REPACK	3860 S 500 E Suite 200, Whitestown, Indiana (IN) 46075, United States (USA)	12/31/2021

✓ verified
M.H 5/20/2021

NABP ACCREDITED

DRUG DISTRIBUTOR

Life Science Logistics, LLC

located at

3860 South 500 East, Whitestown, IN 46075

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 "A" Carter, PharmD, MS, RPh
Executive Director/Secretary



3/31/2021 - 3/30/2024

Period of Accreditation

State of Florida

Department of State

I certify from the records of this office that LIFE SCIENCE LOGISTICS, LLC is a limited liability company organized under the laws of the State of Florida, filed on May 12, 2006.

The document number of this limited liability company is L06000049668.

I further certify that said limited liability company **has paid all fees due this** office through December 31, 2020, that its most recent annual report was filed on January 15, 2020, and that its **status is active.**

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Nineteenth day of February,
2021*



Ronald R. DeSantis
Secretary of State

Tracking Number: 7709645702CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000172A	09/30/2022

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency



Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

Third Party Logistics Provider

License Number	Expire Date
94000172A	09/30/2022

LifeScience Logistics, LLC

Signature _____



STATE OF INDIANA

Eric J. Holcomb

Home State Official License
Verification

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Digitally Certified Proof of Licensure

RE: LifeScience Logistics, LLC

I, Deborah J. Frye, Executive Director of the Indiana Professional Licensing Agency and custodian of the records therein, hereby certify that the attached is the digitally certified proof of licensure, as requested, and as it appears in the files of the Indiana Professional Licensing Agency on the date/time certified.

This digital certification follows the requirements of Indiana's Electronic Digital Signature Act (Indiana Code 5-24-1-1 et seq.) and rules developed by the Indiana State Board of Accounts, 20 IAC 3-1 et seq. to establish a valid digital electronic signature.

To verify the authenticity of the digital certification as of the date and time stamp below, go to

<https://secure.in.gov/apps/pla/search/verify/>

and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye, Executive Director

Mon Jan 18 10:18:16 AM EST 2021



Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

**Official Proof of Licensure
Digitally Certified Record**

Personal Information

Facility Name: LifeScience Logistics, LLC
Address: 3860 S. 500 E.
Suite 200
Whitestown, IN 46075
Owner Name:

License Information

Number Issued: 94000172A
License Type: Third Party Logistics Provider
Status: Active
Issue date: 01/11/2021
Expiration Date: 09/30/2022
Obtained By: Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Mon Jan 18 10:18:16 AM EST 2021



Indiana Professional Licensing Agency
Indiana Board of Pharmacy
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102099B	12/31/2021

DRUG SCHEDULES

1	2	2N	3	3N	4	5
			Yes	Yes	Yes	Yes

LifeScience Logistics, LLC

Eric J. Holcomb
Governor
State of Indiana

Deborah J. Frye
Executive Director
Indiana Professional Licensing Agency



Indiana Professional Licensing Agency
402 W. Washington Street, W072
Indianapolis, IN 46204

CSR

Registration Number	Expire Date
61102099B	12/31/2021

LifeScience Logistics, LLC

Signature



STATE OF INDIANA

Eric J. Holcomb

Home State CS official license
verification

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

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and use our free web service. Simply browse to the location you saved the secure PDF document sent to you and upload to validate. You may also verify the authenticity in Adobe by ensuring the 'Certified by State of Indiana' blue ribbon displays at the top of the PDF.

Deborah J. Frye, Executive Director

Wed Jan 13 03:22:51 PM EST 2021



Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure Digitally Certified Record

Personal Information

Facility Name: LifeScience Logistics, LLC
Address: 3860 S. 500 E.
Suite 200
Whitestown, IN 46075
Owner Name: NATHANIEL ROBERTS, DESIGNATED
REPRESENTATIVE

License Information

Number Issued: 61102099B
License Type: CSR - 3PL
Status: Active
Issue date: 01/12/2021
Expiration Date: 12/31/2021
Obtained By: Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Wed Jan 13 03:22:51 PM EST 2021



LifeScience Logistics, LLC

Corporate Address: 2600 Regent Boulevard, P.O. Box 612226, DFW Airport, TX 75261 USA
FEIN: 20-4870652
www.lsllog.com

Drug Labeler Code: 42067
Incorporation State: FL
Incorporation Date: 05/12/2006

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
IWC	3860 S. 500 E Suite 200 Whitestown, IN 46075 County: Boone	3018161030	RL0596126, RL0596138, RL0596114	117963809	Yes	(317) 456-0254	(756) 405-2625

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority
Nathaniel Christian Roberts	Winterwood Dr Avon, IN 46123	Designated Representative	No
Teri Lynne Johnson	Wintergreen Way Indianapolis, IN 46234	Designated Representative	No

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority
LifeScience Logistics, LP	2600 Regent Blvd. P.O. Box 612226 DFW Airport, TX 75261		100	

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority
Richard Beeny	Post Oak Place Westlake, TX 76262	CEO	No
Max Kamhi	W. 75th Street New York, NY 10023	CFO	No

REGISTERED AGENT IN ALL APPLICABLE STATES

Name
InCorp Services, Inc.
CT Corporation System

Disciplinary History: CO 2017

NATHANIEL ROBERTS

E: [REDACTED] | T: + [REDACTED]

EXECUTIVE SUMMARY

An experienced **Global Distribution Leader** with a proven track record of developing operations and processes that drive sustainable continuous improvement in results. An inspirational, passionate leader and change agent with broad based business acumen and cross-functional experience that drives comprehensive, innovative solutions to complex problems.

FUNCTIONAL EXPERTISE

- | | |
|--|--|
| <ul style="list-style-type: none"> • Distribution Management • Safety Programs • Developing Teams | <ul style="list-style-type: none"> • Network and Warehouse Design • Continuous Improvement • Warehouse Management Systems |
|--|--|

FUNCTIONAL EXPERTISE DEMONSTRATED

LIFESCIENCE LOGISTICS 04/2018 – Present

3PL committed to offering the highest quality, flexibility, and compliance in healthcare supply chain solutions.

Director of Operations 3860 S 500 East Whitestown, IN 46075

Site leader for a 330,000 sq. ft. CRT and Cold Chain warehouse with 115 employees.

- **Distribution Management:** Overall responsibility for receiving, storage, and shipping of a VAWD accredited, cGMP compliant, FDA registered and ISO 13485 certified pharmaceutical and medical device distribution facility.

ECOLAB 03/2012 – 04/2018

An international Fortune 500 provider of hygiene and healthcare products and services with \$13.5 billion in annual revenue.

Logistics Program Manager 970 E Tipton St Huntington, IN 46750

Managed and implemented a portfolio of strategic logistics initiatives to continuously improve safety, service and savings throughout the global network which encompassed 30 sites and \$80 million in annual spend.

- **Network and Warehouse Design:** Project Manager for the design, development and startup of six regional distribution centers including capital requests, financial justification, facility location, facility design, procurement of services, procurement of equipment and inventory transfers with no disruption to service.
- **Continuous Improvement:** Administered a portfolio of cross-functional cost savings initiatives which delivered \$4.9 million in savings in 2017. Implemented a Lean model for a pilot facility and created a plan for global implementation.
- **Distribution Strategy:** Restructured the North American network to leverage 3PL capabilities and redeploy resources to the network to drive performance improvement.
- **Developing Teams:** Drove the recovery and leadership development of two under-performing sites.
- **Warehouse Management Systems:** Participated as a Project Manager and Subject Matter Expert for the US Supply Chain transition to SAP EWM.

Logistics Manager II – 3PL Distribution Center Manager 1631 Opus Dr Plainfield, IN 46168

Managed receiving, shipping, inventory control, order fulfillment and provided on-site leadership and direction to a 3PL partner to ensure best-in-class warehouse and transportation services were provided. Ensured work performed complied with all FDA, DEA, NSF and ISO standards.

- **Network and Warehouse Design:** Started and managed the largest Equipment Care DC globally. Worked collaboratively with a 3PL partner to develop a transactional, activity-based cost model and contract.
- **Continuous Improvement:** Reduced lead time and improved service to key customers. Delivered \$500,000 in annual warehousing cost reductions.

Logistics Manager I – Distribution Center Manager*1060 Thorndale Ave Elk Grove Village, IL 60007*

Provided leadership; motivated, and supervised a high-volume piece pick distribution center, raw materials warehouse, and a 3PL reverse logistics facility with a \$9.8 million annual budget.

- **Safety Programs:** Reduced OSHA recordable injuries from 3 in 2011 to 0 for three consecutive years.
- **Continuous Improvement:** Improved line-per-hour productivity 16.2% by utilizing improved facility engineering, and profiling, and developing hourly associates. Improved on-time delivery performance from 88% to 99.5% and inventory accuracy from 88.4% to 99.8%.
- **Quality:** Conceived and implemented a competency matrix to improve employee training and ensure ISO 9001 and ISO 14001 compliance.

CGN GLOBAL

05/2010-01/2012

Global business consulting firm specializing in high-velocity supply chain solutions.

Senior Supply Chain Consultant

Worked internationally with U.S. manufacturers on supply chain and distribution projects. Leader of several projects to implement Lean and best practices in various warehouse operations.

- **Distribution Management:** Led a facility turnaround for a manufacturer of outdoor power products after a failed distribution center relocation attempt.
- **Network and Warehouse Design:** Recommended a practical warehouse redesign and operation improvements with an ROI of 18 months that enabled the client to store 34% more inventory and increase order fulfillment by up to 57%.

UNITED STATES NAVY – MILITARY SEALIFT COMMAND

08/2005-08/2009

Operator of U.S. Navy ships responsible for sealift and ocean transportation for all U.S. military services as well as for other government agencies.

Officer

Functioned in a leadership role, developed sailors and civilian employee teams. Verified cargo was properly staged and transferred to destinations and that material handling equipment was properly maintained.

- **Distribution Management:** Supervised the movement and stowing of food (cold chain), fuel, materials, medical supplies and ordnance between ship, shore, and ships at sea.
- **Developing Teams:** Led large and diverse teams of sailors and civilian employees, took initiative to assist sailors with certifications and promotions.

EDUCATION

Master of Business Administration (Supply Chain Management). The College of William and Mary — 2010

Bachelor of Business Administration. Ferris State University – 2004

OTHER RELEVANT INFORMATION

Certifications: Certified Pharmacy Technician (CPHT), Project Management (CAPM), Safe Start Instructor, Forklift Trainer, Working at Height Instructor, Six Sigma Green Belt, Ecolab Lean Management

Systems: Microsoft Office including PowerPoint, Word, Outlook, Excel and Access, Mainframe Systems, Warehouse Management Systems (WMS) including SAP EWM and Tecsys



ORGANIZATIONAL CHART

LifeScience Logistics, LP

100% OWNER



LifeScience Logistics, LLC

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33



BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY, STE 206
RENO, NV 89521

APPLICANT:
LIFE SCIENCE LOGISTICS, LLC
3100 OLYMPUS BLVD., SUITE 100
DALLAS, TX 75019

ATTENTION: CANDY NALLY

IRREVOCABLE STANDBY LETTER OF CREDIT

OUR REFERENCE: 18134705-00-000
AMOUNT: USD \$25,000.00
ISSUE DATE: JUNE 18, 2021
EXPIRY DATE: JUNE 18, 2022
EXPIRY PLACE: OUR COUNTERS

WE HEREBY ESTABLISH OUR IRREVOCABLE STANDBY LETTER OF CREDIT NO. 18134705-00-000 IN YOUR FAVOR FOR THE ACCOUNT OF LIFE SCIENCE LOGISTICS, LLC (THE "WHOLESALE DISTRIBUTOR") WHICH SUPPORTS THE LIFE SCIENCE LOGISTICS, LLC WAREHOUSES AT 1105 E NORTHFIELD DR, BROWNSBURG, IN 46112 AND 3860 S 500 E, SUITE 200, WHITESTOWN, IN 46075 UP TO THE AGGREGATE AMOUNT OF USD 25,000.00 (TWENTY FIVE THOUSAND AND 00/100 UNITED STATES DOLLARS) AVAILABLE FOR PAYMENT AT OUR COUNTERS AT 500 FIRST AVENUE, SECOND FLOOR, P7-PFSC-02-T, PITTSBURGH, PA 15219 ATTN: INTERNATIONAL TRADE PRODUCT DELIVERY AGAINST PRESENTATION OF YOUR STATEMENT PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME/TITLE) HEREBY CERTIFY THAT I AM AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY AND HEREBY DEMAND PAYMENT IN THE AMOUNT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS LIFE SCIENCE LOGISTICS, LLC HAS FAILED TO PROVIDE PAYMENT FOR WHOLESALE DISTRIBUTION OF PRESCRIPTION DRUGS."

THIS LETTER OF CREDIT EXPIRES AT THIS OFFICE ON JUNE 18, 2022 AT 5:00 P.M. EASTERN TIME.

IT IS A CONDITION OF THIS LETTER OF CREDIT THAT IT WILL BE AUTOMATICALLY EXTENDED WITHOUT AMENDMENT, FOR ADDITIONAL ONE (1) YEAR PERIODS FROM THE CURRENT EXPIRATION DATE SET HEREOF, OR ANY FUTURE EXPIRATION DATE, UNLESS AT LEAST 60 (SIXTY) DAYS PRIOR TO ANY EXPIRATION DATE, WE NOTIFY YOU BY REGISTERED OR CERTIFIED MAIL, OR OVERNIGHT COURIER SERVICE THAT WE ELECT NOT TO FURTHER EXTEND THIS LETTER OF CREDIT FOR ANY SUCH ADDITIONAL PERIOD. UPON RECEIPT OF SUCH NOTICE YOU MAY DRAW HEREUNDER BY PRESENTATION OF A STATEMENT ON YOUR LETTERHEAD PURPORTEDLY SIGNED BY AN AUTHORIZED REPRESENTATIVE OF NEVADA STATE BOARD OF PHARMACY READING AS FOLLOWS:

"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF
Page 1 of 2 18134705-00-000

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

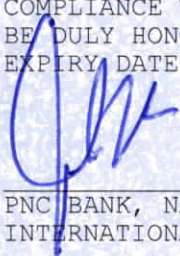
Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33



NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND DEMAND PAYMENT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS WE HAVE BEEN NOTIFIED THAT PNC BANK, NATIONAL ASSOCIATION HAS ELECTED NOT TO FURTHER EXTEND THIS LETTER OF CREDIT, AND WE HAVE NOT RELEASED LIFE SCIENCE LOGISTICS, LLC FROM THEIR OBLIGATIONS TO US AND WE HAVE NOT RECEIVED A REPLACEMENT LETTER OF CREDIT SATISFACTORY TO US."

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES 1998, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

WE HEREBY ENGAGE WITH YOU THAT DRAWING(S) PRESENTED UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TO US AT THIS OFFICE ON OR BEFORE THE EXPIRY DATE OR ANY AUTOMATICALLY EXTENDED EXPIRY DATE.



PNC BANK, NATIONAL ASSOCIATION
INTERNATIONAL TRADE PRODUCT DELIVERY

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
Pittsburgh, PA 15219
Mail Stop: P7-PFSC-02-T

Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33



BENEFICIARY:
NEVADA STATE BOARD OF PHARMACY
985 DAMONTE RANCH PARKWAY, STE 206
RENO, NV 89521

APPLICANT:
LIFE SCIENCE LOGISTICS, LLC
3100 OLYMPUS BLVD., SUITE 100
DALLAS, TX 75019

ATTENTION: CANDY NALLY

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"I (STATE NAME AND TITLE) HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF

PNC Bank, National Association
International Trade Product Delivery
500 First Avenue - 2nd Floor
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Mail Stop: P7-PFSC-02-T

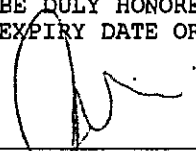
Client Care: 1-800-682-4689
SWIFT Address: PNCCUS33



NEVADA STATE BOARD OF PHARMACY AUTHORIZED TO EXECUTE THIS STATEMENT AND DEMAND PAYMENT OF USD (INSERT AMOUNT) UNDER PNC BANK, NATIONAL ASSOCIATION LETTER OF CREDIT NO. 18134705-00-000 WHICH REPRESENTS FUNDS DUE US AS WE HAVE BEEN NOTIFIED THAT PNC BANK, NATIONAL ASSOCIATION HAS ELECTED NOT TO FURTHER EXTEND THIS LETTER OF CREDIT, AND WE HAVE NOT RELEASED LIFE SCIENCE LOGISTICS, LLC FROM THEIR OBLIGATIONS TO US AND WE HAVE NOT RECEIVED A REPLACEMENT LETTER OF CREDIT SATISFACTORY TO US."

THIS LETTER OF CREDIT IS SUBJECT TO THE INTERNATIONAL STANDBY PRACTICES 1998, INTERNATIONAL CHAMBER OF COMMERCE PUBLICATION NO. 590.

WE HEREBY ENGAGE WITH YOU THAT DRAWING(S) PRESENTED UNDER AND IN COMPLIANCE WITH THE TERMS AND CONDITIONS OF THIS LETTER OF CREDIT WILL BE DULY HONORED IF PRESENTED TO US AT THIS OFFICE ON OR BEFORE THE EXPIRY DATE OR ANY AUTOMATICALLY EXTENDED EXPIRY DATE.



PNC BANK, NATIONAL ASSOCIATION
INTERNATIONAL TRADE PRODUCT DELIVERY



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.

April 30, 2018

DATED MATERIAL ENCLOSED

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246

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:

- May 30, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- May 14, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- May 30, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

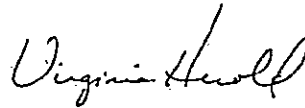
Page two
LIFESCIENCE LOGISTICS LLC
CI 2017 78097

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 Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely



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 **May 30, 2018**.
- 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 May 14, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than May 30, 2018 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 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	Citation without a fine
Bus. & Prof. Code § 4161 subd. (j)	A nonresident wholesaler or non resident third-party logistics provider shall identify and notify the board of a new designated representative in charge ceases to be the designated representative in charge	\$900.00

CONDUCT:

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC) who shall be responsible for compliance, and to notify the Board in writing, on a form designed by the Board, within 30 days of the date when a DRIC ceases to act as the DRIC. Specifically, on Oct. 26, 2016, Lifescience Logistics LLC notified the Board 55 days after the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016.

Business and Professions Code section 4161(j) requires every non-resident wholesaler to be managed by a licensed designated representative-in-charge (DRIC). Specifically, Lifescience Logistics LLC operated for 428 days without a DRIC, between the date John D Anderson (EXC 20346) ceased to act as DRIC on Sep. 2, 2016, and the date Perry Utley (EXC 23899) was licensed as a designated representative on Nov. 3, 2017.

CITATION ISSUED ON: April 30, 2018

TOTAL AMOUNT OF FINE(S): \$900.00

PAYMENT OF FINE(S) DUE BY: May 30, 2018

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2017 78097	LIFESCIENCE LOGISTICS LLC, OSD 6246

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
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CITATION ISSUED ON: April 30, 2018	TOTAL AMOUNT OF FINE(S): \$900.00
PAYMENT OF FINE(S) DUE BY: May 30, 2018	

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: LIFESCIENCE LOGISTICS LLC

License No: OSD 6246

Citation Number : CI 2017 78097

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

- ☐ I contest the entire Citation or
- ☐ specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

1 **REQUEST FOR APPEAL**

2 **BEFORE THE**
 3 **BOARD OF PHARMACY**
 4 **DEPARTMENT OF CONSUMER AFFAIRS**
 5 **STATE OF CALIFORNIA**

6 Check ☐ I contest the Citation and request an administrative hearing before an
 7 Administrative Law Judge.

8 In the Matter of the Citation Against:
 9 **LIFESCIENCE LOGISTICS LLC**
 10 **OSD 6246**

Respondent

Citation Case No : CI 2017 78097
 NOTICE OF APPEAL
 (Pursuant to sections 11505, and 11506
 Government Code)

11 I, the undersigned, the respondent named in the above-entitled proceeding, hereby acknowledge receipt of a
 12 copy of the Citation.

13 I hereby request a hearing in said proceeding to permit me to present my defense to charges contained herein in
 14 said Citation.

15 DATED _____ (Respondent)

16 Mailing Address of Respondent:

17 _____
 (Street Address)

18 _____
 (City) (State) (Zip)

 (Telephone)

19 Please indicate whether or not you intend to be represented by counsel. If you intend to have counsel, please
 20 complete the following:

21 Mailing Address of Attorney

22 _____
 (Attorney's Name)

23 _____
 (Street Address)

24 _____
 (City) (State) (Zip)

 (Telephone)

25

26

27

California State Board of Pharmacy**DECLARATION OF SERVICE BY CERTIFIED MAIL**

Name: LIFESCIENCE LOGISTICS LLC, OSD 6246
Citation and Fine CI 2017 78097

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On April 30, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME

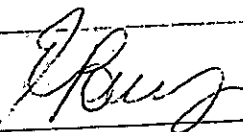
LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

CERTIFIED MAIL NO

7016 1970 0001 0142 6645

I declare under penalty of perjury that the forgoing is true and correct.

Executed on April 30, 2018, at Sacramento, California.



DECLARANT

Ericka Busby
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.

May 30, 2018

LIFESCIENCE LOGISTICS LLC
ATTN: PERRY UTLEY, EIC
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

LIFESCIENCE LOGISTICS LLC
ATTN: MAX KAMHI, MEM
4475 SOUTH FULTON PKWY BLDG 5 STE C
ATLANTA, GA 30349

RE: CI 2017 78097
LIFESCIENCE LOGISTICS LLC
OSD 6246

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

A handwritten signature in cursive script, reading "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

**ALABAMA
BOARD OF PHARMACY**

Donna Yeatman, R.Ph.
Executive Secretary

Location:
111 Village Street
Birmingham, AL 35242

(205) 981-2280
(205) 981-2330 Fax
www.albop.com



MEMBERS 2018

David Darby, R.Ph.
President

Ralph Sorrell, R.Ph.
Treasurer

Brenda Denson, PharmD

Chris Phung, R.Ph.

October 29, 2018

Lifescience Logistics, LLC
Permit #'s 193417 and 195184
1105 East Northfield Drive
Brownsburg, IN 46112

RE: Final order

Dear Lifescience Logistics LLC,

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter. The order also states that your renewal will not be processed until the fine has been paid. Permit # 195184 renewal has already been issued so it has been placed on administrative hold until fine is paid.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, additional charges will be brought against you.

Sincerely,

Wendy Passmore

Wendy Passmore
Operations Manager
Alabama State Board of Pharmacy
Phone 205-981-4764
Fax 205-803-6481
Email - wpassmore@albop.com

IN THE MATTER OF:	)	BEFORE THE ALABAMA STATE
	)	
LIFESCIENCE LOGISTICS, LLC	)	BOARD OF PHARMACY
	)	
Wholesale Distributor Permit Number 193417	)	Case Number 18-L-0075
	)	
and	)	
	)	
Third Party Logistics Permit Number 195184	)	

FINAL ORDER

On October 16, 2018 this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board") on a Complaint against Lifescience Logistics, LLC (hereinafter also referred to as the "Respondent"). Evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Facts

1. The Respondent is a Wholesale Distributor which the Board issued permit number 193417 and also a Third Party Logistics facility which the Board issued permit number 195184.

2. The Respondent was notified of the charges by certified mail at the address provided to the Board by the Respondent, however, the notice was returned by the United States Postal Service with the indication "return to sender insufficient address unable to forward". (Board's Exhibits One and Two)

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's facility is located at 1105 East Northfield Drive, Brownsburg,

Indiana 46112.

5 On April 30, 2018 the Board of Pharmacy, Department of Consumer Affairs, State of California, issued a Citation and Fine to the Respondent for failure to designate a new representative in charge for a period of four hundred and twenty-eight (428) days. (Board's Exhibit One "A").

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-32, Code of Alabama (1975), § 34-23-32.1 , Code of Alabama (1975), § 34-23-92 (11) and (12), Code of Alabama (1975), § 41-22-12 and Board Rule 680-X-2.23.

2. The Respondent was properly notified of the charges, failed to appear, was not represented by counsel and did not contest the matter in any manner.

3. The Respondent made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. The Respondent's wholesale distributor permit and third party logistics permit in the state of Alabama are due to have disciplinary sanctions imposed in that it is guilty of violating Board Rule 680-X-2.23 (3) (k) (1) and Board Rule 680-X-2.23 (3) (k) (3) and it was not qualified to possess the permits, and/or its operation was not consistent with the public safety or endangers the public health of the citizens of this state based upon violating California law relating to non-resident wholesales as set out in the Citation and Fine entered by the California State Board of Pharmacy on April 30, 2018 and/or the failure to have a licensed designated representative in charge for Four Hundred Twenty-Eight (428) days as described in the referenced Citation and Fine.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent shall pay the Board an administrative fine of One Thousand (\$1,000.00) Dollars within thirty (30) days of the date of this Final Order and future applications for renewal shall not be granted unless said fine has been paid; and

2. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary sanctions.

DONE and ORDERED, this ²⁶ day of October 2018.



Mr. David S. Darby, R.Ph., President
Alabama State Board of Pharmacy

Copies to:
Lifescience Logistics, LLC
Ms. Donna C. Yeatman, R. Ph., Executive Secretary
Mr. James S. Ward, Esq.
Mr. Vance L. Alexander, Esq.

Alabama Board of Pharmacy
111 Village Street
Birmingham AL 35242

US POSTAGE AND FEES PAID

FIRST-CLASS

Oct 29 2018

Mailed from ZIP 35242
1 oz First-Class Mail Letter

endicia

071S00777783

USPS CERTIFIED MAIL

9414 8108 9876 5020 7252 37

LIFE SCIENCE LOGISTICS
1105 EAST NORTHFIELD DRIVE
BROWNSBURG IN 46112



FO - 18-L-0075 193417 AND 195184

FOLD ALONG THIS LINE


COLORADO

Department of
Regulatory Agencies

Division of Professions and Occupations

Healthcare Branch
State Board of Pharmacy

March 6, 2017

LifeScience Logistics
Attn: Outlet Manager
1105 E Northfield Dr Ste 300-400
Brownsburg, IN 46112-2529

Sent via email: lst@slsny.com

RE: LifeScience Logistics, WHO 7828 and Case 2016-3687

Dear Manager:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective March 6, 2017.

Please note that pursuant to section 8 - Fine with Surcharge - Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (\$1,150.00). Check #921995 in the amount of \$1,150.00 was received 02/28/2017.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Jean Rowcliffe
Complaint/Licensing Specialist

Cc: Paul Hayward phayward@slslog.com



BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2016-3687

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF DISCIPLINARY PROCEEDINGS REGARDING THE NON-RESIDENT WHOLESALER REGISTRATION IN THE STATE OF COLORADO OF LIFESCIENCE LOGISTICS, REGISTRATION NO. WHO 7828,

Respondent Outlet.

IT IS HEREBY STIPULATED AND AGREED by and between the Colorado State Board of Pharmacy ("Board") and LifeScience Logistics ("Respondent Outlet") to resolve all matters pertaining to Board Case Number 2016-3687, as follows:

FINDINGS AND CONCLUSIONS

1. The Board has jurisdiction over Respondent Outlet, its registration as a non-resident wholesaler outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the Pharmacists, Pharmacy Businesses, and Pharmaceuticals Act at Title 12, Article 42.5, C.R.S. (2016).
2. Respondent Outlet was originally registered in the State of Colorado on or about June 29, 2011, being issued registration number WHO 7828, and has been so registered at all times relevant to this disciplinary action.
3. Respondent Outlet's address of record with the Board and current location is 1105 E Northfield Dr., Ste. 300-400, Brownsburg, IN 46112.
4. Respondent Outlet admits these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. Respondent Outlet failed to timely submit an application to the Board detailing a change in designated representative and fee. In this case, approximately 100 days transpired between November 16, 2015, the date the previous designated representative ceased the position, and February 29, 2016, the date the application and fee were received.
6. On or about July 19, 2016, the Board initiated a complaint against Respondent Outlet because of the delay of approximately 100 days in submitting an application detailing a change in designated representative and fee.

7. Respondent Outlet's conduct, as set forth above, constitutes violations of the following sections of the Colorado Revised Statutes and Board Regulations:

Colorado Revised Statutes

12-42.5-123. Unprofessional conduct – grounds for discipline.

(1) The board may suspend, revoke, refuse to renew, or otherwise discipline any license or registration issued by it, after a hearing held in accordance with the provisions of this section, upon proof that the licensee or registrant:

(c) Has violated:

(I) Any of the provisions of this article, including commission of an act declared unlawful in section 12-42.5-126;

(II) The lawful rules of the board; or
Pharmacists, Pharmacy, and Pharmaceuticals 31 of 54 2016;

(III) Any state or federal law pertaining to drugs;

(k) Has failed to meet generally accepted standards of pharmacy practice.

12-42.5-303. Wholesaler license requirements. (1)(a) A wholesaler that resides in this state must be licensed by the board. A wholesaler that does not reside in this state must be licensed in this state prior to engaging in the wholesale distribution of prescription drugs in this state. The board shall exempt a manufacturer and that manufacturer's third-party logistics providers to the extent involving that manufacturer's drugs under contract from any licensing qualifications and other requirements, including the requirements in subparagraphs (VI) and (VII) of paragraph (a) of subsection (3) of this section, subsections (4) to (6) of this section, and section 12-42.5-304, to the extent the requirements are not required by federal law or regulation, unless the particular requirements are deemed necessary and appropriate following rule-making by the board;

(b) A manufacturer's exclusive distributor and pharmacy buying cooperative warehouse must be licensed by the board as a wholesaler pursuant to this part 3. A third-party logistics provider must be licensed by the board as a wholesale distributor pursuant to this part 3;

(2)(a) The board may adopt rules to approve an accreditation body to evaluate a wholesaler's operations to determine compliance with professional standards and any other applicable laws and to perform inspections of each facility and location where the wholesaler conducts wholesale distribution operations;

(b) An applicant for a license shall pay any fee required by the accreditation body or the board and comply with any rules promulgated by the board;

(c) The board shall not issue or renew a license to a wholesaler who does not comply with this part 3;

(3)(a) An applicant for a wholesaler license shall provide to the board the following information, and any other information deemed appropriate by the board on a form provided by the board:

(I) The name, full business address, and telephone number of the applicant;

(II) The trade and business names used by the applicant;

(III) The addresses, telephone numbers, and names of the contact persons for all facilities used by the applicant for the storage, handling, and distribution of prescription drugs;

(IV) The type of ownership or operation of the applicant;

(V) The names of the owner and the operator of the applicant, including:

(A) The name of each partner if the applicant is a partnership;

(B) The name and title of each officer and director, the name of the corporation, and the state of incorporation, if the applicant is a corporation;

(C) The name of the limited liability company, if the applicant is a limited liability company, and the name of the parent company, if any, and the state of incorporation or formation of both; or

(D) The name of the sole proprietor and the business entity if the applicant is a sole proprietorship;

(VI) A list of the licenses and permits issued to the applicant by any other state that authorizes the applicant to purchase or possess prescription drugs; and

(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;

(b) A licensee shall complete and return a form approved by the board at each renewal period. The board may suspend or revoke the license of a wholesaler if the board determines that the wholesaler no longer qualifies for a license;

(4) Prior to issuing a wholesaler license to an applicant, the board, the regulatory oversight body from another state, or board-approved accreditation body may conduct a physical inspection of the facility at the business address provided by the applicant. Nothing in this subsection (4) shall preclude the board from inspecting a wholesaler;

(5) The designated representative of an applicant for a wholesaler license shall:

(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 record keeping 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 a controlled substance, as defined in section 18-18-102 (5), C.R.S.;

(h) Not have any felony convictions pursuant to federal, state, or local law; and

(i) Update all of the information required in this part 3 whenever changes occur;

(6) A wholesaler shall obtain a license for each facility it uses for the distribution of prescription drugs.

Pharmacy Board Rules and Regulations

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.

TERMS OF DISCIPLINE

8. **Fine with Surcharge.** Pursuant to §12-42.5-124(5)(a)(I), C.R.S., Respondent Outlet shall pay a fine of One Thousand Dollars and No Cents (\$1,000.00). Respondent Outlet understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 15% of this fine. Respondent Outlet shall therefore pay a total amount of One Thousand One Hundred Fifty Dollars and No Cents (\$1,150.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Outlet submits this signed Final Agency Order to the Board. Respondent Outlet shall write its registration number (WHO 7828) and the case number (2016-3687) on the check.
9. **Compliance.** Respondent Outlet shall submit all future applications and appropriate fees to the Board detailing changes in designated representative within the required time frame specified by Board rule or statute in effect at the time of such designated representative change.
10. **Other Requirements.** Respondent Outlet acknowledges and agrees that, as a condition of this Final Agency Order, Respondent Outlet shall:
 - a. promptly pay all Respondent Outlet's own fees and costs associated with this Final Agency Order;
 - b. comply fully with this Final Agency Order; and
 - c. comply fully with the Pharmacists, Pharmacy Businesses and Pharmaceuticals Act, all Board rules and regulations, and any other state and federal laws and regulations related to pharmacists and pharmaceuticals in the State of Colorado.
11. **Advisements and Waivers.** Through its undersigned Authorized Representative, Respondent Outlet enters into this Final Agency Order freely and voluntarily, after having the opportunity to consult with legal counsel and/or choosing not to do so. Respondent Outlet acknowledges its understanding that it has the following rights:
 - a. to have formal notice of hearing and charges served upon it;

- b. to respond to said formal notice of charges.
- c. to have a formal disciplinary hearing pursuant to §§12-42.5-123 and 12-42.5-124, C.R.S.; and
- d. to appeal this Final Agency Order.

Respondent Outlet freely waives these rights, and acknowledges that such waiver is made voluntarily in consideration for the Board's limiting the action taken against Respondent Outlet to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned Authorized Representative of Respondent Outlet has read this Final Agency Order in its entirety and acknowledges, after having the opportunity to consult with legal counsel and/or choosing not to do so, that Respondent Outlet understands the legal consequences and agrees that none of the terms or conditions herein is unconscionable. Respondent Outlet is not relying on any statements, promises or representations from the Board other than as may be contained in this Final Agency Order. Respondent Outlet further acknowledges that it is not entering into this Final Agency Order under any duress.
13. **Violations.** Time is of the essence in this Final Agency Order. It is the responsibility of Respondent Outlet to take all appropriate steps to comply fully with this Final Agency Order. Respondent Outlet acknowledges and agrees that any violation of this Final Agency Order shall constitute a willful violation of a lawful Board order, may be sanctioned as provided under §12-42.5-124(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of Respondent Outlet's registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Outlet to comply with all terms and conditions of this Final Agency Order.
14. **Completion of Terms.** Upon satisfactory completion of all terms and conditions set forth in this Final Agency Order, the Board shall release Respondent Outlet from the Final Agency Order, and Respondent Outlet's registration will be restored to active and unencumbered status.
15. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
16. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
17. **Board Order.** This Final Agency Order shall become an order of the Board when it is accepted and signed by the Program Director or authorized Board representative

18. **Effective Date.** This Final Agency Order shall become effective upon (a) mailing by first-class mail to Respondent Outlet at Respondent Outlet's address of record with the Board, or (b) service by electronic means on Respondent Outlet at Respondent Outlet's electronic address of record with the Board. Respondent Outlet hereby consents to service by electronic means if Respondent Outlet has an electronic address on file with the Board.

ACCEPTED AND AGREED BY

Respondent Outlet

Paul H. Gassen DIRECTOR GARA
Authorized Representative / Title

Dated: 22 Feb 2017

Subscribed and sworn to before me in the County of Hawaii,
State of Munster, this 22 day of February, 2017,
by Paul H. Gassen, authorized representative
of LifeScience Logistics.
My commission expires:



John Bennett

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 6 day of March, 2017.

State Board of Pharmacy

BY: Chris Gassen

Chris Gassen

Interim Program Director

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within fully executed **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by electronic means or by depositing copies of same in the United States mail, first class postage prepaid, at Denver, Colorado, this 6th day of March 2017, addressed as follows:

By electronic mail to Respondent:
LifeScience Logistics
Attn: Outlet Manager
1105 E. Northfield Dr., Ste. 300-400
Brownsburg, IN 46112
Email: lsf@slsny.com

Paul Hayward
LifeScience Logistics
Email: phayward@lslog.com


Agent of the Board

191

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☒ Partnership – Pages 1,2,3,7,8
☐ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: MD Pharmaceutical Supply, LLC

Physical Address: 210B Poplar Street

City: Hanover State: PA Zip Code: 17331

Telephone Number: 443-487-1305 Fax Number: 888-885-1295

Toll Free Number: NA

E-mail: OFFERS@MDPharmaceutical.com Website: NA

Facility Manager: Richard Ramco

Professional qualifications and experience of facility manager: Owner Since 2012
5 years experience previous

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: Compounding Pharmacies

Type of Products to be handled or wholesaled by firm:

☐ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)*
☒ Other: APIs for Compounding

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:

~~AX Pharmaceutical Corp~~ Ax Pharmaceutical Corp

Address:

100 Tesma way Unit 8 Concord, ON, Canada L4K0J9

Name:

Anda Inc

Address:

2915 Weston Rd Weston, FL 33331

Name:

R+S Northeast LLC

Address:

10049 Sandmayer Lane Philadelphia, PA 19116

Name:

Address:

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: NA

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 ☒

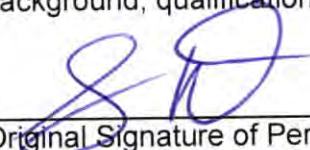
5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

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

Stephen Ramco
Print Name of Authorized Person

4/9/21
Date

Board Use Only

Date Processed: _____

Amount: 500

check # 2532

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership:

General _____ Limited X

List names of 4 largest partners and percentage of ownership:

Name: Stephen Ramco %: 50
 Name: Richard Ramco %: 50
 Name: _____ %: _____
 Name: _____ %: _____

Partnership Name: MD Pharmaceutical Supply LLC
 Mailing Address: 210 B Poplar Street P.O. Box 244
 City, State Zip Code: Hanover PA 17331
 Telephone Number: 443-487-1305 Fax Number: 888-885-1295
 Contact Person: Stephen Ramco

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 partnership

***If VAWD certified by NABP, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your VAWD certification.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers Only".

***If you are a FDA registered manufacturer, fingerprints and list of employees are not required. You will need to complete the following:

- Please provide a copy of your FDA registration.
- Copy of a bond in an amount of \$25,000.00 made payable to the State of Nevada. A bond or other form of security must be current in order to maintain and keep a Nevada wholesaler registration. Blank surety bond, certificate of deposit, letter of credit or cash deposit are included under the new application tab entitled "Wholesalers only".

Mark I. Sedar

From: Richard Romeo <rromeo@mdpharmaceutical.com>
Sent: Saturday, May 29, 2021 12:26 PM
To: Mark I. Sedar
Subject: Re: Contact Info

Mark,

Here is the explanation for the instances in question.

In 1981 I was attending a Christmas Party at a local bar. I had recently turned 18 the month before which was the legal age back then. I drank too much free liquor and ended up getting in a fight and getting arrested. I was given Probation before Judgement and eventually got the charge expunged from my record.

In 2006 I was coming home from a Baltimore Orioles game and was pulled over as a result of having one of my lights out. The policeman who had been on the job for only two weeks approached my car asked me where I was going and where I had been. I told him I was going home and had been at an Orioles baseball game. He asked me if I had been drinking and I told him I had a couple at the game but that was a few hours ago. He got me out of the car and had me do some tests which I passed. However, I believe this was his first "arrest" and he was determined to take me in for a breathalyzer even though his more senior partner advised against it, but told him it was his choice. They screwed up the first breathalyzer test and after that I refused to take another one as I was getting irritated with the whole process and I knew I was not intoxicated. During the arrest they searched my car and found a bowl with marijuana residue in the console. I was unaware that there was a bowl in my car as it belonged to my son who mainly drove this car....Anyway, they eventually determined that the search was not done correctly and they dropped that charge. I went to court and was found not guilty of all charges.

Both of these events were very much in my past and I am now 57 yrs old. I hardly drink anymore and I never drink and drive.

Please feel free to contact me with any questions or concerns.

Thanks,

Rick Romeo
MD Pharmaceutical Supply
[REDACTED]

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Date: Thursday, May 27, 2021 at 5:13 PM
To: Richard Romeo <rromeo@mdpharmaceutical.com>
Subject: Contact Info

Hi Richard,

It was a pleasure speaking with you earlier this afternoon. Please feel free to send me any documentation you would like the board to review regarding the disclosures.

Best regards,

Mark Sedar
Chief Operating Officer
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



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Certificate of Licensure

Certificate No. 8000002467

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

MD PHARMACEUTICAL SUPPLY LLC
210 POPLAR STREET
SUITE B
HANOVER, PA 17331

Drug & Device Registration
555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: October 24, 2012

Expiration Date: The Last Day of November, 2021

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Pennsylvania
DEPARTMENT OF HEALTH

Rachel L. Levine
Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

Registrant Verification For MD PHARMACEUTICAL SUPPLY, LLC

DEA Number: RM0590441

Expiration Date: 01/31/2022

Additional Company Info:

Registered Address: 210 POPLAR ST STE B

City: HANOVER

State: PA

Zip Code: 17331

Business Activity: IMPORTER

DEA Schedules: 3N 4 5

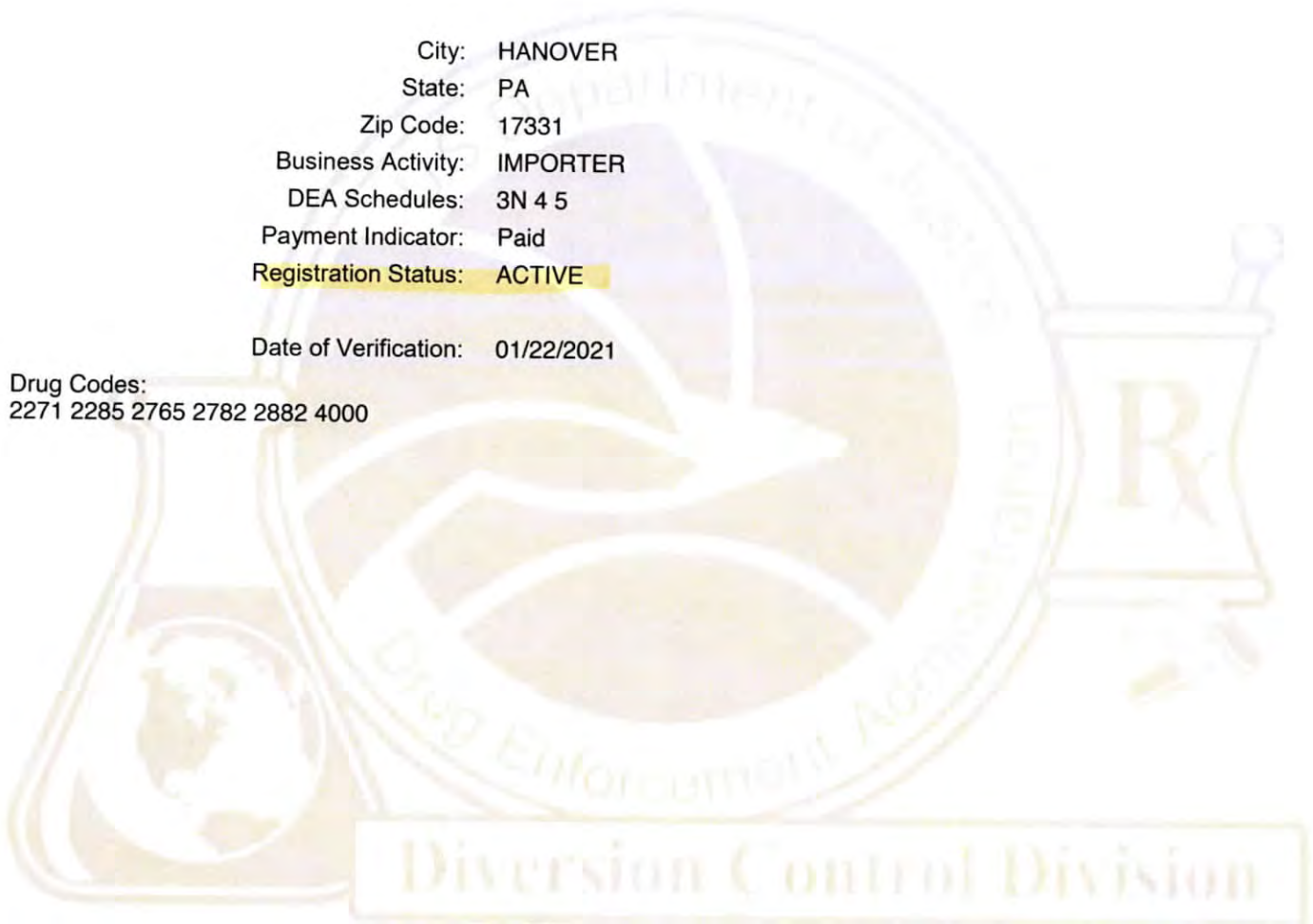
Payment Indicator: Paid

Registration Status: ACTIVE

Date of Verification: 01/22/2021

Drug Codes:

2271 2285 2765 2782 2882 4000



This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrisette Dr, Springfield, VA 22152

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

05/17/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

M.D. Pharmaceutical Supply LLC.

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

A handwritten signature in cursive script, reading "Veronica W. Desrosiers".

Acting Secretary of the Commonwealth

Certification Number: TSC210517110709-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

MD PHARMACEUTICAL SUPPLY, LLC.
210 B Poplar Steet
Hanover, PA 17331

Officer List

Richard Romeo [REDACTED] Sheppards Lane - Sykesville, MD 21784 11/10/1963

[REDACTED] 50% Owner

Stephen Romeo [REDACTED] Brookside Terrace - New Hartford, NY 13413 10/16/1987

[REDACTED] 50% Owner

Mark I. Sedar

From: Richard Romeo <rromeo@mdpharmaceutical.com>
Sent: Saturday, May 29, 2021 12:26 PM
To: Mark I. Sedar
Subject: Re: Contact Info

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Both of these events were very much in my past and I am now 57 yrs old. I hardly drink anymore and I never drink and drive.

Please feel free to contact me with any questions or concerns.

Thanks,

Rick Romeo
MD Pharmaceutical Supply
[REDACTED]

From: Mark I. Sedar <msedar@pharmacy.nv.gov>
Date: Thursday, May 27, 2021 at 5:13 PM
To: Richard Romeo <rromeo@mdpharmaceutical.com>
Subject: Contact Info

Hi Richard,

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Best regards,

Mark Sedar
Chief Operating Officer
Nevada State Board of
Pharmacy
(775) 850-1440
msedar@pharmacy.nv.gov



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Maria Herrera

From: offers . <offers@mdpharmaceutical.com>
Sent: Thursday, June 3, 2021 8:09 AM
To: Maria Herrera
Subject: Re: Nevada Wholesaler Application-MD Pharmaceutical Supply, LLC

Follow Up Flag: Follow up
Flag Status: Completed

Good Morning!

sorry for delay, I thought we included this.

We are very small so only 3 people handle product

Stephen Romeo - 50% Owner
 Richrd Romeo - 50% Owner
 Trevor Sellers - 3 years of experience

Have a great day,

Steve Romeo
 MD Pharmaceutical Supply, LLC.
 [REDACTED]

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, June 1, 2021 1:06 PM
To: offers . <offers@mdpharmaceutical.com>
Subject: RE: Nevada Wholesaler Application-MD Pharmaceutical Supply, LLC

Hi Steve,

One last piece of information we are missing on the application is the list of employees who handle the drugs daily.

Thank you,

Maria H.

From: offers . <offers@mdpharmaceutical.com>
Sent: Tuesday, May 18, 2021 10:13 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Re: Nevada Wholesaler Application-MD Pharmaceutical Supply, LLC

The top part of this certificate states exactly what you are asking for. I paid \$40 dollars for this.

Also please check the website below as it states the certificate of good standing and subsistence certificate are the same thing in the state of PA

<https://www.dos.pa.gov/BusinessCharities/Business/Resources/Pages/Good-Standing-or-Subsistence-Certificates.aspx>

Please call me to explain further if need be.

Thanks!

Steve Romeo
MD Pharmaceutical Supply, LLC.
[REDACTED]

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, May 18, 2021 1:03 PM
To: offers . <offers@mdpharmaceutical.com>
Subject: RE: Nevada Wholesaler Application-MD Pharmaceutical Supply, LLC

Good morning Steve,

Thank you for sending that over, please note I noticed the Certificate of Good standing you provided states that; "this Subsistence Certificate shall *not* imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid". I have provided below what I found on a website as far as a PA Certificate of Good Standing , which is what we are looking for, hope this helps.

The Certificate of Good Standing will state that your company *is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein* - and will include the laser printed State seal as well as a certification code that can be verified at their State website.

Thank you,

Maria H.

From: offers . <offers@mdpharmaceutical.com>
Sent: Monday, May 17, 2021 9:17 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: Re: Nevada Wholesaler Application-MD Pharmaceutical Supply, LLC

Attached is the certificate of good standing from PA -

I noticed we did send 1 check for the fingerprints so we are sending out 1 more check for the other fingerprint fee.

With that you should have everything!

Thanks so much!

Steve Romeo
MD Pharmaceutical Supply, LLC
[REDACTED]

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Thursday, May 13, 2021 5:23 PM
To: offers . <offers@mdpharmaceutical.com>
Subject: Nevada Wholesaler Application-MD Pharmaceutical Supply, LLC

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from MD Pharmaceutical Supply, LLC. The application is incomplete due to the following missing items.

- Updated Certificate of Good Standing from your Secretary of State
- List of Officers and Directors
- DEA Certificate
- We need \$40.25 for each fingerprint submitted

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
775-850-1440
m.herrera@pharmacy.nv.gov



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PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

 Date 3/23/2021

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Out of State Wholesale License
 Nature of License
MD Pharmaceutical Supply LLC
 Name and Address of Establishment for Which License Is Requested
210 B Poplar St. Hanover, PA 17331
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Romero First Name Stephen Middle Name Alexander
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Brookside Terrace New Hartford NY 13413
 Present Residence Address-Street or RFD City State/Zip

210 B Poplar St Hanover PA 17331
 Present Business Address City State/Zip

Occupation Pharmaceutical distributor Phone: [REDACTED]
 Residence [REDACTED]
 Business MD Pharmaceutical Supply

Date of Birth [REDACTED] Place of Birth (City, County, State) Baltimore, Baltimore County, MD

Age 33 Social Security Number or ITIN [REDACTED] Sex M

Color of Eyes Brown Color of Hair Black Complexion Tan Weight 185 Build Athletic Height 5'9"

Scars, tattoos or distinguishing marks and/or characteristics Mole on my cheek

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 SHR

MARITAL INFORMATION-Continued

A. **Current Marriage** 6/29/2019 Ilion, Herkimer, NY
 Date City, County and State
 Spouse's full name (Maiden) Erika Benson SS# or ITIN _____
 Date of Birth _____ Place of Birth _____
 Resident address Brookside Terrace New Hartford NY 13415
 Street City State Zip
 Telephone: Residence _____ Business _____
 Spouse's employer Italc Manufacturing Occupation Sales
 Address of employer 120 Benson Place Frankfort NY 13340
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>NA</u>				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
<u>Kenson Romeo</u>	<u>[REDACTED]</u>	<u>New Hartford NY</u>	<u>" "</u>
<u>Silas Romeo</u>	<u>[REDACTED]</u>	<u>" "</u>	<u>" "</u>

B. Child Support Information:

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial SPR

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 Richard Romeo	[REDACTED]	Sheppards Lane Sykesville, MD 21784	Pharmaceuticals
Mother Loel Bernsch	[REDACTED]	" "	Teacher
Father-in-Law James Benson	[REDACTED]	Hilda Park Dr. ILLION NY 13357	Retired
Mother-in-Law Heidi Benson	[REDACTED]	" "	Retired

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse Lindsay Romeo	[REDACTED]	Manor Ave	Social worker
Spouse Trevor Sellers	[REDACTED]	Sykesville MD 21784	Pharmaceuticals
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes ☐ No ☐
High School	Century High School	Edwardsburg, MD	2001-2005
College	Towson University	Towson, MD	2007-2009
University	Carroll Community College		2005-2008
Other			Yes ☐ No ☒
Type of degree obtained, if any Major in Economics - Minor in Business - BS			
College or university where obtained Towson University			

Applicant's initial SAR

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

SIAK

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
8/20 →	Brookside Terrace	New Hartford	NY 13413
4/17 4/17 → 8/20	20 Beechwood Rd	New Hartford	NY 13413
2014 → 4/17	1012 Alexander Ave	Catonsville	MD 21228
2012 - 2014	6260 Oaklaw Mills Rd	Elkridge	MD 21784
2008 - 2012	6522 Chambers Rd	Parkville	MD 21284
2006 - 2008	Amesbury Home		
2005-2006	American University Dams		
→ 2005	31 Sheppard's Lane	Sykesville	MD 21784

Applicant's initial SAR

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
8/2012	MD Pharmaceutical Supply 210B Poplar St. Hagerstown MD 21740 WA	
Title	Description of Duties	Name of Supervisor
Owner	Owner - Everything	NA

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2010-8/2012	Pennine Health Services 9121 Rt 266 Suite A Columbia MD 21045 Started New Company	
Title	Description of Duties	Name of Supervisor
Director of Operations	AR/AP/QuickBooks/People	Dan Hertling

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2007-2010	Bill Beckman 7800 York Rd Towson MD 21204	
Title	Description of Duties	Name of Supervisor
Bar Back	Stack Beer + help Bar tenders	Bill Beckman

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 SPR

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Danny Pichler</u>	Home	<u>[REDACTED]</u>	<u>ockburn</u>	<u>ferre</u>	<u>Hickory MD 21227</u>	<u>[REDACTED]</u> 18 yrs
Employer <u>Coastal Seabelt</u>	Business	<u>9001</u>	<u>winshing</u>	<u>Baton Rouge</u>	<u>Laurel MD 20723</u>	<u>410-799-8000</u>
Name <u>Rachel Dillman</u>	Home	<u>[REDACTED]</u>	<u>odonnell</u>	<u>MD</u>	<u>Baltimore MD 21224</u>	<u>[REDACTED]</u> 18 yrs
Employer <u>Johnson F Johnson</u>	Business					
Name <u>Ryan Gaudin</u>	Home	<u>[REDACTED]</u>	<u>Blaines</u>	<u>Legacy Dr</u>	<u>Bel Air MD 21014</u>	<u>[REDACTED]</u> 18 yrs
Employer <u>Herbans Builders</u>	Business	<u>10460</u>	<u>Little</u>	<u>Belmont</u>	<u>#400 Columbia MD 21004</u>	<u>410 750-2600</u>
Name <u>Sharon Sydnor</u>	Home	<u>[REDACTED]</u>	<u>East</u>	<u>Ave</u>	<u>Baltimore, MD 21224</u>	<u>[REDACTED]</u> 15 yrs
Employer <u>Lee Tesser Team</u>	Business	<u>2225</u>	<u>old</u>	<u>Edmonston</u>	<u>RD Bel Air MD 21015</u>	<u>410 635-5555</u>
Name <u>Richard Lake</u>	Home	<u>[REDACTED]</u>	<u>Capistrano</u>	<u>Drive</u>	<u>Salt Lake City UT 84116</u>	<u>[REDACTED]</u> 20 yrs
Employer <u>Fishwest</u>	Business	<u>138 W 200 S</u>	<u>Kearns,</u>	<u>UT 84036</u>	<u>435-783-6791</u>	

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☒

If yes, state type, where and years held

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12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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Applicant's initial

SMH

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:

Columbia, SC - They require an appearance before the agency to get license

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☒ No ☐

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☒ No ☐

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☒ No ☐

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐



Date of photograph 3/23/2021

Applicant's initial SJR

STATE OF New York

ss.

COUNTY OF Orleans

I, Stephen Romeo, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

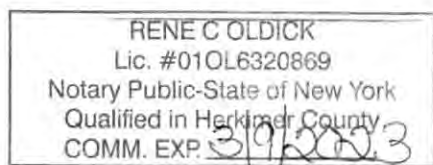


Original Signature of Applicant

Subscribed and Sworn to before me this 23 day of March 2001



Notary Public



(seal)

Applicant's initial SR

ADDITIONAL INFORMATION

NA

Applicant's initial SHH

Date

4/9/21

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 OUT OF STATE Wholesale Drug Distributor
 Nature of License
MO Pharmaceutical Supply, LLC 210 B Poplar St Haver PA
 Name and Address of Establishment for Which License Is Requested
17331
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Romero First Name RICHARD Middle Name JAMES
Romero N/A RICHARD JAMES
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Shepards Lake Sylkeville MO 21784
 Present Residence Address-Street or RFD City State/Zip
210 B Poplar St Haver PA 17321
 Present Business Address City State/Zip
Pharmaceutical Out. Dates 10/05 to
 Occupation Phone: Residence [REDACTED]
[REDACTED] EL PASO, TX Business [REDACTED]
 Date of Birth 57 Place of Birth (City, County, State) [REDACTED]
 Age 57 Social Security Number or ITIN [REDACTED] Sex M
Brown Brown Tan 177 Stocky 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 PR

A. Current Marriage

Date 6/1/87 City, County and State WESTMINSTER, Carroll, MD
 Spouse's full name (Maiden) Loel Shelby Romeo (Gensh) SS# or ITIN [REDACTED]
 Date of Birth [REDACTED] Place of Birth Long Island, NY
 Resident address [REDACTED] Shepards Lane Sykesville MD 21784
 Street City State Zip
 Telephone: Residence [REDACTED] Business 410-751-3000
 Spouse's employer Carroll County Bd of Ed Occupation Teacher
 Address of employer 125 North Ct St. Westminster, MD 21157
 Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

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
------	------------	-------------	-------------------

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

M

FAMILY INFORMATION-Continued

3079

District attorney or public agency responsible for enforcing the child support order:

Name _____
 Address _____
 Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
James Romeo	[REDACTED]	Deceased	
Mother			
Lucille Romeo (marrakjo)	[REDACTED]	Greenway Ct Haver DeGrace, MD 21078	Retired
Father-in-Law			
John Benirsch 3/25/34	[REDACTED]	N. Ocean Blvd Oceanridge, FL	Retired
Mother-in-Law			
Muriel Benirsch		Deceased	33435

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
Christopher Romeo	[REDACTED]	Upperidge Ln York, PA 17403	Unemployed
Spouse			
Yvette Romeo	[REDACTED]	" "	"
Spouse			
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School			Yes ☐ No ☐
High School	Westminster High School Westminster, MD	1977-81	Yes ☒ No ☐
College	Western Maryland College Westminster, MD	2/1/81 1981-86	Yes ☒ No ☐
University			Yes ☐ No ☐
Other			Yes ☐ No ☐

Type of degree obtained, if any Bachelor of Arts in Philosophy
 College or university where obtained Western Maryland College

Applicant's initial Re Page 3

5 MILITARY INFORMATION:

3080

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 CARROLL State MARYLAND Date registered 1980

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
1981	18	Theft	Westminster, MD	1981	State Police
2006	42	DUI	Eldersburg, MD	2006	"

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? 1981 city, county and state Westminster, MD 21153

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

RL

Page 4

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

1990-98	11 Glynade CT	Reisterstown, MD	21136
1998-present	██████ Shepards Lane	Sykesville, MD	21784

Applicant's initial

RL

8. EMPLOYMENT:

3082

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
8/2012	MD PHARMACEUTICAL SUPPLY 2106 Poplar ST HANOVER PA 17331	
OWNER	OWNER, Sales, Licensing	
10/08-3/13	PITS 9121 RED BRANCH RD Columbia, MO 21045	Shanta Bessner
Sales	Sales	DAN Henley
6/03-8/08	TLG LENDING Orange Mills, MO	Houssan Bubble
Regional Mgr	Mortgages	Steve C. L. L.
6/96-5/03	ARMADA RESIDENTIAL MTS White Marsh, MD	New Company
MANAGER	Mortgages	Julie Heltbrink
5/87-4/96	177 FINANCIAL Bldg, MD	New Job
MANAGER	Mortgages / Consumer Lending	Jeff Gossior
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

PR

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9. CHARACTER REFERENCES:

3083

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Bill Bruce</u>	Home	<u>BUNNIC BLVD</u>	<u>ELDERMAN, MA 01824</u>			<u>37</u>
Employer <u>ERIC 1925</u>	Business	<u>CLAIMS ADJ.</u>				
Name <u>Greg Wyman</u>	Home	<u>1000 LANE</u>	<u>RESTON, VA 21866</u>			<u>37</u>
Employer <u>S/E</u>	Business	<u>CARPET</u>				
Name <u>Scott Myers</u>	Home	<u>1200 Hill Dr</u>	<u>WESTMINSTER, MA 01157</u>			<u>45</u>
Employer <u>S/E</u>	Business	<u>CONTRACTOR</u>				
Name <u>Brian Coole</u>	Home	<u>1000 Knoll Dr</u>	<u>CHARLOTTE, NC 21029</u>			<u>12</u>
Employer <u>Retired</u>	Business	<u>Retired</u>				
Name <u>John Benish</u>	Home	<u>1000 Cambridge Ave</u>	<u>FL</u>			<u>38</u>
Employer <u>Retired</u>	Business	<u>Retired</u>				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

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12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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Applicant's initial

RL

Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☒ No ☐

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

SOUTH CAROLINA requires you to appear prior to license

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

4/9/21

Applicant's initial

PC

STATE OF Maryland

ss.

3085

COUNTY OF Carroll

I, Richards Romeo

, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

[Signature]
Original Signature of Applicant

Subscribed and Sworn to before me this April 12, 2021 day of

Mary Ann Lopez

[Signature]
Notary Public

exp 6/10/2023



Applicant's initial [Signature]

Page 9

AM

Applicant's initial *AM* Page 10

MD Pharmaceutical Supply, LLC

210B Poplar Street Hanover, PA 17331

Employees who handle drugs on a daily basis

Richard Romeo - 50% Owner

Stephen Romeo - 50% Owner

Trevor Sellers - 3 years experience

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. 999103795

Application/License No. _____

MD Pharmaceutical Supply, LLC

Applicant/Principal

doing or intending to do business as a pharmaceutical wholesaler, whose address for purposes of service is 210 B Poplar Street, Hanover, PA 17331

Address of Applicant/Principal

as PRINCIPAL, and The Ohio Casualty Insurance Company, a

Surety Company

corporation organized under the laws of the state of New Hampshire

State of Incorporation

and authorized to transact a general surety business in the State of Nevada, whose address for purposes of service is

175 Berkeley Street, Boston, Massachusetts 02116

Address of Surety

as SURETY, are held and firmly bound unto the State of Nevada and to the Nevada State Board of Pharmacy for the penal sum of ONE HUNDRED THOUSAND DOLLARS (\$100,000.00), for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally, by these presents. This bond term shall become effective on April 12, 2021.

Effective Date

WHEREAS, the provisions of Nevada Revised Statue (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.

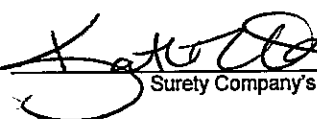
I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

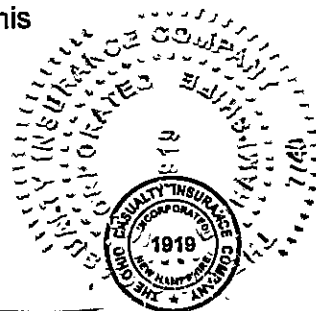
In witness whereof, each party to this bond has caused it to be executed on this
12th day of April, 2021.

APPLICANT/PRINCIPAL
COMPANY


Authorized Representative

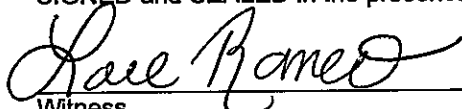
SURETY COMPANY


Surety Company's Representative



Katherine Nelson, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:


Witness

SIGNED and SEALED in the presence of:


Witness

Witness

Witness

Countersigned by:

Nevada Resident Agent



This Power of Attorney limits the acts of those named herein, and they have no authority to bind the Company except in the manner and to the extent herein stated.

The Ohio Casualty Insurance Company

POWER OF ATTORNEY

Principal: MD Pharmaceutical Supply, LLC

Agency Name: RMS LLC

Bond Number: 999103795

Obligee: Nevada State Board of Pharmacy

Bond Amount: (\$100,000.00) One Hundred Thousand Dollars And Zero Cents

KNOW ALL PERSONS BY THESE PRESENTS: that The Ohio Casualty Insurance Company, a corporation duly organized under the laws of the State of New Hampshire (herein collectively called the "Company"), pursuant to and by authority herein set forth, does hereby name, constitute and appoint Katherine Nelson in the city and state of Lutherville, MD, each individually if there be more than one named, its true and lawful attorney-in-fact to make, execute, seal, acknowledge and deliver, for and on its behalf as surety and as its act and deed, any and all undertakings, bonds, recognizances and other surety obligations, in pursuance of these presents and shall be as binding upon the Companies as if they have been duly signed by the president and attested by the secretary of the Company in their own proper persons.

IN WITNESS WHEREOF, this Power of Attorney has been subscribed by an authorized officer or official of the Company and the corporate seal of the Company has been affixed thereto this 26th day of September, 2016.



The Ohio Casualty Insurance Company

By:

David M. Carey, Assistant Secretary

STATE OF PENNSYLVANIA ss
COUNTY OF MONTGOMERY

On this 26th day of September, 2016, before me personally appeared David M. Carey, who acknowledged himself to be the Assistant Secretary of The Ohio Casualty Insurance Company and that he, as such, being authorized so to do, execute the foregoing instrument for the purposes therein contained by signing on behalf of the corporations by himself as duly authorized officer.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my notarial seal at King of Prussia, Pennsylvania, on the day and year first above written.



Commonwealth of Pennsylvania - Notary Seal
Teresa Pastella, Notary Public
Montgomery County
My commission expires March 28, 2025
Commission number 1126044
Member, Pennsylvania Association of Notaries

By:

Teresa Pastella, Notary Public

This Power of Attorney is made and executed pursuant to and by authority of the following By-law and Authorizations of The Ohio Casualty Insurance Company, which is now in full force and effect reading as follows:

ARTICLE IV - OFFICERS: Section 12. Power of Attorney.

Any officer or other official of the Corporation authorized for that purpose in writing by the Chairman or the President, and subject to such limitation as the Chairman or the President may prescribe, shall appoint such attorneys-in-fact, as may be necessary to act in behalf of the Corporation to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations. Such attorneys-in-fact, subject to the limitations set forth in their respective powers of attorney, shall have full power to bind the Corporation by their signature and executed, such instruments shall be as binding as if signed by the President and attested to by the Secretary. Any power or authority granted to any representative or attorney-in-fact under the provisions of this article may be revoked at any time by the Board, the Chairman, the President or by the officer or officers granting such power or authority.

Certificate of Designation - The President of the Company, acting pursuant to the Bylaws of the Company, authorizes David M. Carey, Assistant Secretary to appoint such attorneys-in-fact as may be necessary to act on behalf of the Company to make, execute, seal, acknowledge and deliver as surety any and all undertakings, bonds, recognizances and other surety obligations.

Authorization - By unanimous consent of the Company's Board of Directors, the Company consents that facsimile or mechanically reproduced signature or electronic signatures of any assistant secretary of the Company or facsimile or mechanically reproduced or electronic seal of the Company, wherever appearing upon a certified copy of any power of attorney or bond issued by the Company in connection with surety bonds, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

I, Renee C. Llewellyn, the undersigned, Assistant Secretary, of The Ohio Casualty Insurance Company do hereby certify that this power of attorney executed by said Company is in full force and effect and has not been revoked.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seals of said Company this 12th day of April, 2021.



By:

Renee C. Llewellyn, Assistant Secretary

Not valid for mortgage, note, loan, letter of credit, currency rate, interest rate or residual value guarantees.

For bond and/or Power of Attorney (POA) verification inquiries, please call 610-832-8240 or email HOSUR@libertymutual.com.

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: MD Pharmaceutical Supply LLC
 Address: 210 B Poplar Street
 City: Hanover State: PA Zip: 17331
 I hereby authorize the Pennsylvania Dept of Health to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant [Signature]

THIS FORM MUST BE FORWARDED TO THE HOME STATE
 LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
8000002467	Active	10/24/2012	11/30/2021

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u>[Signature]</u>	DRUG Prog. Spec.	PA	3/25/2021	

19J

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: 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 ☐ Hypodermic Devices
☒ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ 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?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Insource, 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.



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 PUBLICLY TRADED CORPORATIONState of Incorporation: IllinoisParent Company if any: N/AMailing Address: Three Lakes DriveCity: Northfield State: IL Zip: 60093Telephone: 847-643-4508 Fax: 866-780-9777Contact 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>.

Attachment 7 • Submit a list containing each employee(s) who handle the drugs on a daily basis.

Attachment 8 • 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".



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



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]
mkropiwiec@medline.com

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 Annual 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 policies 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
-

**Medline Industries, Inc
Disciplinary History**

3102
Attachment 4

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	FILE CLOSED 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.
		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.	
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	FILE CLOSED 2008 Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	FILE CLOSED 2008 Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	FILE CLOSED 2008 Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	FILE CLOSED 2008 Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	FILE CLOSED 2009 Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the facility. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., 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.
1501 Harris Rd, Libertyville, 1/6/2021 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

File Number

5133-055-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MEDLINE INDUSTRIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 19, 1977, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 29TH
day of DECEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2036401834 verifiable until 12/29/2021

Authenticate at: <http://www.cyberdriveillinois.com>

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 WILIAM	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,GERALD	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

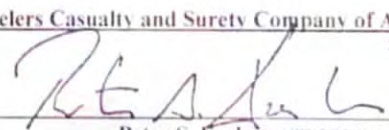
Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

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: _____

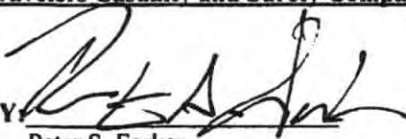

Peter S. Forker, ATTORNEY-IN-FACT

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 Oblige), 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.

One Medline Place

Mundelein, IL 60060

1-800-828-5800

1-800-828-5800 (toll-free)

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.

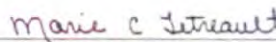
By


 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, 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

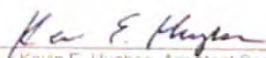
FURTHER RESOLVED, that the Chairman, the President, any Vice Chairman, any Executive Vice President, any Senior Vice President or any Vice President may delegate all or any part of the foregoing authority to one or more officers or employees of this Company, provided that each such delegation is in writing 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
 Notary Public in the State of Illinois
 County of Cook

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
Peter S. Forker, ATTORNEY-IN-FACT



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
 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 undertaking to which it is attached.

I, **Kevin E. Hughes**, the undersigned, Assistant Secretary of Travelers Casualty and Surety Company of America, Travelers Casualty and Surety Company, and St. Paul Fire and Marine Insurance Company, do hereby certify that the above and foregoing is a true and correct copy of the Power of Attorney executed by said Companies, which remains in full force and effect.

Dated this **5th** day of **November**, 2017



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.

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
 Notary Public in the State of Illinois
 County of Cook



Medline Industries, Inc.

THOMAS, MO. 65566

NO. 111-111 IL 60060

(847) 493-3100

1-800-MEDLINE (633-7263)

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

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Board of Pharmacy

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Board

BOARD MEETING SCHEDULE

[Board Members](#)[Board Meeting Schedule](#)[Board Meetings & Agendas](#)[Nevada Statutes & Regulations](#)

2021 Board Meeting Schedule

Meeting Date	Application Deadline	Location
January 13-14	November 30	Las Vegas
March 3-4	January 18	Reno
April 14-15	March 1	Las Vegas
June 2-3	April 19	Las Vegas
July 14-15	May 31	Reno
September 1-2	July 19	Las Vegas
October 13-14	August 30	Las Vegas
December 1-2	October 18	Las Vegas

2020 Board Meeting Schedule

Meeting Date	Application Deadline	Location
January 15-16	December 16	Las Vegas
March 18-19	February 18	Las Vegas
April 15-16	March 3	Las Vegas
June 3-4	April 21	Reno
July 15-16	June 2	Las Vegas
September 2-3	July 21	Las Vegas
October 14-15	August 25	Las Vegas
December 2-3	October 20	Reno

2019 Board Meeting Schedule

Meeting Date	Application Deadline	Location
January 16 & 17	December 17	Las Vegas
March 6 & 7	February 4	Reno
April 10 & 11	March 11	Las Vegas
June 5 & 6	May 6	Reno
July 17 & 18	June 17	Las Vegas
September 4 & 5	August 5	Reno
October 9 & 10	September 9	Las Vegas
December 4 & 5	November 4	Reno

Please note: this schedule may be altered at the Board's discretion

2018 Board Meeting Schedule

Callow, Mark

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, February 24, 2021 4:36 PM
To: Callow, Mark
Subject: RE: Nevada Wholesaler Application- Medline Industries, Inc.

Follow Up Flag: Follow up
Flag Status: Flagged

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.

Good Afternoon Mark,

We received the Fingerprint cards and waivers along with the Surety Bond in the office today. However please note that Nevada Department of Public Safety will reject any fingerprint cards dated over one year and all fingerprint cards must also include a fee of **\$40.25 each**. Further more because of new regulations that became law recently we will require fingerprints for the designated representative.

Please let me know if you have any questions.

Thank You,

Maria Herrera
 Licensing Specialist
 Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy Suite 206
 Reno, NV 89521
 775-850-1440
m.herrera@pharmacy.nv.gov

40.25
 x 6 → 5 officers plus D.R.
 241.50



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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Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093

1.847.949.5500
1.800.MEDLINE (633.5463)

medline.com

February 16, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy, Suite 206
Reno, NV 89521

RE: **Out-of-State Wholesaler Application – Missing Items**

Facility Address: **Medline Industries, Inc.
2200 Cornerstone Parkway
Grayslake, IL 60030**

To Whom It May Concern:

Enclosed please find the requested fingerprints for our 5 corporate officers as well as signed fingerprint waivers. Also included is the requested copy of our surety bond.

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



ADVANCING
THE HEALTH OF
HEALTHCARE

2. In addition to the requirements of subsection 1, the applicant shall submit with the application a list containing each employee, agent, independent contractor, consultant, guardian, personal representative, lender or holder of indebtedness of the applicant. The Board may require any person on the applicant's list to submit a complete set of fingerprints to the Board if the Board determines that the person has the power to exercise significant influence over the operation of the applicant as a licensed wholesaler. The fingerprints must be submitted with written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. The provisions of this subsection do not apply to a:

(a) Lender or holder of indebtedness of an applicant who is a commercial bank, bank holding company, subsidiary or affiliate of a bank holding company, personal property broker, consumer finance lender, commercial finance lender or insurer, or any other person engaged in the business of extending credit, who is regulated by an officer or agency of the State or the Federal Government.

(b) Common motor carrier or other delivery service that delivers a drug at the direction of a manufacturer.

3. The Board may issue a provisional license to an applicant pending receipt of the reports from the Federal Bureau of Investigation if the Board determines that the applicant is otherwise qualified.

4. An applicant who is issued a license by the Board shall not allow a person who is required to submit fingerprints pursuant to subsection 2 to act in any capacity in which the person exercises significant influence over the operation of the wholesaler if the:

(a) Person does not submit a complete set of fingerprints in accordance with subsection 2; or

(b) Report of the criminal history of the person indicates that the person has been convicted of, or entered a plea of guilty, guilty but mentally ill or nolo contendere to, a felony or offense involving moral turpitude or related to the qualifications, functions or duties of that person in connection with the operation of the wholesaler.

5. The Board shall not issue a license to an applicant if the requirements of this section are not satisfied.

(Added to NRS by [2005, 1608](#); A [2007, 1472](#))

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
775-850-1440
m.herrera@pharmacy.nv.gov

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Callow, Mark

From: RA Licensing
Sent: Monday, February 15, 2021 3:34 PM
To: Callow, Mark
Cc: Leonard, Mary
Subject: FW: Nevada Wholesaler Application- Medline Industries, Inc.

How was my service today? Feel free to send an email to : kbartlett@medline.com



**ADVANCING
THE HEALTH OF
HEALTHCARE**

Natalia Rewkowski
 Regulatory Affairs Licensing Specialist
 QA/RA
 Medline Industries, Inc.
www.medline.com

Ex. 770-1948
 224-931-1948 (Phone)
 866-780-5777 (Fax)
nwasikow@medline.com

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Friday, February 12, 2021 4:10 PM
To: RA Licensing <RALicensing@medline.com>
Cc: Mark I. Sedar <msedar@pharmacy.nv.gov>
Subject: Nevada Wholesaler Application- Medline Industries, Inc.

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Medline Industries, Inc. The application is incomplete due to the following missing items.

- Fingerprint cards for all corporate officers and directors
- Fingerprint waiver for each officer and director.
 Here is the link for our waiver -
<http://rccd.nv.gov/uploadedFiles/gsdnv.gov/content/FeesForms/0505RCCD-003->
- Please also send in a copy of the Surety bond #105625536, it was not attached to your application

NRS639.500 Submission of fingerprints and information concerning certain persons associated with wholesaler; issuance of provisional license; prohibitions.

1. In addition to the requirements for an application set forth in [NRS 63 9.100](#), each applicant for a license to engage in wholesale distribution shall submit with the application a complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report. If the applicant is a:

- (a) Natural person, that person must submit his or her fingerprints.
- (b) Partnership, each partner must submit his or her fingerprints.
- (c) Corporation, each officer and director of the corporation must submit his or her fingerprints.
- (d) Sole proprietorship, that sole proprietor must submit his or her fingerprints.

19K

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____)
Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: 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 ☐ Hypodermic Devices
☒ Poisons or Chemicals ☒ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ 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?
(If yes, provide a copy of the certificate)

Yes ☐ No ☒

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Insource, 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 PUBLICLY TRADED CORPORATIONState of Incorporation: IllinoisParent Company if any: N/AMailing Address: Three Lakes DriveCity: Northfield State: IL Zip: 60093Telephone: 847-643-4508 Fax: 866-780-9777Contact Person: Mark Callow

For any corporation non-publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) ****Please see explanation below****

Name

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 corporationList 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

3446 Highway 51N
Southaven, MS 38672

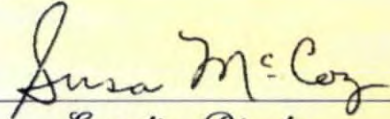
Permit Holder:
Bradley Hollen

This permit is not transferable or assignable.

Issued: 03/04/2021

Renewed: 03/04/2021

Expires: 12/31/2021


Susan 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



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 .

Jesse White

SECRETARY OF STATE

Authentication #: 2113802666 verifiable until 05/18/2022

Authenticate at: <http://www.cyberdriveillinois.com>

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

██████ Mitchel Place
Olive Branch, MS 38654
████████████████████
████████████████████

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 ([REDACTED])

Professional-Matthew Gohn ([REDACTED])

Personal-Aaron Kaiser ([REDACTED])

Personal-Ben Krushinski ([REDACTED])

**Medline Industries, Inc
Disciplinary History**

3145
Attachment 4

Date	Facility	Description of State Action	Corrective Actions
8/3/2005	1401 N. Universal Ave, Kansas City, MO 64120	FILE CLOSED 2010 Medline Industries' Kansas City, MO license (#2003031660) was disciplined for failure to renew on-time and for insufficient temperature control procedures. Medline was placed on probation for 5 years. Throughout the probationary period, the state conducted multiple inspections of the facility and found Medline to be in compliance with all requirements. The probationary period closed in August 2010.	Medline's Regulatory Affairs Department was significantly expanded to include a team of 7 Licensing Specialist that monitor and ensure each of our 200+ licenses are renewed on-time. A temperature control room was also constructed at the facility to ensure product is stored at the appropriate temperature and humidity levels. These control rooms are now a standard feature at our distribution centers, and we have worked closely with VAWD throughout our distribution network to ensure that our temperature control facilities and procedures align with industry best practices.
12/7/2006	9101 Riverside Parkway, Lithia Springs, GA 30122	FILE CLOSED 2008 Medline's Florida Certified Designated Representative at our Georgia facility resigned unexpectedly. The state of Florida suspended Medline's Florida Out of State Rx Drug Wholesale Distributor Permit (#23:1470) until a new licensed Designated Representative was hired at the facility.	To prevent a situation like this from occurring in the future, every Medline facility licensed in FL has multiple Florida Certified Designated Representatives on staff.
11/16/2007	10601 Southport Drive, Orlando, FL 32824 401 Commerce Blvd., Oldsmar, FL 34677 4750 118th Ave N Clearwater, FL 33762	FILE CLOSED 2008 Medline Industries was cited for several violations including: failure to pass and maintain a pedigree that met Florida's specific requirements; having the wrong type of permit for activities being performed (in addition to the manufacturing permit that we had, Florida required that we also have a repacker permit); distribution of saline to an unauthorized recipient; and an Rx drug item was found at an unlicensed raw materials storage facility. Several of the violations were challenged and reduced substantially or removed during the settlement process. Medline was assessed and paid a fine for these violations. All issues were addressed and resolved to the satisfaction of the FL DOH. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct. In 2010, Medline made an unrelated business decision to close the Oldsmar and Clearwater facilities.	To address the pedigree issues, Medline instituted a Florida specific pedigree system to ensure that any pedigree shipments within our distribution network with potential to end up in Florida have the required Florida specific documentation. (Note - these requirements have since been preempted by federal law). To address the issue of having the wrong permit type, Medline secured a repackaging permit, in addition to the manufacturing permit the facility already had. To address the sale of saline to an unauthorized person, Medline instituted a new procedure for obtaining and maintaining customer licenses for all Rx drug purchases; this procedure generates an automatic block of any Rx drug orders by an unlicensed customer in our SAP system. The Rx drug item unintentionally stored at our raw materials facility was properly disposed of, and our waste disposal procedures were updated to ensure that this mistake would not recur.
11/26/2007	2708 NE Waldo Rd., Gainesville, FL	FILE CLOSED 2008 Medline Industries' FL license (# 22:1022) was suspended for violations identified during a Florida BOP facility inspection. Medline, through Counsel, addressed the issues raised in the inspection and established that the suspension was unjustified. The suspension was lifted 3 days later on January 22, 2008 (Case # 2007-37412). In 2010, Medline made an unrelated business decision to close this facility.	After this inspection, Medline conducted a thorough review of its policies and procedures. Additionally, an internal auditing program was implemented to ensure that each distribution center is in compliance with internal policies and procedures, as well as state and federal regulations.
3/5/2008	149 New Camellia Blvd., Covington, LA 70433	FILE CLOSED 2008 Medline Industries' license #4318 was cited for failure to properly maintain copies of current customer licenses on site (Louisiana Administrative Docket #2008006). Medline was assessed and paid a fine. After duly notifying state authorities, as required, we were fined by New York (Cal. No. 27278) for out-of-state professional misconduct.	In addition to storing copies of our customers' licenses at headquarters, we now store these licenses digitally so they can be accessed by our distribution centers.
5/9/2008	5450 W. Stewart Ave., Wausau, WI	FILE CLOSED 2009 Medline Industries' license (# 1116-045) was cited and fined by the Wisconsin Department of Regulation & Licensing during an inspection. Medline managed a portion of a Wisconsin hospital's warehouse. The inspector cited Medline for failure to have a dividing fence between the Medline managed portion of the facility and the hospital portion of the facility - even though all of the products were owned by the hospital. Medline was also cited for failure to access several policies and procedures during the inspection. Corrections were made and the facility was re-inspected, to the satisfaction of the state (Case #08 PHM 037). After duly notifying state authorities, as required, we were fined by the states of Hawaii (Case #PHA 2009-7-L) and New York (Cal. No. 27278) out-of-state professional misconduct. . In 2010, Medline made an unrelated business decision to close this facility.	Immediately after the inspection, Medline and the owner of the facility erected a locked fence to divide the facility. Medline also reviewed all of its other facilities to make sure no similar situations existed. In addition, training on where and how to access current policies and procedures was increased for distribution center personnel. This training is in addition to the training they receive on the policies and procedures themselves.
8/21/2008	94-1420 Moaniani St., 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

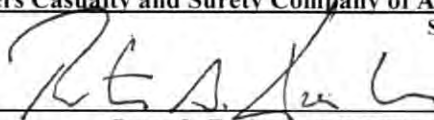
Nothing herein contained shall vary, alter or extend any provision or condition of this bond except as herein expressly stated.

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 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
 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
 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.



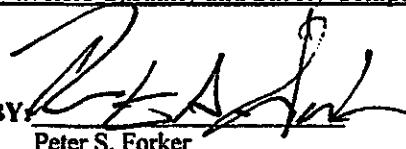
Rebecca M. Johlke
 Notary Public in the State of Illinois
 County of Lake

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 Oblige), 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
BECTION,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
SHERILL,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
KUFORJI,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
RANGLES,CHARLES C.	Supv Warehouse
JARVIS,TERI LEE	Supv Training Facility
TYSON SR,ELRIK PERNELL	Supv Warehouse
CHINOPULOS,CASSIE ROSE	Supv Warehouse

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 LAPORSCH	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
 JENNINGS,SHALETHA
 CHISM,JESSICA
 WEBB-DONALD,LATOYA NICHOL
 LEVY,NECOLE
 SNEED,CHARLOTTE MARIA
 WHITE,LAUREN ASHLEY
 MARKS,SHATARA RENA
 WHITLOCK,TRACY
 TOLES SR,REGINALD BERNARD
 PRIDE,TAMARA
 ANDERSON,JASMINE
 EVANS,TAKITSHA
 HOLLOWAY,MICHELLE
 VAUGHN,LASHONDA
 SANDERS,JEREMY
 JONES,KIRISTIEN
 YANCEY,LATASHA LAFAYE
 COOPER,KOREY MATTHEW
 DUNLAP,TEIONNA RASHUN
 HARRIS,CORNESHA
 SMITH,IESHA R
 JACKSON,AMBER
 QUALLS,SHUNTERRIA
 MACK,ANTANET
 WARD,FREDRIKA ALANTE
 JONES,JESSICA LAKITA
 BELL,JADA
 CURTIS,TESHEENA
 RICE,LORNE E
 GLOVER,FAMESHA LAVETT
 DAVIS,VALENTINO
 FITZGERALD,TONYA
 MEADOWS,TIMOTHY
 JOHNSON,LATONYA LASHELL
 STEWART,ANITA
 HAYDEN,TECHIARA LASHAE
 MCCLINTON,ANNIE MAE
 FEIN,CLINT MARC
 THACH,CHHOUNG S
 HOLLOMON,RONA
 COLE,SANDRA
 AMAECHI,BARTHOLOMEW N
 PERKINS,SHAMEKA OLINDA
 LANIER,MARY
 JAMES,PRINCETON

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Board

BOARD MEETING SCHEDULE

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[Board Meeting Schedule](#)
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2021 Board Meeting Schedule

Meeting Date	Application Deadline	Location
January 13-14	November 30	Las Vegas
March 3-4	January 18	Reno
April 14-15	March 1	Las Vegas
June 2-3	April 19	Las Vegas
July 14-15	May 31	Reno
September 1-2	July 19	Las Vegas
October 13-14	August 30	Las Vegas
December 1-2	October 18	Las Vegas

2020 Board Meeting Schedule

Meeting Date	Application Deadline	Location
January 15-16	December 16	Las Vegas
March 18-19	February 18	Las Vegas
April 15-16	March 3	Las Vegas
June 3-4	April 21	Reno
July 15-16	June 2	Las Vegas
September 2-3	July 21	Las Vegas
October 14-15	August 25	Las Vegas
December 2-3	October 20	Reno

2019 Board Meeting Schedule

Meeting Date	Application Deadline	Location
January 16 & 17	December 17	Las Vegas
March 6 & 7	February 4	Reno
April 10 & 11	March 11	Las Vegas
June 5 & 6	May 6	Reno
July 17 & 18	June 17	Las Vegas
September 4 & 5	August 5	Reno
October 9 & 10	September 9	Las Vegas
December 4 & 5	November 4	Reno

Please note: this schedule may be altered at the Board's discretion

2018 Board Meeting Schedule

File Number

5133-055-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MEDLINE INDUSTRIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 19, 1977, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 29TH day of DECEMBER A.D. 2020 .

Jesse White

SECRETARY OF STATE

Authentication #: 2036401834 verifiable until 12/29/2021

Authenticate at: <http://www.cyberdriveillinois.com>



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



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.



Medline Industries, Inc.
Three Lakes Drive
Northfield, IL 60093

1.847.949.5500
1.800.MEDLINE (633.5463)

medline.com

May 17, 2021

Nevada State Board of Pharmacy
Attn: Maria Herrera
985 Damonte Ranch Parkway
Suite 206
Reno, NV 89521

RE: **Corrected Check for Fingerprinting**

Facility Address: **Medline Industries, Inc.
3446 Highway 51 N.
Southaven, MS 38672**

Fee Remittance: **\$40.25**

To Whom It May Concern:

Enclosed please find a new check for the fingerprinting fee for our Designated Representative.

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

ADVANCING
THE HEALTH OF
HEALTHCARE.



**We make
healthcare
run better.™**

Mark Callow
Licensing Specialist Sr.
Medline Industries, Inc.
www.medline.com

O:847-643-3801
mcallow@medline.com

How was my service today? Feel free to
send an email to : kbartlett@medline.com

**During this Covid-19 Pandemic, my work
hours are 6:45 am – 3:15pm CST M-F**

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Tuesday, May 4, 2021 1:27 PM
To: RA Licensing <RALicensing@medline.com>
Subject: Nevada Wholesaler Application- Medline Industries, Inc. MS Location

The Nevada State Board of Pharmacy received an Out-of-State Wholesaler application from Medline Industries, Inc. MS Location

Please note because of the recent fingerprints that were submitted for the location in IL, at this time we only need the fingerprints for the Designated Representative. We will also need to return the fingerprint check that was sent for the amount of \$241.50 and request that we get another one for just the one \$40.25 fee. Please advise where I can return the check and fingerprints?. We cannot proceed with the fingerprints until we receive the new check.

All items must be received to move forward with processing your application.

Please let me know if you have any questions.

Thank you,

Maria Herrera
Licensing Specialist
Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521
775-850-1440
m.herrera@pharmacy.nv.gov



This information is provided as a courtesy on behalf of the Nevada State Board of Pharmacy. This information does not constitute legal advice and does not override the specific provisions of Nevada law as applied to a particular set of facts.

CONFIDENTIALITY NOTICE: This message and any accompanying documents are intended only for the use of the individual or entity to which they are addressed. They may contain information that is proprietary, privileged, confidential or exempt from disclosure under

Callow, Mark

From: Maria Herrera <m.herrera@pharmacy.nv.gov>
Sent: Wednesday, May 5, 2021 10:44 AM
To: Callow, Mark
Subject: RE: Nevada Wholesaler Application- Medline Industries, Inc. MS Location

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.

No worries Mark,

The answer, in regards to the IL facility, because of the disclosures this application requires appearance on front of the Board. At this time unfortunately I don't have a set date, I will do my best to get it on the July scheduled meeting at earliest.

For the other 3 facilities, If the ownership will remain the same, the fingerprint results are valid for one year from the date submitted. Therefore yes, the only fingerprints we will then need is for each Designated Representative.

Thank you,

Maria H.

From: Callow, Mark <MCallow@medline.com>
Sent: Wednesday, May 5, 2021 6:59 AM
To: Maria Herrera <m.herrera@pharmacy.nv.gov>
Subject: RE: Nevada Wholesaler Application- Medline Industries, Inc. MS Location

Good Morning Maria,

My Apologies, you can return the check to the following address :

Medline Industries, Inc.
Attn: Mark Callow
Three Lakes Drive -3D
Northfield, IL 60093

I will go ahead and get a new check cut for 40.25 for just our designated representative.

I have a couple other questions for you....has our license for the Illinois facility been issued/approved?

- In addition to this location, Medline Industries, Inc. has 3 more new facilities opening towards the latter part of this year and we will be pursuing a NV license for each of them. Will we only need a check for 40.25 for those as well? How long will the officers fingerprints be on file for?

Thanks and have a great day.

19L

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 by all types of ownership

Facility Name: Penn Veterinary Supply, Inc

Physical Address: 53 Industrial Circle

City: Lancaster State: PA Zip Code: 17601

Telephone Number: 717-656-4121 Fax Number: 717-656-8698

Toll Free Number: _____

E-mail: Regulatory@pennvet.com Website: _____

Facility Manager: James Waltman, Jr

Professional qualifications and experience of facility manager: Resume attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices	☒ Hypodermic Devices
☐ Poisons or Chemicals	☒ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)	
☐ Other: _____	

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate)

Yes ☒ No ☐

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: Blue Pax Pharmaceuticals, LLC
Address: 160 Raritan Center Parkway Unit 1 Edison, NJ 08837

Name: Bloodworth Wholesale Drugs
Address: 2128 York Lamb Drive Tifton, GA 31793

Name: Cardinal Health, 110 LLC
Address: 2840 Elm Point Industrial Drive Saint Charles, MO 63301

Name: AKORN, Inc.
Address: 150 S. Wyckles Rd Decatur, IL 62522

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.

Diane M. Evanosky

Original Signature of Person Authorized to Submit Application, no copies or stamps

Diane M. Evanosky

Print Name of Authorized Person

3/29/21

Date

Board Use Only

Date Processed: _____

Amount: 500

check # 174771

Processed

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATIONState of Incorporation: Pennsylvania

Parent Company if any: _____

Mailing Address: 53 Industrial CircleCity: Lancaster State: PA Zip: 17601Telephone: 717-656-4121 Fax: 717-656-8698Contact Person: Diane Evanosky

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) Regina G. Sexton 53 Industrial Circle Lancaster, PA
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

- 2) Provide the number of shares issued by the corporation.
- 100%
- 4,950 shares

- 3) What was the price paid per share?
- \$10.00 / share

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporationList of officers and directorsCertificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.



Certificate of Registration

Certificate No. 3000005019

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Distributor (Prescription)

PENN VETERINARY SUPPLY, INC.
53 INDUSTRIAL CIRCLE
LANCASTER, PA 17601

Drug & Device Registration

555 WALNUT ST
FORUM PLACE -7th FLOOR -SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Controlled Substance, Drug, Device and Cosmetic Act #64, approved September 9, 1972.

Issuance Date: October 01, 1981

Expiration Date: The Last Day of November, 2021

Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance



Rachel L. Levine
Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.



Certificate of Licensure

Certificate No. 8000000316

(A certificate starting with a number 4, 5 or 6 does not permit the possession or sale of controlled substances or prescription drugs.)

Category:

Wholesaler/Distributor

PENN VETERINARY SUPPLY, INC.
53 INDUSTRIAL CIRCLE
LANCASTER, PA 17601

Drug & Device Registration

555 WALNUT ST
FORUM PLACE-7th FLOOR-SUITE 701
HARRISBURG, PA 17101
(717) 787-4779

The above business is registered in the required category to conduct and maintain a facility in accordance with the provisions of the Wholesale Prescription Drug License Act, Act #145, approved December 14, 1992.

Issuance Date: November 01, 1994

Expiration Date: The last Day of September, 2021



Susan Coble
Susan Coble
Deputy Secretary for Quality Assurance

Rachel L. Levine
Rachel L. Levine, MD
Secretary of Health

NOTE: THIS CERTIFICATE MUST BE POSTED IN A CONSPICUOUS PLACE ON THE PREMISES.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

02/04/2021

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PENN VETERINARY SUPPLY, INC.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Kathly Bookman

Secretary of the Commonwealth

Certification Number: TSC210204070124-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



"Setting a higher standard to service the veterinary profession."

Federal Tax ID: 23-2183126
DEA Number: PP0236352
State of Incorporation: Pennsylvania

Company Officers

Regina Sexton – Chairman / Owner 100%

██████ Ecker Drive
Lititz, PA 17543
Phone: 717-656-4121

Lita M. Shillenn - President

██████ Maxwell Drive
Quarryville, PA 17566
Phone: 717-656-4121

Richard J. Sexton - Treasurer

██████ Lancaster Pike
New Providence, PA 17560
717-656-4121

Contact Person for the Facility:

Diane M. Evanosky, Designated Rep. Supervisor

██████ Basswood Drive
Lancaster, PA 17602
717-656-4121
devanosky@pennvet.com

NABP ACCREDITED

DRUG DISTRIBUTOR

Penn Veterinary Supply, Inc

located at

53 Industrial Circle, Lancaster, PA 17601

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 "A" Carter, PharmD, MS, RPh
Executive Director/Secretary



8/11/2020 - 8/10/2023

Period of Accreditation



847/391-4406
Fax 847/375-1114

1600 Feehanville Dr
Mount Prospect, IL 60056
help@nabp.pharmacy

March 30, 2021

James Waltman
Penn Veterinary Supply, Inc
53 Industrial Circle
Lancaster, PA 17601

Dear Mr Waltman:

On behalf of the National Association of Boards of Pharmacy® (NABP®) and Drug Distributor Accreditation staff, thank you for the hospitality extended to Stephanie Xenakes during the recent survey.

Information provided by the surveyor indicates your facility is operating in compliance with program criteria. NABP will now conduct a final assessment of all reaccreditation materials, survey findings, and responses to confirm your facility continues to meet Drug Distributor Accreditation criteria. The Accreditation Committee will then render a decision whether to accredit.

Direct questions to vawd@nabp.pharmacy or 847/391-4539.

Best Regards,

Dawn Bibbs-Morrissey
Senior Manager, Distribution Programs

NABP ACCREDITED

DRUG DISTRIBUTOR

Penn Veterinary Supply, Inc

located at

53 Industrial Circle, Lancaster, PA 17601

This business has met all the drug distributor criteria set in place by the National Association of Boards of Pharmacy® (NABP®). The current status of this business's accreditation may also be verified by visiting the drug distributor section on the NABP website, located at www.nabp.pharmacy/programs/drug-distributor/accredited-facilities/.



Carmen A. Catizone, MS, RPh, DPh
Executive Director/Secretary



08/11/2017 - 08/10/2020 — *exp.*

Period of Accreditation

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: Penn Veterinary Supply, Inc.
 Address: 53 Industrial Circle
 City: Lancaster State: PA Zip: 17601
 I hereby authorize the PA Dept. of Health to furnish to the Nevada State Board of Pharmacy, the information requested below.
 Signature of Applicant Diane M. Evansky

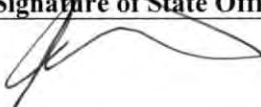
THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION. DO **NOT** WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
3000005019 8000000314	Active	10/11/1981 11/1/1994	11/30/2021 9/30/2021

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any)
	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
	Drug Program Specialist	PA	3/2/2021	

James Waltman Jr.

South Broad Street Lititz, PA 17543

jwaltman@pennvet.com

Employment: Penn Veterinary Supply, Inc. - August 11, 1986 - to - Present

Position: **Warehouse Operations Manager** Lancaster, PA - January 2018 - to - Present

Essential Duties and Responsibilities:

Maintains the receiving, warehousing, and distribution operations by initiating, coordinating and enforcing operational and personnel policies and procedures.

Ensure and observe proper unloading and inspection of product; collection and retention of documentation for inventory; product location and safekeeping; regular cycle count schedules; count discrepancy resolution; seasonal product placement planning; product expiration date and rotation management

Oversees and execute: recalls procedure; identifying & removing product from inventory; maintain quarantine: product segregation area; product return to manufacturer or supplier

Safeguards warehouse operations and contents by monitoring security procedures and protocols

Oversee and direct the shipping department associates in handling and packing process & functions

Oversee DEA Biennial Inventories; Quarterly & Annual DEA ARCOS Reporting

Prepare and monitor budgets according to plan and ensures maximum utilization of logistics resources

Meet with Regulatory Department staff and DRS to review and insure facility compliance with laws and regulations governing drug distribution.

Summary:

Has knowledge and understanding of current state and federal law relating to the distribution of prescription and controlled drugs.

Has knowledge and understanding of US Pharmacopoeia standards relating to safe storage and handling of drugs and biologicals. Has knowledge and understanding of quality control systems.

Has knowledge and understanding of the building security, climate control systems and monitoring activity.

Supervisory Responsibilities:

Carry out supervisory responsibilities in accordance with the organization's Standard Operating Procedures and applicable laws. Responsibilities include: Interviewing, Hiring, and Training Associates; Conduct SOP Reviews: Planning, Assigning, and Directing work; Appraising performance; Rewarding and disciplining Associates; Address staff complaints and resolve problems. Perform other related duties as directed by Company Management.

Shipping and Receiving Department Supervisor June 2013 -to- January 2018

Essential Duties and Responsibilities:

Oversee and Direct shipping and receiving department associates in the receiving, inspection, handling and packing process & functions, conduct DEA Biennial Inventories, and ARCOS reporting

Perform other related duties as directed by warehouse manager, or company management

Supervisory Responsibilities

Carry out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities included: interviewing, hiring, and training warehouse associates; conducting staff SOP reviews ; planning, assigning, and directing work; appraising performance; rewarding and disciplining associates; addressing complaints and resolving problems.

Warehouse Team Leader 1996 to June 2013

Responsibilities include: Maintain warehouse staff job results by training, coaching, counseling warehouse Associates; Directing work flow and job assignments; contribute to team effort by accomplishing related results as needed; perform related duties as directed by Warehouse Operations Manager

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. PB02671702049

Application/License No. _____

Penn Veterinary Supply, LLC, doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
53 Industrial Circle, Lancaster, PA 17601, as
Address of Applicant/Principal
PRINCIPAL, and PHILADELPHIA INDEMNITY INSURANCE COMPANY, a
Surety Company
 corporation organized under the laws of the state of PA
State of Incorporation
 and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
One Bala Plaza Suite 100, Bala Cynwyd, PA 19004 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 02/25/2021.
Effective Date

WHEREAS, the provisions of Nevada Revised Statute (NRS) 639.515 and Nevada Administrative Code (NAC) 639.5937 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$25,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and NAC 639.5937 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515 and NAC 639.5937. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this
25th day of February, 2021.

APPLICANT/PRINCIPAL
 Penn Veterinary Supply, LLC


 Authorized Representative

SURETY COMPANY

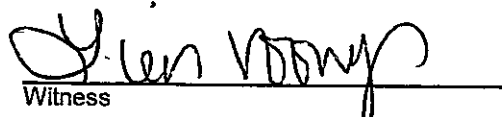
PHILADELPHIA INDEMNITY INSURANCE COMPANY


 Surety Company's Representative

Valerie Ann Aber, Attorney-in-fact
 print name

SIGNED and SEALED in the presence of:


 Witness


 Witness

SIGNED and SEALED in the presence of:


 Witness


 Witness

Countersigned by:

N/A
 Nevada Resident Agent

Bond # PB02671702049

PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Valerie Ann Aber and Daniel Rugge, its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000,000.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November, 2016.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

FURTHER RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

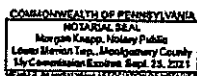
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 27TH DAY OF OCTOBER, 2017.



(Seal)

Robert D. O'Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 27th day of October, 2017, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



(Notary Seal)

Notary Public:

residing at:

Bala Cynwyd, PA

My commission expires:

September 25, 2021

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 27th day of October, 2017 are true and correct and are still in full force and effect. I do further certify that Robert D. O'Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 25th day of February, 20 21.



Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY



"Setting a higher standard to service the veterinary profession."

April 20, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206
Reno, NV 89521

NV Wholesale Drug Distributor Permit #: NEW Application Pending

RE: Reporting of Disciplinary Action Issued by the State of Ohio Board of Pharmacy

Dear Sir or Madam:

The Ohio Board of Pharmacy issued a Notice of Opportunity for Hearing letter, dated March 5, 2021, to Penn Veterinary Supply, Inc. ("Penn Vet"), indicating the following allegation(s):

"From on or about April 1, 2018 to on or about October 8, 2019, Penn Vet, located at 53 Industrial Circle, Lancaster, Pennsylvania, sold dangerous drugs, including controlled substances, to Companion Animal Hospital, Inc., located at 12 St. Andrews Blvd., Chillicothe, Ohio. Companion Animal Hospital, Inc., was operating without a Board-issued Terminal Distributor of Dangerous Drugs license at this time."

This letter shall serve as Penn Vet's notification to ensure compliance with your regulatory agency or pharmacy board's notification requirements.

Penn Vet neither admits nor denies the allegation(s) stated in the Notice of Opportunity for Hearing letter, although, paid a monetary penalty in the amount of \$1,875.00, as outlined in the attached signed copy of the Final Settlement Agreement dated April 2, 2021 with the State of Ohio Board of Pharmacy.

As a result, policies and procedures have been implemented, as part of our contingency plan, to ensure we are kept abreast and informed of the current licensure status of our veterinary customers and/or clients.

If you have any questions, or require any additional information, please do not hesitate to contact me at: 717-656-4121 or via E-mail at: Regulatory@pennvet.com

Your understanding in this matter is greatly appreciated.

Respectfully,

Diane M. Evanosky, Designated Rep Supervisor

Penn Veterinary Supply, Inc.

53 Industrial Circle • Lancaster • PA • 17601

Phone: 800.233.0210 • Fax: 717.656.7249 • Online: www.pennvet.com



**STATE OF
OHIO**
BOARD OF PHARMACY

IN THE MATTER OF:

CASE NO. A-2020-0513
501-1727

Penn Veterinary Supply, Inc.
c/o Diane Evanoskydes
53 Industrial Circle
Lancaster, PA 17601

License No. 01-2317600

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Penn Veterinary Supply, Inc., (Penn Vet) for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs, including controlled substances, to an unlicensed entity. Together, the Board and Penn Vet are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, restrict, limit, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.
2. Penn Vet is a licensed Wholesaler Distributor of Dangerous Drugs, License No. 01-2317600, which lists Diane Evanoskydes, as the Responsible Person.

FACTS

1. The Board initiated an investigation of Penn Vet Wholesaler Distributor of Dangerous Drugs License No. 01-2317600, related to Penn Vet's illegal sales of dangerous drugs, including controlled substances, to an unlicensed entity.
2. On or about March 5, 2021, the Board sent a Notice of Opportunity for Hearing to Penn Vet which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



TERMS

NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.
2. Penn Vet neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated March 5, 2021; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.
3. Penn Vet agrees to pay to the Board a monetary penalty in the amount of \$1,875.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.
4. Penn Vet agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.
5. Penn Vet agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Penn Vet of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Penn Vet by the Board and will NOT discharge Penn Vet from any obligation under the terms of this Agreement.
6. Penn Vet agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.
7. Penn Vet understands that it has the right to be represented by counsel for review and execution of this agreement.
8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Penn Vet will operate.
9. Penn Vet waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.
12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.
13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Diane Evanosky
Diane Evanoskydes, on behalf of,
Penn Veterinary Supply, Inc., Respondent

03/30/21
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Jennifer Rudell, RPh
Jennifer Rudell, RPh, President,
State of Ohio Board of Pharmacy

4/2/2021

Date of Signature

Henry Appel
Henry Appel, Ohio Assistant Attorney General

4/2/2021

Date of Signature



"Setting a higher standard to service the veterinary profession."

Federal Tax ID: 23-2183126

DEA Number: PP0236352

State of Incorporation: Pennsylvania

Disciplinary History

March 3, 2020 - Ohio Board of Pharmacy – Monetary Penalty

June 8, 2015 - Ohio Board of Pharmacy – Monetary Penalty

June 10, 2013 - Maryland Board of Pharmacy – Monetary Penalty

IN THE MATTER OF	*	BEFORE THE
PENN VETERINARY SUPPLY, INC.	*	MARYLAND BOARD
Respondent-Distributor	*	OF PHARMACY
Unlicensed	*	Case No.: PI-13-080

CONSENT ORDER

herein.

FINDINGS OF FACT

The Board finds the following:

1. The Respondent-Distributor is located in Lancaster, Pennsylvania.
2. The Respondent-Distributor does not hold and has never held a Maryland distributor permit.
3. On or about December 5, 2012, the Maryland Division of Drug Control ("DDC") was conducting an opening inspection at Queen Anne County Animal Control Center in Queenstown, Maryland when the DDC inspector observed invoices for ketamine¹ from the Respondent-Distributor.
4. The DDC inspector notified the Board after it could not ascertain whether the Respondent-Distributor held a distributor permit in Maryland.
5. Thereafter, the Board initiated an investigation.
6. The Board's investigator determined that the Respondent-Distributor did not hold a distributor permit and an application was not pending.
7. On or about December 13, 2012, the Board issued a subpoena for copies of invoices for all prescription medications that the Respondent-Distributor shipped to the State of Maryland.
8. On or about January 18, 2013, the Respondent-Distributor provided the requested documentation.

¹ Ketamine is an anesthetic medication and a schedule III controlled dangerous substance ("CDS").

9. A summary of the invoices revealed that the Respondent-Distributor has been distributing prescription medications, including schedule III, IV and V CDS, to Maryland since 2008.

10. According to the summary, the Respondent-Distributor has distributed approximately \$5.2 million in prescription medications from 2008 to 2012.

11. The Respondent-Distributor's actions as outlined in pertinent part above constitute a violation of H.O. § 12-6C-03(a).

12. In resolving the charges against the Respondent-Distributor, the Board considered the following mitigating factors:

a. The Respondent-Distributor was and still is, at least in part, a family owned business that has been in operation for thirty-two (32) years, since 1981 in Lancaster, Pennsylvania. It is a small, privately held, local and regional wholesale distributor of veterinary products in the mid-Atlantic and Northeast.

b. The Respondent-Distributor has fifteen (15) employees who have been with the Respondent-Distributor over twenty (20) years.

c. The Respondent-Distributor founder, President, Treasurer and Secretary solely controlled all licensing and permit issues, in-state, out-of-state and federal from 1981 until his death in 2011. Almost immediately following his death, the Respondent-Distributor restructured and began to educate itself and move towards accreditation and compliance in all places where the Respondent-Distributor does business.

- d. The Respondent-Distributor has never been the subject of discipline in any other state.
- e. The Respondent-Distributor cooperated with the Board during the investigation, data collection, and resolution negotiations in complete good faith at all times.
- f. The net slim profit margin on the sale of wholesale distributed veterinary prescription medications between 2008 and 2012 was 2.47%, which yielded the Respondent-Distributor a profit of approximately \$130,000.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent-Distributor violated the following provision of the Act: H.O. § 12-6C-03(a).

ORDER

Based on agreement of the parties, it is therefore this 12th day of June 2013, by an affirmative vote of the Board, hereby:

ORDERED that within 90 days of the effective date of this Consent Order, the Respondent-Distributor shall pay a fine in the amount of **\$45,000**, payable to the Maryland Board of Pharmacy; and it is further

ORDERED that failure to comply with the terms and conditions of this Consent Order, including but not limited to failure to pay the required fine, constitutes a violation of this Consent Order and the Board, in its discretion, after notice and an opportunity for a show cause hearing before the Board may impose any appropriate sanction under the Act;

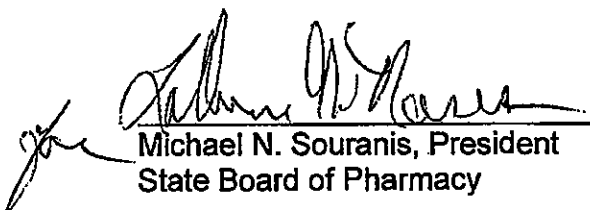
and it is further

ORDERED the Respondent-Distributor shall bear all expenses associated with this Order; and it is further

ORDERED that the Respondent-Distributor shall not resume distributing drugs into Maryland unless and until it receives a permit as a wholesale distributor in Maryland; and it is further

ORDERED that if the Respondent-Distributor obtains a valid permit to operate as a wholesale distributor in the Maryland, it shall operate according to the Maryland Pharmacy Act and in accordance with all applicable laws, statutes and regulations pertaining to its operation as wholesale distributor; and it is further

ORDERED that this document constitutes a formal disciplinary action of the State Board of Pharmacy and is therefore a public document for purposes of public disclosure, pursuant to the Public Information Act, State Gov't § 10-611 *et seq.* and COMAR 10.34.01.12.


Michael N. Souranis, President
State Board of Pharmacy

CONSENT

I, Didier Gallic, Director of Finance for Penn Veterinary Supply, Inc., acknowledge that I had the opportunity to consult with legal counsel before signing this document. By

this Consent, I accept on behalf of Penn Veterinary Supply, Inc. to be bound by this Consent Order and its conditions and restrictions. On its behalf, I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which Penn Veterinary Supply, Inc. would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law.

I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving Penn Veterinary Supply, Inc.'s right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order on behalf of Penn Veterinary Supply, Inc., and understand its meaning and effect.

6/10/13
Date

Didier Gallic
Didier Gallic, Director of Finance.
Penn Veterinary Supply, Inc., Respondent-Distributor

NOTARY

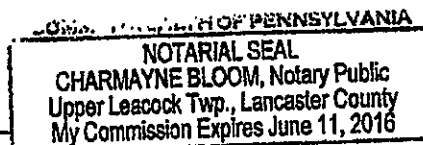
STATE OF PENNSYLVANIA

CITY/COUNTY OF Lancaster:

I HEREBY CERTIFY that on this 10 day of June, 2013, before me, a Notary Public of the foregoing State personally appeared Didier Gallic, Director of Finance for **Penn Veterinary Supply, Inc.**, and made oath in due form of law that signing the foregoing Consent Order on behalf of Penn Veterinary Supply, Inc. was his voluntary act and deed, and the statements made herein are true and correct.

AS WITNESSETH my hand and notarial seal.

Charmayne Bloom
Notary Public

My Commission Expires: June 11, 2016

Steven W. Schlerholt, Esq.
Executive Director



**STATE OF
OHIO**
BOARD OF PHARMACY

John R. Kasich
Governor

OHIO PHARMACY BOARD

JUN 08 2015

IN THE MATTER OF:

CASE NO. 2014-1587

Penn Veterinary Supply, Inc.
c/o John Beck
53 Industrial Circle
Lancaster, PA 17601

WDDD License No. 01-2424400

SETTLEMENT AGREEMENT WITH THE OHIO STATE BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the Ohio State Board of Pharmacy (OSBP) and Penn Veterinary Supply, for the purpose of resolving all issues between the parties relating to the OSBP investigation of making a false statement with purpose to secure the issuance of a license or registration. Together, OSBP and Penn Veterinary Supply are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the OSBP has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Sections 4729.52 and 4729.53 of the Ohio Revised Code to practice as a Wholesale Distributor of Dangerous Drugs (WDDD) in the state of Ohio.
2. Penn Veterinary Supply applied for a WDDD license under pending license number 01-2424400.

FACTS

1. On or about June 5, 2014, the OSBP initiated an investigation of Penn Veterinary Supply, WDDD pending license number 01-2424400, related to Penn Veterinary Supply's false statement with purpose to secure the issuance of a license or registration.
2. On or about March 30, 2015, the OSBP sent a Notice of Opportunity for Hearing to Penn Veterinary Supply, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.
3. On or about April 8, 2015, Penn Veterinary Supply timely requested an administrative hearing, which was subsequently scheduled for June 3, 2015.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



JUN 08 2015

TERMS

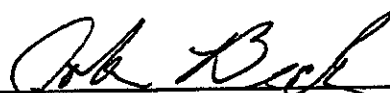
NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.
2. Penn Veterinary Supply neither admits nor denies the allegations stated in the Notice of Opportunity for hearing letter dated March 30, 2015; however, the OSBP has evidence sufficient to sustain the allegations and hereby adjudicates the same.
3. Penn Veterinary Supply agrees to pay to the OSBP the amount of \$1,000.00, by means of a cashier's check made payable to "Treasurer, State of Ohio," mailed with the enclosed form to the OSBP, 77 South High Street, Room 1702, Columbus, Ohio 43215-6126, no later than 30 days from the effective date of this Agreement.
4. Penn Veterinary Supply's application for a Wholesale Distributor of Dangerous Drugs license, submitted on March 24, 2014, is hereby approved.
5. Penn Veterinary Supply and John Beck agree and acknowledge that this OSBP disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction in which they currently hold a professional license, including the OSBP on renewal applications or applications for a new license.
6. Penn Veterinary Supply agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Penn Veterinary Supply of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Penn Veterinary Supply by the OSBP and will NOT discharge Penn Veterinary Supply from any obligation under the terms of this Agreement.
7. Penn Veterinary Supply agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.
8. Penn Veterinary Supply understands that it has the right to be represented by counsel for review and execution of this agreement.

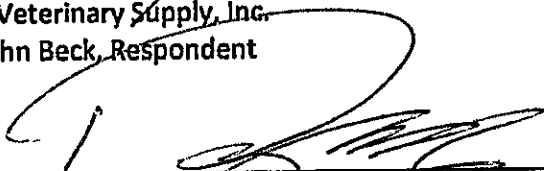
9. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Penn Veterinary Supply will operate.
10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.
12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.
13. This Agreement shall become effective upon the date of the Board President's signature below.

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

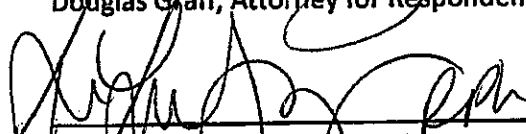
Approved by:


 Penn Veterinary Supply, Inc.
 c/o John Beck, Respondent

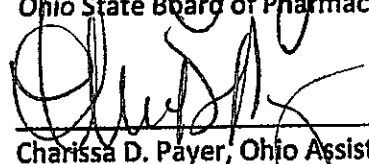
6/3/15
 Date of Signature


 Douglas Graff, Attorney for Respondent

6/4/2015
 Date of Signature


 Michael A. Moné, R.Ph., President,
 Ohio State Board of Pharmacy

7/7/15
 Date of Signature


 Charissa D. Payer, Ohio Assistant Attorney General

7/13/2015
 Date of Signature

OHIO PHARMACY BOARD

JUN 08 2015

RMRRR:

JUN 08 2015

MONETARY PENALTY TRANSMITTAL FORM

IN THE MATTER OF:

Penn Veterinary Supply, Inc.
(WDDD License No. 01-2424400)

THE ENCLOSED AGREEMENT OF THE OHIO STATE BOARD OF PHARMACY IMPOSES A MONETARY PENALTY PURSUANT TO SECTION 4729.16 OF THE REVISED CODE. SAID MONETARY PENALTY OF \$1,000.00 IS DUE NO LATER THAN THIRTY DAYS FROM THE EFFECTIVE DATE OF THIS AGREEMENT.

TO ENSURE THE PROPER CREDIT, RETURN THIS FORM WITH YOUR PAYMENT TO THE OHIO STATE BOARD OF PHARMACY; 77 S. HIGH STREET, 17TH FLOOR; COLUMBUS, OHIO 43215-6126. ALL PAYMENTS ARE TO BE MADE PAYABLE TO THE "TREASURER, STATE OF OHIO".

PAYMENTS NOT RECEIVED DURING THE DESIGNATED TIME MAY RESULT IN FURTHER ACTION BY THE BOARD THROUGH THE OFFICES OF THE STATE AUDITOR AND ATTORNEY GENERAL.

FOR BOARD USE ONLY BELOW THIS LINECase No. 2014-1587Penalty Type Board OrderAmount Assessed \$1,000.00Control No. 1507676Amount Suspended -0-Date Received 06/08/2015Amount Due \$1,000.00Amount Received \$1,000.00



**STATE OF
OHIO**
BOARD OF PHARMACY

IN THE MATTER OF:

**CASE No. A-2019-0331
I-2018-0393-B**

Penn Veterinary Supply, Inc.
c/o Diane Evanosky
53 Industrial Circle
Lancaster, PA 17601

License No. 01-2317600

SETTLEMENT AGREEMENT WITH THE STATE OF OHIO BOARD OF PHARMACY

This Settlement Agreement (Agreement) is entered into by the State of Ohio Board of Pharmacy (Board) and Penn Veterinary Supply, Inc. for the purpose of resolving all issues between the parties relating to the Board investigation of illegal sales of dangerous drugs to an unlicensed terminal distributor of dangerous drugs, Ashtabula A.P.L. Together, the Board and Penn Veterinary Supply are referred to hereinafter as "the parties."

JURISDICTION

1. Pursuant to Section 4729.56 of the Ohio Revised Code and the rules adopted thereunder, the Board has the authority to suspend, revoke, or refuse to grant or renew any license issued pursuant to Section 4729.52 of the Ohio Revised Code.
2. Penn Veterinary Supply is a licensed Wholesale Distributor of Dangerous Drugs under license number 01-2317600.

FACTS

1. On or about May 6, 2019, the Board initiated an investigation of Penn Veterinary Supply, Wholesale Distributor of Dangerous Drugs license number 01-2317600, related to Penn Veterinary Supply's illegal sales of dangerous drugs to an unlicensed terminal distributor of dangerous drugs, Ashtabula A.P.L.
2. On or about January 16, 2020 the Board sent a Notice of Opportunity for Hearing to Penn Veterinary Supply, which outlined the allegations and provided notice of its right to a hearing, its rights in such hearing, and its right to submit contentions in writing.

WHEREFORE, the parties desire to resolve the issues relating to the above-referenced findings without resorting to further administrative or judicial proceedings.

TERMS

77 South High Street, 17th Floor, Columbus, Ohio 43215

T: (614) 466.4143 | F: (614) 752.4836 | contact@pharmacy.ohio.gov | www.pharmacy.ohio.gov



NOW THEREFORE, in consideration of the mutual promises herein expressed, the parties knowingly and voluntarily agree as follows:

1. The recitals set forth above are incorporated in this Settlement Agreement as though fully set forth herein.
2. Penn Veterinary Supply neither admits nor denies the allegations stated in the Notice of Opportunity for Hearing letter dated January 16, 2020; however, the Board has evidence sufficient to sustain the allegations, finds them to violate Ohio's pharmacy law as set forth in the Notice, and hereby adjudicates the same.
3. Penn Veterinary Supply agrees to pay to the Board a monetary penalty the amount of \$2,000.00. This fine will be attached to your license record and must be paid no later than 30 days from the effective date of this Order. To pay this fine you must login to www.elicense.ohio.gov and process the items in your cart.
4. Penn Veterinary Supply agrees and acknowledges that this Board disciplinary action must be disclosed to the proper licensing authority of any state or jurisdiction, as required by any such state or jurisdiction, in which it currently holds a professional license, including the Board on renewal applications or applications for a new license.
5. Penn Veterinary Supply agrees to comply with all federal and state requirements related to Wholesale Distributors of Dangerous Drugs, including but not limited to, Ohio Revised Code Chapter 4729. and the Rules adopted thereunder, Chapter 3719. and the Rules adopted thereunder, Chapter 3715. and the Rules adopted thereunder as well as the "Federal Food, Drug, and Cosmetic Act," 52 Stat. 1040 (1938), 21 U.S.C.A. 301 and Chapter 21, Section 360 of the United States Code, and Section 207.20 of the Code of Federal Regulations. Any violation by Penn Veterinary Supply of the terms of one or more federal or state requirements may constitute sufficient grounds for further enforcement action related to any licenses granted to Penn Veterinary Supply by the Board and will NOT discharge Penn Veterinary Supply from any obligation under the terms of this Agreement.
6. Penn Veterinary Supply agrees to pay all reasonable costs associated with the collection of any payment, and of the prosecution of any violation of this Agreement.
7. Penn Veterinary Supply understands that it has the right to be represented by counsel for review and execution of this agreement.
8. This Agreement is binding upon any and all successors, assigns, affiliates, and subsidiaries of the parties or any other corporation through whom or with whom Penn Veterinary Supply will operate.
9. Penn Veterinary Supply waives its right to a hearing and an opportunity to be heard pursuant to Chapter 119. of the Ohio Revised Code and waives any right to an appeal.

10. This Agreement may be executed in counterparts or facsimiles, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
11. All parties to this Agreement understand that this document is a public record pursuant to Ohio Revised Code Section 149.43.
12. This Agreement contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies the terms of this Agreement.
13. This Agreement shall become effective upon the date of the Board President's signature below.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the parties to this Agreement have executed it and/or cause it to be executed by their duly authorized representatives.

Approved by:

Diane Evanosky
Diane Evanosky, on behalf of,
Penn Veterinary Supply, Respondent

2/10/2020
Date of Signature

Attorney for Respondent (if applicable)

Date of Signature

Shawn C. Wilt
Shawn C. Wilt, RPh, President,
State of Ohio Board of Pharmacy

3/3/2020
Date of Signature

Henry Appel
Henry Appel, Ohio Assistant Attorney General

3/3/2020
Date of Signature

19M

NEVADA STATE BOARD OF PHARMACY
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and non-transferable checks only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler or ☐ Ownership Change (Provide current license number if making changes: WH _____) Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership	
☐ Publicly Traded Corporation – Pages 1,2,3,4	☐ Partnership - Pages 1,2,3,7,8
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6	☐ Sole Owner – Pages 1,2,3,9

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: Tris Pharma, Inc.

Physical Address: 102 Melrich Road

City: Cranbury State: NJ Zip Code: 08512

Telephone Number: (732) 940-2800 Fax Number: (732) 940-2855

Toll Free Number: N/A

E-mail: TRS@slny.com Website: www.TrisPharma.com

Facility Manager: Jeffrey C. Palmer

Professional qualifications and experience of facility manager: Manages the compliance function of the organization.

Assures compliance with all current Manufacturing Practices (cGMP), Food and Drug Administration (FDA), Drug Enforcement Agency (DEA), and OSHA regulations.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Other: Distribution sites with organization, Distributors

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☒ Other: Drugs (Opioids)

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

This page must be submitted for all types of ownership

Is your company VAWD certified by NABP?

Yes ☐ No ☒

(If yes, provide a copy of the certificate)

Licensed as Manufacturer by the FDA? FDA Registration: 3008079002 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: Tris Pharma, Inc

Address: 2033 Route 130, Monmouth Junction NJ 08852

Name: Perrigo

Address: 515 Eastern Ave, Allegan, MI 49010

Name: Morris & Dickson

Address: 10301 Hway 1 South, Shreveport, LA 71115

Name: GSK Consumer Healthcare, Inc.

Address: 184 Liberty Corner Rd, Suite 200, Warren, NJ

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 ☒

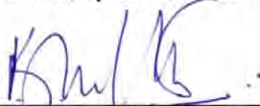
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

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

Ketan Bhupatrai Mehta
Print Name of Authorized Person

3/15/21
Date

Board Use Only

Date Processed: 5/25/21 ✓

Amount: 500
Check # 32514

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NJ
 Parent Company if any: Tris Pharma, Inc.
 Mailing Address: c/o State License Servicing, 1751 State Route 17A, Suite 3
 City: Florida State: NY Zip: 10921
 Telephone: (845)544-2482 Fax: (845) 544-2481
 Contact Person: Jennifer Schneider

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- | | | |
|----|-------------------------------------|---|
| a) | <u>Ketan Bhupatrai Mehta</u> | <u>2033 Route 130, Suite D, Monmouth Junction, NJ 08852</u> |
| | Name | Business Address |
| b) | <u>Ketan Mehta Investment Trust</u> | <u>2033 Route 130, Monmouth Junction, NJ 08852</u> |
| | Name | Business Address |
| c) | <u>Smita Mehta Investment Trust</u> | <u>2033 Route 130, Monmouth Junction, NJ 08852</u> |
| | Name | Business Address |
| d) | <u>Smita Trivedi Mehta</u> | <u>2033 Route 130, Suite D, Monmouth Junction, NJ 08852</u> |
| | Name | Business Address |
- (2) ~~(Provide the number of shares issued by the corporation)~~ Ketan Mehta 47%, Smita Mehta 35%
Ketan Mehta Investment Trust 14%
Smita Mehta Investment Trust 4%
- (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.



2031 US HIGHWAY 130
MONMOUTH JUNCTION, NJ 08852
PHONE (732) 940-2800 * FAX (732) 940-2855
WWW.TRISPHARMA.COM

To Whom it May Concern:

Tris Pharma, Inc. has had two licenses denied by the Utah Division of Occupational & Professional Licensing. The permits were for a Pharmacy – Class C license (# 8736305-1710), and a Dispensing Controlled Substance License (# 8736305-8913). The current employees and representatives of Tris Pharma, Inc. do not have any knowledge of these two permit denials, and therefore unfortunately cannot provide any additional information regarding the date or reason for the denial, aside from the fact that both denials would have had to occur prior to 2016.

We've reached out to the Utah Division of Occupational & Professional Licensing to request any information they could offer, and we were informed that the only information available is what is listed on their verification website, which is what we've provided in this letter.

We hope you accept this letter as sufficient explanation of the permit denial, and ask that if you have any additional questions regarding this matter that you reach out to us.

Ketan Bhupatrai Mehta

A handwritten signature in blue ink, appearing to read "K. Mehta", with a stylized flourish at the end.

President and CEO
Tris Pharma, Inc.

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING

TRIS PHARMA, INC.
0100825826

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 August 15, 2000.

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:

SMITA TRIVEDI MEHTA
C/O TRIS PHARMA, INC.
2033 U.S. 130, STE. D
MONMOUTH JCT., NJ 08852



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
11th day of February, 2021

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6115623920

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

1/28/2021

NJ Drug Registration Verification

New Jersey Department of Health
P.O. Box 369, Trenton, New Jersey 08625-0369
Drug and Medical Device Certificate of Registration

Information recorded in the system as of 1/28/2021

Registration Number: 5003451

Registered as: Manufacturer

Parent Company Name: TRIS PHARMA, INC.

Trade Name:

Original Issue Date: 01/30/2007

Expiration Date: 01/31/2022

Current Issue Date: 01/27/2021

Disciplines: No

Tris Pharma, Inc.



Drug Labeler Code: 27808
Incorporation State: NJ
Incorporation Date: 8/15/2000

Corporate Address: 2031 US Highway 130, Monmouth Junction, NJ 08852 USA
FEIN: 22-3747409
www.TrisPharma.com

FACILITY INFORMATION

Code	Address	FDA	DEA	DUNS	VAWD	Phone	Fax
MEL	102 Melrich Road Cranbury, NJ 08512 County: Middlesex	3008079002	RT0487579	809003473	No	(732) 940-2800	(732) 940-2855

FACILITY DESIGNATED REPRESENTATIVES

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Jeffrey C Palmer	2033 Route 130 Suite D Monmouth Junction, NJ 08852	VP of Quality and Compliance	No	[REDACTED]	[REDACTED]	[REDACTED]

OWNERSHIP

Name	Address	Title	Percent of Ownership	Prescribing Authority	FEIN/SSN	DOB	Driver's License
Ketan Bhupatrai Mehra	2033 Route 130 Suite D Monmouth Junction, NJ 08852	President and CEO	47%	No	[REDACTED]	[REDACTED]	[REDACTED]
Smita Trivedi Mehra	2033 Route 130 Suite D Monmouth Junction, NJ 08852	Director	35%	No	[REDACTED]	[REDACTED]	[REDACTED]
		N/A		N/A	N/A	N/A	N/A
Ketan Mehta Investment Trust	2033 Route 130 Monmouth Junction, NJ 08852	N/A	14%	N/A	37-6531464	N/A	N/A
Smita Mehta Investment Trust	2033 Route 130 Monmouth Junction, NJ 08852	N/A	4%	N/A	37-6532594	N/A	N/A

LIST OF OFFICERS

Name	Address	Title	Prescribing Authority	SSN	DOB	Driver's License
Ketan Bhupatrai Mehra	2033 Route 130 Suite D Monmouth Junction, NJ 08852	President and CEO	No	[REDACTED]	[REDACTED]	[REDACTED]
Smita Trivedi Mehra	2033 Route 130 Suite D Monmouth Junction, NJ 08852	Director	No	[REDACTED]	[REDACTED]	[REDACTED]

REGISTERED AGENT IN ALL APPLICABLE STATES

Name	SSN	DOB	Driver's License
CT Corporation			

Tris Pharma, Inc.



Drug Establishments Current Registration Site

[f SHARE \(HTTPS://WWW.FACEBOOK.COM/SHARER/SHARER.PHP?U=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://www.facebook.com/sharer/sharer.php?u=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

[TWEET \(HTTPS://TWITTER.COM/INTENT/TWEET/?TEXT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&URL=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](https://twitter.com/intent/tweet/?text=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&url=https://www.accessdata.fda.gov/scripts/cder/drls/getdrls.cfm)

±

[EMAIL \(MAILTO:?SUBJECT=DRUG ESTABLISHMENTS CURRENT REGISTRATION SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM\)](mailto:?SUBJECT=DRUG%20ESTABLISHMENTS%20CURRENT%20REGISTRATION%20SITE&BODY=HTTPS://WWW.ACCESSDATA.FDA.GOV/SCRIPTS/CDER/DRLS/GETDRLS.CFM)

New Search (default.cfm)

Search Results for **tris pharma**

CSVExcel

Filter:

Firm Name	FDA Establishment Identifier	DUNS	Business Operations	Address	Expiration Date
Tris Pharma Inc	3004712471	947472119	ANALYSIS; LABEL; MANUFACTURE; PACK;	2033 Route 130 South Suite D, Monmouth Junction, New Jersey (NJ) 08852, United States (USA)	12/31/2021
Tris Pharma, Inc.	3008079002	809003473	ANALYSIS;	102 Melrich Rd, Cranbury, New Jersey (NJ) 08512-3520, United States (USA)	12/31/2021

Showing 1 to 2 of 2 entries

[Previous](#)[Next](#)

Data Current through: Wednesday, Nov 11, 2020

[Return to Drug Firm Annual Registration Status Home Page \(default.cfm\)](#)

Verified m.H
5/25/2021

Registrant Verification For TRIS PHARMA INC

DEA Number: RT0487579
Expiration Date: 11/30/2021
Additional Company Info: ATTN: KETAN SAPARIA
Registered Address: 102 MELRICH ROAD

City: CRANBURY
State: NJ
Zip Code: 08512
Business Activity: DISTRIBUTOR
DEA Schedules: 2 2N 3 3N 4 5
Payment Indicator: Paid
Registration Status: ACTIVE

Date of Verification: 02/09/2021

This Primary Source Verification was obtained from the Drug Enforcement Administration's Controlled Substance Act Registrant Database.

Drug Enforcement Administration • Diversion Control Division • 75 Morrisette Dr, Springfield, VA 22152

JEFFREY CHARLES PALMER

Short Hills, NJ 07078

QUALITY ASSURANCE (QA) MANAGEMENT

Quality Systems • Continuous Improvement • Regulatory Compliance

Results oriented Quality Assurance executive with more than 20 years' pharmaceutical industry experience and a proven track record of implementing and improving Quality Management Systems, maintaining continuous compliance, and obtaining high impact business results. Improvement-focused leader with demonstrated expertise in process improvement, problem solving, business analytics, team building, leading diverse cross-functional teams, auditing, and employee development. Known as a change agent and for having the keen ability to make strategic decisions and the flexibility to respond to ever changing business landscape and challenges.

CORE COMPETENCIES

- | | | |
|-------------------------|------------------------|--------------------------|
| • System Implementation | • Problem Solving | • Deficiency Remediation |
| • Problem Solving | • Team Building | • Process Improvement |
| • Agency Inspections | • Employee Development | • Business Acumen |
-

PROFESSIONAL EXPERIENCE

TRIS PHARMA INC. — Monmouth Junction, NJ

8/2018 to Present

Vice President, Quality Assurance & Compliance

Manages the total compliance function of the organization. Assures compliance with all current Good Manufacturing Practices (cGMP), Food and Drug Administration (FDA), Drug Enforcement Agency (DEA), and Occupational Health and Safety Administration (OSHA) regulations.

LUPIN PHARMACEUTICALS (FORMERLY NOVEL LABORATORIES) — Somerset, NJ 12/2014 to 8/2018

Director, Quality Assurance & Compliance (Site Quality Head since Aug 2017),

Site head of Quality Assurance & Compliance, responsible for 53 employee department and approx. \$7M budget. Accountable for overseeing QA-Documents, QA-floor Operations, QC-Data Review, Product Quality Complaints, Product Stability, Deviation/OOS Investigations, Supplier Qualification, Process Validation and System Qualification, Controlled Substance Compliance, and QC-Metrology.

- Led product/process problem solving project that successfully saved \$69M product (of the site's total \$160M in annual sales)
- Hosted five site FDA inspections: 2 general GMP inspections resulting in VAI classifications, 2 PAI inspections resulting in 9 product approvals and VAI classifications, and 1 Bioequivalence inspection resulting in NAI classification
- Successfully managed the site through remediation efforts to a Corporate Warning Letter
- Launched Quality Assurance Management System and Learning Management System
- Realized savings 10% for FY2018 QA Budget

Associate Director, Quality Assurance & Compliance,

Directed site QA-Validation, Stability, and Compliance groups.

- Directed Inspection Readiness efforts for sterile manufacturing site in India resulting in successful GMP and PAI inspections granting the site its 1st US market approval and NAI classification

...continued...

JEFFREY CHARLES PALMER • Page 2

- Revamped the company's Process Validation and Cleaning Validation programs to be fully compliant with the US FDA's current Validation expectations including implementation of the concept of life-cycle management
- Enhanced the company's Annual Product Review (APR) program to include advanced analytics in support of the product lifecycle
- Let the team to eliminate a 500+ stability station backlog

MERCK/SCHERING-PLOUGH CORP. — Summit, NJ

2005-2014

Associate Director, Global Quality Systems/GMP Intelligence,

Directed the Global GMP Intelligence group within the Global Quality Systems department; Ensured continuous QMS compliance with changing global GMP/GDP regulations and expectations; Managed cross-functional team to periodically assess Quality Metrics for identification of process improvement opportunities and recommendation of CAPAs to senior management.

- Created, launched, and directed the GMP Intelligence program to ensure continuous compliance of the company's QMS; resulted in no instances of noncompliance with updated regulations
- Initiated and coordinated an international cross-functional team to assess supply chain impact of EU's updated Falsified Medicines Directive; resulted in zero supply chain disruptions for the 70+ APIs/products impacted
- Developed, executed, and managed the company's process for analyzing QMS effectiveness through the analysis of Quality Metrics; resulted in 100's of successful process improvement implementations globally across the network of manufacturing sites
- Co-led the creation, implementation, and management of Global Quality's regulatory advocacy program; resulting in coordinated company submissions of comments to dozens of proposed regulations internationally

ADVANCIS PHARMACEUTICAL CORP. — Germantown, MD

2003-2004

Manager, Validation Services,

Managed all phases of validation/qualification across 4 sites, domestically and internationally; developed Corporate Validation/Qualification Policies and Validation Master Plans; Managed validation contractors.

ALPHARMA, INC. (Formerly BARRE-NATIONAL/NMC LAB), Baltimore, MD/New York, NY

1992-1999

Manager, Technical Services/ Validation Supervisor/ Validation Engineer,

Managed all aspects of validation and technical transfer projects. Projects included: Process Validation, Equipment Qualification, Cleaning Validation, product/ process investigations, 483 resolution, international vendor audits, Computer Validation and Utility Qualification; conducted validation and cGMPs training; interacted with FDA during PAI inspections.

EDUCATION AND CREDENTIALS

MBA, International Business & MS, Finance - UNIVERSITY OF MARYLAND, College Park, MD

BS, Chemical Engineering - CLARKSON UNIVERSITY, Potsdam, NY

☆ < 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@slnysupport.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>

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. LPM9348584

Application/License No. _____

TRIS Pharma, Inc.

Applicant /Principal

_____, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is _____

2031 Route 130, Monmouth Junction, NJ 08852; 2033 US 130, Monmouth Junction, NJ 08552;

102 Melrich RD, Cranbury, NJ 08512

Address of Applicant /Principal

, as

PRINCIPAL, and Fidelity and Deposit Company of Maryland

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 600 Red Brook Boulevard, Suite 600, Owings Mills, MD 21117

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 10/1/2020

Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of September, 2020.

APPLICANT/PRINCIPAL
Tris Pharma, Inc.

SURETY COMPANY
Fidelity and Deposit Company of Maryland

Authorized Representative

W. Haas

Surety Company's Representative

William D. Haas, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Tina Castiello

Witness

Tina Castiello

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

Individual Acknowledgment

State of _____

County of _____

On this _____ day of _____, 20____, before me personally came _____ to me known, and known to me to be the individual in and who executed the foregoing instrument, and acknowledged to me that he/she executed the same.

My commission expires _____

 Notary Public

Corporation Acknowledgment

State of _____

County of _____

On the _____ day of _____, _____ before me personally came _____ to me known; who being by me duly sworn, did depose and say that he/she/they reside(s) in _____ that he/she/they is (are) the _____ of the _____, the corporation described in and which executed the above instrument; that he/she/they know(s) the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by authority of the board of directors of said corporation, and that he/she/they signed his/her/their name(s) thereto by like authority.

My commission expires _____

 Notary Public

Surety AcknowledgmentState of New YorkCounty of Westchester

On the 28th day of September, 2020 personally came William D. Haas to me known, who being by me duly sworn did depose and say that he/she is an Attorney-in-Fact of Fidelity and Deposit Company of Maryland in and which executed the above Instrument know(s) the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he/she/they signed the said instrument and affixed the said seal as Attorney-in-fact by authority of the Board of Directors of said corporation and by authority of this office under the standing resolution thereof.

My commission expires _____
 MARNIE GINSBURG
 Notary Public, State of New York
 No. 01G18196136
 Qualified in Westchester County
 Commission Expires Nov. 3, 2024

Marnie Ginsburg
 Notary Public

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint, **William D. HAAS, Denese THOMPSON, Marnie GINSBURG and Benedict J. TOCKARSHEWSKY, all of White Plains, New York, EACH**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 2nd day of April, A.D. 2019.



ATTEST:

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

[Signature of Robert D. Murray]

By: **Robert D. Murray**
Vice President

[Signature of Dawn E. Brown]

By: **Dawn E. Brown**
Secretary

**State of Maryland
County of Baltimore**

On this 2nd day of April, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

[Signature of Constance A. Dunn]

Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2019



EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 28th day of September, 2020.



Brian M. Hodges

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsfclaims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND

1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition

As Of December 31, 2019

ASSETS

Bonds	\$ 255,279,821
Stocks	21,280,401
Cash and Short Term Investments	2,878,421
Reinsurance Recoverable	25,356,035
Federal Income Tax Recoverable	140,480
Other Accounts Receivable	20,383,843
TOTAL ADMITTED ASSETS	\$ 325,319,001

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses	\$ 795,381
Ceded Reinsurance Premiums Payable	43,024,327
Remittances and Items Unallocated	0
Payable to parents, subs and affiliates	0
Securities Lending Collateral Liability	0
TOTAL LIABILITIES	\$ 43,819,708
Capital Stock, Paid Up	\$ 5,000,000
Surplus	276,499,293
Surplus as regards Policyholders	281,499,293
TOTAL	\$ 325,319,001

Securities carried at \$164,223,431 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be \$322,248,132 and surplus as regards policyholders \$288,428,424.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.

Laura J. Lazarczyk
Corporate Secretary

State of Illinois }
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.

Darryl Joiner
Notary Public



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. LPM9348584

Application/License No. _____

TRIS Pharma, Inc.
Applicant /Principal

_____, doing or intending to do business as a

pharmaceutical wholesaler, whose address for purposes of service is _____

2031 Route 130, Monmouth Junction, NJ 08852; 2033 US 130, Monmouth Junction, NJ 08552;

102 Melrich RD. Cranbury, NJ 08512

_____, as
Address of Applicant /Principal

PRINCIPAL, and Fidelity and Deposit Company of Maryland
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 600 Red Brook Boulevard, Suite 600, Owings Mills, MD 21117 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 10/1/2020
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are imposed pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of September, 2020.

APPLICANT/PRINCIPAL
Tris Pharma, Inc.

SURETY COMPANY
Fidelity and Deposit Company of Maryland

Authorized Representative

W Haas
Surety Company's Representative

William D. Haas, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness

Tina Castiello
Witness

Tina Castiello

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

Individual Acknowledgment

State of _____

County of _____

On this _____ day of _____, 20____, before me personally came _____ to me known, and known to me to be the individual in and who executed the foregoing instrument, and acknowledged to me that he/she executed the same.

My commission expires _____
 _____ Notary Public

Corporation Acknowledgment

State of _____

County of _____

On the _____ day of _____, _____ before me personally came _____ to me known; who being by me duly sworn, did depose and say that he/she/they reside(s) in _____ that he/she/they is (are) the _____ of the _____, the corporation described in and which executed the above instrument; that he/she/they know(s) the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by authority of the board of directors of said corporation, and that he/she/they signed his/her/their name(s) thereto by like authority.

My commission expires _____
 _____ Notary Public

Surety AcknowledgmentState of New YorkCounty of Westchester

On the 28th day of September, 2020 personally came William D. Haas to me known, who being by me duly sworn did depose and say that he/she is an Attorney-in-Fact of Fidelity and Deposit Company of Maryland in and which executed the above instrument know(s) the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he/she/they signed the said instrument and affixed the said seal as Attorney-in-fact by authority of the Board of Directors of said corporation and by authority of this office under the standing resolution thereof.

My commission expires _____

 MARNE GINSBURG
 Notary Public, State of New York
 No. 01GB196136
 Qualified in Westchester County
 Commission Expires Nov. 3, 2024

Marnie Ginsburg
 Notary Public

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint, **William D. HAAS, Denese THOMPSON, Marnie GINSBURG and Benedict J. TOCKARSHEWSKY, all of White Plains, New York, EACH**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

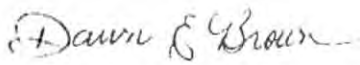
IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 2nd day of April, A.D. 2019.



ATTEST:

**ZURICH AMERICAN INSURANCE COMPANY
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

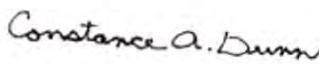

By: **Robert D. Murray**
Vice President


By: **Dawn E. Brown**
Secretary

**State of Maryland
County of Baltimore**

On this 2nd day of April, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



Constance A. Dunn, Notary Public
My Commission Expires: July 9, 2019



EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 28th day of September, 2020.



Brian M. Hodges

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsclaims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND

1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition

As Of December 31, 2019

ASSETS

Bonds	\$ 255,279,821
Stocks	21,280,401
Cash and Short Term Investments	2,878,421
Reinsurance Recoverable	25,356,035
Federal Income Tax Recoverable	140,480
Other Accounts Receivable	20,383,843
TOTAL ADMITTED ASSETS	\$ 325,319,001

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses	\$ 795,381
Ceded Reinsurance Premiums Payable	43,024,327
Remittances and Items Unallocated	0
Payable to parents, subs and affiliates	0
Securities Lending Collateral Liability	0
TOTAL LIABILITIES	\$ 43,819,708
Capital Stock, Paid Up	\$ 5,000,000
Surplus	276,499,293
Surplus as regards Policyholders	281,499,293
TOTAL	\$ 325,319,001

Securities carried at \$164,223,431 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be \$322,248,132 and surplus as regards policyholders \$288,428,424.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.

Laura J. Lazarczyk
Corporate Secretary

State of Illinois }
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.

Darryl Joiner

Notary Public





STATE LICENSE SERVICING
 1751 Route 17A, Suite 3
 Florida, NY 10921
 Tel. 845/544-2482
 Fax. 845/544-2481
 statelicensesservicing.com

Date: 03/24/2021
To: Nevada State Board of Pharmacy
Re: Tris Pharma, Inc.
 Wholesaler Application
Facility Address: 102 Melrich Road, Cranbury, NJ 08512

Dear Sir/Madam:

Please be advised that I represent **Tris Pharma, Inc.** as their Attorney-in-Fact for licensing purposes. Please find enclosed a completed application as well as check/money order # 32514 for your fee in the amount of **\$500.00**. As required, the following documents are also being submitted:

- ☒ Bond - Payable to State of Nevada
- ☒ Certificate of Good Standing from Formation State
- ☒ Company Particulars with Personal Info
- ☒ DEA Registration Certificate
- ☒ Designated Representative's Resume
- ☒ Home State License Verification, Board-Sealed
- ☒ Home State License/Exemption Letter, Copy
- ☒ Proof of FDA Registration (FEI)
- ☒ Discipline letter

If you have any questions or need any additional documentation, please contact our Compliance Department at compliance@slnysupport.com

Kind regards,

Jennifer Schneider
 VP, Client Services

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane

Reno, NV 89509

(775) 850-1440

Fax: (775) 850-1444

PHARMACEUTICAL WHOLESALER SURETY BONDBond No. LPM9348584

Application/License No. _____

TRIS Pharma, Inc.

Applicant /Principal

_____, doing or intending to do business as a
pharmaceutical wholesaler, whose address for purposes of service is _____2031 Route 130, Monmouth Junction, NJ 08852

Address of Applicant /Principal

_____, as
PRINCIPAL, and Fidelity and Deposit Company of Maryland, a
Surety Companycorporation organized under the laws of the state of Illinois
State of Incorporationand authorized to transact a general surety business in the State of Nevada, whose address for purposes
of service is 600 Red Brook Boulevard, Suite 600, Owings Mills, MD 21117 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 10/1/2020 Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

In witness whereof, each party to this bond has caused it to be executed on this 28th day of September, 2020.

APPLICANT/PRINCIPAL
Tris Pharma, Inc.

SURETY COMPANY
Fidelity and Deposit Company of Maryland

Authorized Representative



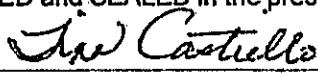
Surety Company's Representative

William D. Haas, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

SIGNED and SEALED in the presence of:

Witness



Witness
Tina Castiello

Witness

Witness

Countersigned by:

N/A

Nevada Resident Agent

Individual Acknowledgment

State of _____

County of _____

On this _____ day of _____, 20____, before me personally came _____ to me known, and known to me to be the individual in and who executed the foregoing instrument, and acknowledged to me that he/she executed the same.

My commission expires _____

Notary Public

Corporation Acknowledgment

State of _____

County of _____

On the _____ day of _____, _____ before me personally came _____ to me known; who being by me duly sworn, did depose and say that he/she/they reside(s) in _____ that he/she/they is (are) the _____ of the _____, the corporation described in and which executed the above instrument; that he/she/they know(s) the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by authority of the board of directors of said corporation, and that he/she/they signed his/her/their name(s) thereto by like authority.

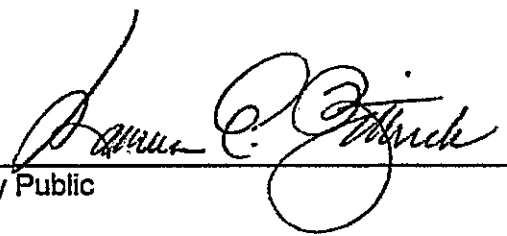
My commission expires _____

Notary Public

Surety AcknowledgmentState of New YorkCounty of Westchester

On the 28th day of September, 2020 personally came William D. Haas to me known, who being by me duly sworn did depose and say that he/she is an Attorney-in-Fact of Fidelity and Deposit Company of Maryland in and which executed the above Instrument know(s) the corporate seal of said corporation; that the seal affixed to the within instrument is such corporate seal, and that he/she/they signed the said instrument and affixed the said seal as Attorney-in-fact by authority of the Board of Directors of said corporation and by authority of this office under the standing resolution thereof.

MAUREEN A KITTRICK
NOTARY PUBLIC STATE OF NEW YORK
LIC. #01K14986881
My commission expires _____
COMMISSION EXPIRES 09-30-2021


Notary Public

**ZURICH AMERICAN INSURANCE COMPANY
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND
 POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by **Robert D. Murray, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint, **William D. HAAS, Denese THOMPSON, Marnie GINSBURG and Benedict J. TOCKARSHEWSKY, all of White Plains, New York, EACH**, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York, the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland, and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland, in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said **ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND**, this 2nd day of April, A.D. 2019.



ATTEST:

**ZURICH AMERICAN INSURANCE COMPANY
 COLONIAL AMERICAN CASUALTY AND SURETY COMPANY
 FIDELITY AND DEPOSIT COMPANY OF MARYLAND**

By: *Robert D. Murray*
 Vice President

By: *Dawn E. Brown*
 Secretary

**State of Maryland
 County of Baltimore**

On this 2nd day of April, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **Robert D. Murray, Vice President and Dawn E. Brown, Secretary** of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

Constance A. Dunn, Notary Public
 My Commission Expires: July 9, 2019



EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 28th day of September, 2020.



Brian M. Hodges

Brian M. Hodges, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT A COMPLETE DESCRIPTION OF THE CLAIM INCLUDING THE PRINCIPAL ON THE BOND, THE BOND NUMBER, AND YOUR CONTACT INFORMATION TO:

Zurich Surety Claims
1299 Zurich Way
Schaumburg, IL 60196-1056
www.reportsforclaims@zurichna.com
800-626-4577

THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition As Of December 31, 2019

ASSETS

Bonds	\$ 255,279,821
Stocks	21,280,401
Cash and Short Term Investments	2,878,421
Reinsurance Recoverable	25,356,035
Federal Income Tax Recoverable	140,480
Other Accounts Receivable	20,383,843
TOTAL ADMITTED ASSETS	\$ 325,319,001

LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses	\$ 795,381
Ceded Reinsurance Premiums Payable	43,024,327
Remittances and Items Unallocated	0
Payable to parents, subs and affiliates	0
Securities Lending Collateral Liability	0
TOTAL LIABILITIES	\$ 43,819,708
Capital Stock, Paid Up	\$ 5,000,000
Surplus	276,499,293
Surplus as regards Policyholders	281,499,293
TOTAL	\$ 325,319,001

Securities carried at \$164,223,431 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2019 would be \$322,248,132 and surplus as regards policyholders \$288,428,424.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2019.

Laura J. Lazarczyk
Corporate Secretary

State of Illinois }
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 25th day of February, 2020.

Darryl Joiner

Notary Public



19N

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: <u>VGYAAN Pharmaceuticals LLC</u>	
Physical Address: <u>23 Orchard Road, Suite 180</u>	
City: <u>Skillman</u>	State: <u>NJ</u> Zip: <u>08558</u>
Mailing Address (if different from physical address): _____	
City: _____	State: _____ Zip: _____
Telephone: <u>609-452-2770</u>	Website: <u>www.vgyaan.com</u>
Name of Designated Representative (DR): <u>Nimisha Bhatt</u>	
Licensing Company Email: <u>compliance@vgyaan.com</u>	DR Email: <u>nimisha.bhatt@vgyaan.com</u>
Entities the Wholesaler will Serve	Products to be Handled or Wholesaled
☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers ☐ Others: _____	☒ Legend Pharmaceuticals, Supplies or Devices ☐ Controlled Substances ☐ Hypodermic Devices ☐ Veterinary Legend Pharmaceuticals ☐ 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.		

6/10/2021

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: N/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: _____

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: _____
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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: VGYAAN Pharmaceuticals LLC

Mailing Address: 23 Orchard Road, Suite 180

City: Skillman State: NJ Zip: 08558

Telephone: 609-452-2770 Email: nailesh.bhatt@vgyaan.com

Contact Person Name: Nailesh Bhatt

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	Partnership	Sole Owner
• List of <u>all</u> Officers and Directors.	✓	✓		
• List the <u>top four</u> corporation shareholders and their percent ownership.	✓			
• List of <u>all</u> corporation shareholders and their percent ownership.		✓		
• List of <u>all</u> 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/bopnv.gov/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.

Nimisha Bhatt

Print Name of Authorized Person Submitting Application

Nimisha Bhatt

Original signature of Authorized Person (copies or stamps not accepted)

6/2/2021

Date

Board Use Only	Date Received: <i>6/15/2021</i>	Amount: <i>\$500 Check # 1049</i>
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23 Orchard Road, Suite 180
Skillman, NJ 08558



COMPANY OWNERSHIP INFORMATION

Name	Nailesh Bhatt
Title	CEO
DOB	
Work Phone	609-451-3483
Business Address	23 Orchard Road, Suite 180 Skillman, NJ 08558
Ownership	50%

Name	Nimisha Bhatt
Title	COO
DOB	
Work Phone	609-451-3482
Business Address	23 Orchard Road, Suite 180 Skillman, NJ 08558
Ownership	50%

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

VGYAAN PHARMACEUTICALS LLC
0600406976

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on January 24, 2014.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

NAILESH A BHATT
23 CORNFLOWER CT
SUITE 200
BELLE MEAD, NJ 08502



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
8th day of April, 2021*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6117710645

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp



**NEW JERSEY DEPARTMENT OF HEALTH
CONSUMER AND ENVIRONMENTAL HEALTH SERVICE**

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 accompany such notification."

Registered as: ☒ manufacturer ☒ wholesaler which conducts business at the following locations in this State:

23 ORCHARD RD, STE 180 SKILLMAN, NJ 08558-

Reg. No.
5005560

VGYAAN PHARMACEUTICALS LLC
23 ORCHARD RD, STE 180
SKILLMAN, NJ 08558-

**ISSUED PURSUANT TO
N.J.S.A. 24:6B**

EXPIRES: January 31, 2022

Establishment Copy

**EMPLOYEE LIST**

JUNE 2021



-
1. Nailesh Bhatt
 2. Nimisha Bhatt
 3. Ami Patel
 4. Ankit Patel

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. 10123612

Application/License No. _____

VGYAAN Pharmaceuticals, LLC, doing or intending to do business as a
Applicant/Principal
pharmaceutical wholesaler, whose address for purposes of service is
23 Orchard Road Suite 180 Skillman, NJ 08558
Address of Applicant/Principal
as
PRINCIPAL, and Hudson Insurance Company, a
Surety Company
corporation organized under the laws of the state of Delaware
State of Incorporation
and authorized to transact a general surety business in the State of

Nevada, whose address for purposes of service is
1035 Greenwood Blvd, Suite 265 Lake Mary, FL 32746
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 6/4/2021 12:00:00 AM
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 4th day of June, 2021.

APPLICANT/PRINCIPAL

Nurisha Bhett
Authorized Representative

SURETY COMPANY

[Signature]
Surety Company's Representative

David M. Novick II, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

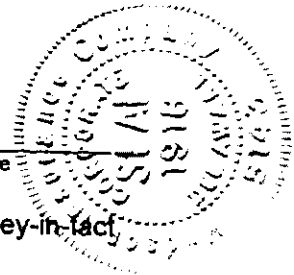
SIGNED and SEALED in the presence of:

[Signature]
Witness

[Signature]
Witness

Countersigned by:

[Signature]
Nevada Resident Agent





10123612

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That HUDSON INSURANCE COMPANY, a corporation of the State of Delaware, with offices at 100 William Street, New York, New York, 10038, has made, constituted and appointed, and by these presents, does make, constitute and appoint

David M. Novick II

of the State of CA

its true and lawful Attorney(s)-in-Fact, at New York, New York, each of them alone to have full power to act without the other or others, to make, execute and deliver on its behalf, as 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 shall obligate said Company for any portion of the penal sum thereof in excess of the sum of

One Hundred Thousand Dollars (\$100,000.00)

Such bonds and undertakings when duly executed by said Attorney(s)-in-Fact, shall be binding upon said Company as fully and to the same extent as if signed by the President of said Company under its corporate seal attested by its Secretary.

In Witness Whereof, HUDSON INSURANCE COMPANY has caused these presents to be of its Senior Vice President thereunto duly signed on this 6th day of February, 20 20 at New York, New York.



Attest:
Dina Daskalakis
Corporate Secretary

HUDSON INSURANCE COMPANY

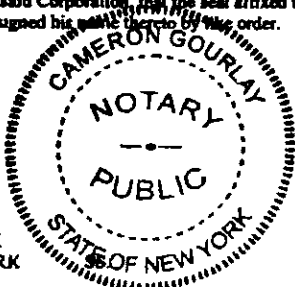
By: *Michael P. Cifone*
Michael P. Cifone
Senior Vice President

STATE OF NEW YORK
COUNTY OF NEW YORK

SS.

On the 6th day of February, 20 20 before me personally came Michael P. Cifone to me known, who being by me duly sworn did depose and say that he is a Senior Vice President of HUDSON INSURANCE COMPANY, the corporation described herein and which executed the above instrument, that he knows the seal of said Corporation, that the seal affixed to said instrument is such corporate seal, that it was so affixed by order of the Board of Directors of said Corporation, and that he signed his name thereto by the order.

(Notarial Seal)



Cameron Gourlay
CAMERON GOURLAY
Notary Public, State of New York
No. 01GO6372305
Qualified in New York County
Commission Expires June 4, 2022

CERTIFICATION

STATE OF NEW YORK
COUNTY OF NEW YORK

The undersigned Dina Daskalakis hereby certifies:

That the original resolution, of which the following is a true and correct copy, was duly adopted by unanimous written consent of the Board of Directors of Hudson Insurance Company dated July 27th, 2007, and has not since been revoked, amended or modified:

"RESOLVED, that the President, the Executive Vice Presidents, the Senior Vice Presidents and the Vice Presidents shall have the authority and discretion, to appoint such agent or agents, or attorney or attorneys-in-fact, for the purpose of carrying on this Company's surety business, and to empower such agent or agents, or attorney or attorneys-in-fact, to execute and deliver, under this Company's seal or otherwise, bonds obligations, and recognizances, whether made by this Company as surety thereon or otherwise, indemnity contracts, contracts and certificates, and any and all other contracts and undertakings made in the course of this Company's surety business, and renewals, extensions, agreements, waivers, consents or stipulations regarding undertakings so made; and

FURTHER RESOLVED, that the signature of any such Officer of the Company and the Company'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 seal when so used whether heretofore or hereafter, 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."

THAT the above and foregoing is a full, true and correct copy of Power of Attorney issued by said Company, and of the whole of the original and that the said Power of Attorney is still in full force and effect and has not been revoked, and furthermore that the Resolution of the Board of Directors, set forth in the said Power of Attorney is now in force.

In Witness the hand of the undersigned and the seal of said Corporation this 4th day of June, 20 21



By: *Dina Daskalakis*
Dina Daskalakis, Corporate 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 VGYAAN Pharmaceuticals LLC

Physical Address 23 Orchard Road, Suite 180

City Skillman

State NJ

Zip 08558

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 609-452-2770

Website www.vgyaan.com

Licensing Company Email compliance@vgyaan.com

Section 2: Personal Information

First Nimisha

Middle Vyas

Last Bhatt

Alias(es, nicknames, name changes, etc.) Nimisha Vyas

Date of Birth

SSN or ITIN

Sex

☐ M

☒ F

☐ X

Mailing Address Cornflower Ct

City Belle Mead

State NJ

Zip 08502

Telephone

Email nimisha.bhatt@vgyaan.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 NB

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 Yale University			From - To (MM/YY - MM/YY) 09/95 - 05/97	
Address		City New Haven	State CT	Zip
Diploma/Degree obtained, if any MPH				
School Name University of Pennsylvania			From - To (MM/YY - MM/YY) 09/91 - 05/95	
Address		City Philadelphia	State PA	Zip
Diploma/Degree obtained, if any BA				
School Name Frederick High School			From - To (MM/YY - MM/YY) 09/87 - 6/91	
Address		City	State	Zip
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				

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) 07/15 - current	Address Cornflower Court	City Belle Mead	State NJ	Zip 08502
From - To (MM/YY - MM/YY) 10/01 - 07/15	Address 215 Sapphire Lane	City Franklin Park	State NJ	Zip 08823
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 NB

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 VGYAAN Pharmaceuticals LLC		From - To (MM/YY - MM/YY) 01/14 - current	
Business Address 23 Orchard Road, Suite 180		City Skillman	State NJ
Phone 609-452-2770	Title COO	Zip 08558	
Number of Employed Hours 14,800			
Description of Duties Oversee company operations, including supply chain, finance, compliance and HR.			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Business Name		From - To (MM/YY - MM/YY)	
Business Address		City	State
Phone	Title	Zip	
Number of Employed Hours			
Description of Duties			

Continue on next page if additional space is needed.

Applicant's initials NB

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			

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 manufacture 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 2020-04-09	Disposition Date 2021-01-27	State NJ	City	County
Case # 1:20-cv-03859	Governing, licensing, Arresting Presiding Body/Agency/Court New Jersey District Court			
Reason/Charge Infringement				
Plaintiff/Defendant/Claimant/Respondent Defendant			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity VGYAAN Pharmaceuticals LLC				

Provide explanation below:

VGYAAN Pharmaceuticals was named as one of multiple defendants in a patent infringement lawsuit filed by Plaintiffs Actelion Pharmaceuticals Ltd and Nippon Shinyaku Co., Ltd. on April 9, 2020.

All claims, counterclaims, and defenses as between Plaintiffs and VGYAAN concerning the patents were dismissed without prejudice on January 27, 2021.

See attached Stipulation of Dismissal and Order.



Nirishre Bhattacharya

Original Signature (electronic, copies or stamps not accepted)

6/2/2021

Date

Applicant's initials NB

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

ACTELION PHARMACEUTICALS LTD and
NIPPON SHINYAKU CO., LTD.,

Plaintiffs,

v.

MSN PHARMACEUTICALS INC.,
MSN LABORATORIES PRIVATE LIMITED,
ALEMBIC PHARMACEUTICALS LIMITED,
ALEMBIC PHARMACEUTICALS, INC.,
VGYAAN PHARMACEUTICALS LLC,
ZYDUS WORLDWIDE DMCC and
ZYDUS PHARMACEUTICALS (USA) INC.,

Defendants.

**Civil Action No. 1:20-03859
(RMB) (KMW)**

STIPULATION OF DISMISSAL AND ORDER

Plaintiffs Actelion Pharmaceuticals Ltd and Nippon Shinyaku Co., Ltd. (collectively, “Plaintiffs”) and Defendant VGYAAN Pharmaceuticals LLC (“VGYAAN” or “Defendant”) by their undersigned counsel, stipulate and agree, subject to the approval of the Court, as follows:

WHEREAS, VGYAAN owns Abbreviated New Drug Application (“ANDA”) No. 214055, which was filed with the United States Food and Drug Administration seeking approval to make and sell selexipag tablets, 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg and 1600 mcg (“VGYAAN’s ANDA products”) prior to the expiration of U.S. Patent Nos. 8,791,122 (“the ’122 patent”) and 9,284,280 (“the ’280 patent”);¹ and

¹ ANDA No. 214055 was previously owned by Aizant Drug Research Solutions Private Limited, which is, by agreement, bound by any order applicable to VGYAAN in this action. (D.I. 34.)

WHEREAS, on April 9, 2020, Plaintiffs filed suit against VGYAAN alleging that submission of ANDA No. 214055 and/or the sale and use of VGYAAN's ANDA products constitute and/or induce or contribute to acts of infringement under 35 U.S.C. §§ 271 (a), (b), (c), and (e)(2);

NOW THEREFORE, the parties hereby stipulate and agree as follows:

1. Pursuant to Rule 41(a) and 41(c) of the Federal Rules of Civil Procedure, all claims, counterclaims, and defenses as between Plaintiffs and VGYAAN concerning the '122 and '280 patents are dismissed without prejudice, and each party shall bear its own costs and attorney fees with respect to the '122 and '280 patents;
2. The case caption should be amended to remove VGYAAN as a named party to Civil Action No. 1:20-cv-03859 (RMB) (KMW).

STIPULATED AND AGREED TO BY:

s/ Keith J. Miller

Keith J. Miller
ROBINSON MILLER LLC
Ironside Newark
110 Edison Place, Suite 302
Newark, NJ 07102
(973) 690-5400
KMiller@rwmlegal.com

*Attorneys for Plaintiffs
Actelion Pharmaceuticals Ltd
and Nippon Shinyaku Co., Ltd.*

Of Counsel:

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Preston K. Ratliff II
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New York, NY 10166
(212) 318-6000

*Attorneys for Plaintiffs
Actelion Pharmaceuticals Ltd
and Nippon Shinyaku Co., Ltd.*

s/ Anandita Vyakarnam

Andrew J. Miller
Anandita Vyakarnam
WINDELS MARX LANE & MITTENDORF, LLP
One Giralda Farms
Madison, NJ 07940
(973) 966-3200
amiller@windelsmarx.com
avyakarnam@windelsmarx.com

*Attorneys for Defendant VGYAAN
Pharmaceuticals LLC*

IT IS SO ORDERED, this 27th day of January, 2021



The Honorable Renée Marie Bumb
United States District Judge

Nimisha Bhatt
 I, _____, certify that as the designated representative for
 VGYAAN 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

Nimisha Bhatt

Print Name (First, Last)



Original Signature (electronic, copies or stamps not accepted)

6/2/2021

Date

Applicant's initials NB

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.

Nimisha Bhatt

Print Name (First, Last)

Nimisha Bhatt

6/3/2021

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 Mercer

I, NIMISHA BHATT, 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.

Nimisha Bhatt

Original Signature

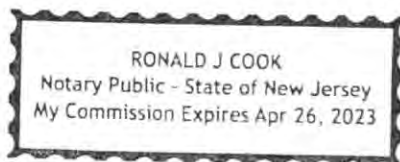
6/3/21

Date

Subscribed and Sworn to before me this 3 day of June 2021

Bill Gul

Notary Public Signature



(Seal)

Applicant's initials NB

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 VGYAAN Pharmaceuticals LLC

Physical Address 23 Orchard Road, Suite 180

City Skillman

State NJ

Zip 08558

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 609-452-2770

Website www.vgyaan.com

Licensing Company Email compliance@vgyaan.com

Section 2: Personal Information

First Nailesh

Middle A

Last Bhatt

Alias(es, nicknames, name changes, etc.) _____

Date of Birth

SSN or ITIN

Sex ☒ M ☐ F ☐ X

Mailing Address Cornflower Ct

City Belle Mead

State NJ

Zip 08502

Telephone

Email nailesh.bhatt@vgyaan.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 NB

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 Ross University School of Medicine		From - To (MM/YY - MM/YY) 09/94 - 04/95	
Address	City Portsmouth	State Dominica	Zip
Diploma/Degree obtained, if any None			
School Name Boston University		From - To (MM/YY - MM/YY) 09/92 - 06/94	
Address	City Boston	State MA	Zip
Diploma/Degree obtained, if any BA			
School Name Rutgers University		From - To (MM/YY - MM/YY) 09/90 - 06/92	
Address	City New Brunswick	State NJ	Zip
Diploma/Degree obtained, if any None			
School Name Fairlawn High School		From - To (MM/YY - MM/YY) 09/88 - 06/90	
Address	City Fairlawn	State NJ	Zip
Diploma/Degree obtained, if any HS 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) 07/15 - current	Address Cornflower Court	City Belle Mead	State NJ	Zip 08502
From - To (MM/YY - MM/YY) 10/01 - 07/15	Address 215 Sapphire Lane	City Franklin Park	State NJ	Zip 08823
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 NB

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 VGYAAN Pharmaceuticals LLC			From - To (MM/YY - MM/YY) 01/14 - current (06/21)	
Business Address 23 Orchard Road, Suite 180		City Skillman	State NJ	Zip 08558
Phone 609-452-2770	Title CEO			
Description of Duties Responsible for overseeing all aspects of the business.				
Business Name CoreRx, Inc.			From - To (MM/YY - MM/YY) 01/21 - present	
Business Address 14205 Myerlake Circle		City Clearwater	State FL	Zip 33760
Phone	Title Member, Board of Directors			
Description of Duties Serve as Member of the Board				
Business Name Azurity Pharmaceuticals			From - To (MM/YY - MM/YY) 04/18 - present	
Business Address 8 Cabot Road, Suite 2000		City Woburn	State MA	Zip 01801
Phone	Title Member, Board of Directors			
Description of Duties Serve as Member of the Board				
Business Name Sonnet BioTherapeutics, Inc.			From - To (MM/YY - MM/YY) 06/18 - present	
Business Address 100 Overlook Center		City Princeton	State NJ	Zip
Phone	Title Member, Board of Directors			
Description of Duties Serve as Member of the Board				
Business Name Proximare Inc.			From - To (MM/YY - MM/YY) 09/01 - present	
Business Address 100 Overlook Center, 2nd Floor		City Princeton	State NJ	Zip 08540
Phone	Title Founder & Managing Director			
Description of Duties Provide strategic advisory services for global pharmaceuticals, life sciences and healthcare clients.				
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			

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 NB

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 manufacture 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 2020-04-09	Disposition Date 2021-01-27	State NJ	City	County
Case # 1:20-cv-03859	Governing, licensing, Arresting Presiding Body/Agency/Court New Jersey District Court			
Reason/Charge Infringement of intellectual property.				
Plaintiff/Defendant/Claimant/Respondent Defendant			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity VGYAAN Pharmaceuticals LLC				

Provide explanation below:

VGYAAN Pharmaceuticals was named as one of multiple defendants in a patent infringement lawsuit filed by Plaintiffs Actelion Pharmaceuticals Ltd and Nippon Shinyaku Co., Ltd. on April 9, 2020.

All claims, counterclaims, and defenses as between Plaintiffs and VGYAAN concerning the patents were dismissed without prejudice on January 27, 2021.

See attached Stipulation of Dismissal and Order.



Original Signature (electronic, copies or stamps not accepted)

6/2/2021

Date

Applicant's initials ^{NB} _____

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

ACTELION PHARMACEUTICALS LTD and
NIPPON SHINYAKU CO., LTD.,

Plaintiffs,

v.

MSN PHARMACEUTICALS INC.,
MSN LABORATORIES PRIVATE LIMITED,
ALEMBIC PHARMACEUTICALS LIMITED,
ALEMBIC PHARMACEUTICALS, INC.,
VGYAAN PHARMACEUTICALS LLC,
ZYDUS WORLDWIDE DMCC and
ZYDUS PHARMACEUTICALS (USA) INC.,

Defendants.

**Civil Action No. 1:20-03859
(RMB) (KMW)**

STIPULATION OF DISMISSAL AND ORDER

Plaintiffs Actelion Pharmaceuticals Ltd and Nippon Shinyaku Co., Ltd. (collectively, “Plaintiffs”) and Defendant VGYAAN Pharmaceuticals LLC (“VGYAAN” or “Defendant”) by their undersigned counsel, stipulate and agree, subject to the approval of the Court, as follows:

WHEREAS, VGYAAN owns Abbreviated New Drug Application (“ANDA”) No. 214055, which was filed with the United States Food and Drug Administration seeking approval to make and sell selexipag tablets, 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg and 1600 mcg (“VGYAAN’s ANDA products”) prior to the expiration of U.S. Patent Nos. 8,791,122 (“the ’122 patent”) and 9,284,280 (“the ’280 patent”);¹ and

¹ ANDA No. 214055 was previously owned by Aizant Drug Research Solutions Private Limited, which is, by agreement, bound by any order applicable to VGYAAN in this action. (D.I. 34.)

WHEREAS, on April 9, 2020, Plaintiffs filed suit against VGYAAN alleging that submission of ANDA No. 214055 and/or the sale and use of VGYAAN's ANDA products constitute and/or induce or contribute to acts of infringement under 35 U.S.C. §§ 271 (a), (b), (c), and (e)(2);

NOW THEREFORE, the parties hereby stipulate and agree as follows:

1. Pursuant to Rule 41(a) and 41(c) of the Federal Rules of Civil Procedure, all claims, counterclaims, and defenses as between Plaintiffs and VGYAAN concerning the '122 and '280 patents are dismissed without prejudice, and each party shall bear its own costs and attorney fees with respect to the '122 and '280 patents;

2. The case caption should be amended to remove VGYAAN as a named party to Civil Action No. 1:20-cv-03859 (RMB) (KMW).

STIPULATED AND AGREED TO BY:

s/ Keith J. Miller

Keith J. Miller
ROBINSON MILLER LLC
Ironsides Newark
110 Edison Place, Suite 302
Newark, NJ 07102
(973) 690-5400
KMILLER@rwmlegal.com

*Attorneys for Plaintiffs
Actelion Pharmaceuticals Ltd
and Nippon Shinyaku Co., Ltd.*

Of Counsel:

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Preston K. Ratliff II
Aaron P. Selikson
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200 Park Avenue
New York, NY 10166
(212) 318-6000

*Attorneys for Plaintiffs
Actelion Pharmaceuticals Ltd
and Nippon Shinyaku Co., Ltd.*

s/ Anandita Vyakarnam

Andrew J. Miller
Anandita Vyakarnam
WINDELS MARX LANE & MITTENDORF, LLP
One Giralda Farms
Madison, NJ 07940
(973) 966-3200
amiller@windelsmarx.com
avyakarnam@windelsmarx.com

*Attorneys for Defendant VGYAAN
Pharmaceuticals LLC*

IT IS SO ORDERED, this 27th day of January, 2021



The Honorable Renée Marie Bumb
United States District Judge

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.

Nailesh Bhatt

Print Name (First, Last)

Nailesh Bhatt

6/3/2021

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 Mercer

I, Nailesh A. Bhatt, 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.

Nailesh Bhatt

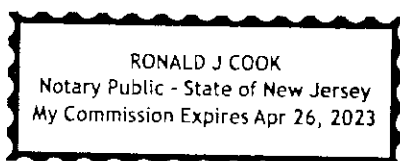
Original Signature

06/03/2021

Date

Subscribed and Sworn to before me this 3 day of June 2021

Ronald J Cook
Notary Public Signature



(Seal)

Applicant's initials NB

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 VGYAAN Pharmaceuticals LLC

Physical Address 23 Orchard Road, Suite 180

City Skillman

State NJ

Zip 08558

Mailing Address (if different from physical address) _____

City _____

State _____

Zip _____

Telephone 609-452-2770

Website www.vgyaan.com

Licensing Company Email compliance@vgyaan.com

Section 2: Personal Information

First Nimisha

Middle Vyas

Last Bhatt

Alias(es, nicknames, name changes, etc.) Nimisha Vyas

Date of Birth

SSN or ITIN

Sex ☐ M ☒ F ☐ X

Mailing Address Cornflower Ct

City Belle Mead

State NJ

Zip 08502

Telephone

Email nimisha.bhatt@vgyaan.com

Are you a citizen of the United States?

☒ Yes

☐ No

Section 3: Military Service (NRS 622.120)

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

No

✓

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)

1. Are you the subject of a court order for the support of a child? (If "yes", answer question 2.)

Yes

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 NB

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 Yale University		From - To (MM/YY - MM/YY) 09/95 - 05/97	
Address	City New Haven	State CT	Zip
Diploma/Degree obtained, if any MPH			
School Name University of Pennsylvania		From - To (MM/YY - MM/YY) 09/91 - 05/95	
Address	City Philadelphia	State PA	Zip
Diploma/Degree obtained, if any BA			
School Name Frederick High School		From - To (MM/YY - MM/YY) 09/87 - 06/91	
Address	City Frederick	State MD	Zip
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			

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) 07/15 - current	Address Cornflower Court	City Belle Mead	State NJ	Zip 08502
From - To (MM/YY - MM/YY) 10/01 - 07/15	Address 215 Sapphire Lane	City Franklin Park	State NJ	Zip 08823
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 NB

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 VGYAAN Pharmaceuticals LLC			From - To (MM/YY - MM/YY) 01/14 - current (06/21)	
Business Address 23 Orchard Road, Suite 180		City Skillman	State NJ	Zip 08558
Phone 609-452-2770	Title COO			
Description of Duties Oversee company operations, including supply chain, finance, compliance and HR.				
Business Name Proximare Inc.			From - To (MM/YY - MM/YY) 06/11 - 12/13	
Business Address 100 Overlook Center, 2nd Floor		City Princeton	State NJ	Zip 08540
Phone	Title Vice President			
Description of Duties Provide consulting services for global life sciences clients, including strategy development & execution, market research & analysis and coordination of all activities with external consultants and advisors.				
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 NB

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			

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.			
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 Applicant's initials NB

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 manufacture 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 NB

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 2020-04-09	Disposition Date 2021-01-27	State NJ	City	County
Case # 1:20-cv-03859	Governing, licensing, Arresting Presiding Body/Agency/Court New Jersey District Court			
Reason/Charge Infringement				
Plaintiff/Defendant/Claimant/Respondent Defendant			Lawsuit/Arbitration/Bankruptcy Lawsuit	
Name of Business/Industry/Entity VGYAAN Pharmaceuticals LLC				

Provide explanation below:

VGYAAN Pharmaceuticals was named as one of multiple defendants in a patent infringement lawsuit filed by Plaintiffs Actelion Pharmaceuticals Ltd and Nippon Shinyaku Co., Ltd. on April 9, 2020.

All claims, counterclaims, and defenses as between Plaintiffs and VGYAAN concerning the patents were dismissed without prejudice on January 27, 2021.

See attached Stipulation of Dismissal and Order.

Nimisha Bhatt

Original Signature (electronic, copies or stamps not accepted)

6/2/2021

Date

Applicant's initials ^{NB} _____

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY**

ACTELION PHARMACEUTICALS LTD and
NIPPON SHINYAKU CO., LTD.,

Plaintiffs,

v.

MSN PHARMACEUTICALS INC.,
MSN LABORATORIES PRIVATE LIMITED,
ALEMBIC PHARMACEUTICALS LIMITED,
ALEMBIC PHARMACEUTICALS, INC.,
VGYAAN PHARMACEUTICALS LLC,
ZYDUS WORLDWIDE DMCC and
ZYDUS PHARMACEUTICALS (USA) INC.,

Defendants.

**Civil Action No. 1:20-03859
(RMB) (KMW)**

STIPULATION OF DISMISSAL AND ORDER

Plaintiffs Actelion Pharmaceuticals Ltd and Nippon Shinyaku Co., Ltd. (collectively, “Plaintiffs”) and Defendant VGYAAN Pharmaceuticals LLC (“VGYAAN” or “Defendant”) by their undersigned counsel, stipulate and agree, subject to the approval of the Court, as follows:

WHEREAS, VGYAAN owns Abbreviated New Drug Application (“ANDA”) No. 214055, which was filed with the United States Food and Drug Administration seeking approval to make and sell selexipag tablets, 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1000 mcg, 1200 mcg, 1400 mcg and 1600 mcg (“VGYAAN’s ANDA products”) prior to the expiration of U.S. Patent Nos. 8,791,122 (“the ’122 patent”) and 9,284,280 (“the ’280 patent”);¹ and

¹ ANDA No. 214055 was previously owned by Aizant Drug Research Solutions Private Limited, which is, by agreement, bound by any order applicable to VGYAAN in this action. (D.I. 34.)

WHEREAS, on April 9, 2020, Plaintiffs filed suit against VGYAAN alleging that submission of ANDA No. 214055 and/or the sale and use of VGYAAN's ANDA products constitute and/or induce or contribute to acts of infringement under 35 U.S.C. §§ 271 (a), (b), (c), and (e)(2);

NOW THEREFORE, the parties hereby stipulate and agree as follows:

1. Pursuant to Rule 41(a) and 41(c) of the Federal Rules of Civil Procedure, all claims, counterclaims, and defenses as between Plaintiffs and VGYAAN concerning the '122 and '280 patents are dismissed without prejudice, and each party shall bear its own costs and attorney fees with respect to the '122 and '280 patents;
2. The case caption should be amended to remove VGYAAN as a named party to Civil Action No. 1:20-cv-03859 (RMB) (KMW).

STIPULATED AND AGREED TO BY:

s/ Keith J. Miller

Keith J. Miller
ROBINSON MILLER LLC
Ironsides Newark
110 Edison Place, Suite 302
Newark, NJ 07102
(973) 690-5400
KMiller@rwmlegal.com

*Attorneys for Plaintiffs
Actelion Pharmaceuticals Ltd
and Nippon Shinyaku Co., Ltd.*

Of Counsel:

Bruce M. Wexler
Preston K. Ratliff II
Aaron P. Selikson
PAUL HASTINGS LLP
200 Park Avenue
New York, NY 10166
(212) 318-6000

*Attorneys for Plaintiffs
Actelion Pharmaceuticals Ltd
and Nippon Shinyaku Co., Ltd.*

s/ Anandita Vyakarnam

Andrew J. Miller
Anandita Vyakarnam
WINDELS MARX LANE & MITTENDORF, LLP
One Giralda Farms
Madison, NJ 07940
(973) 966-3200
amiller@windelsmarx.com
avyakarnam@windelsmarx.com

*Attorneys for Defendant VGYAAN
Pharmaceuticals LLC*

IT IS SO ORDERED, this 27th day of January, 2021



The Honorable Renée Marie Bumb
United States District Judge

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.

Nimisha Bhatt

Print Name (First, Last)

Nimisha Bhatt

6/3/2021

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 Merce

I, NIMISHA BHATT, 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.

Nimisha Bhatt

Original Signature

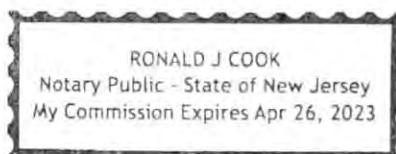
6/3/21

Date

Subscribed and Sworn to before me this 3 day of June 2021

Ronald J Cook

Notary Public Signature



(Seal)

Applicant's initials NB

190

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 02233**)
 Check box below for type of ownership and complete all required forms for type of ownership that you have selected. If LLC use Non Public Corporation or Partnership
☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,7
☒ Non Publicly Traded Corporation – Pages 1,2,3,5,6 ☐ Sole Owner – Pages 1,2,3,8

GENERAL INFORMATION to be completed by all types of ownership

Facility Name: ZO Skin Health, Inc.

Physical Address: 7735 S. 134th St., Suite 109

City: Omaha State: Nebraska Zip Code: 68138

Telephone Number: 9499887524 Fax Number: 9499887544

Toll Free Number: n/a

E-mail: bharris@zoskinhealth.com Website: http://www.zoskinhealth.com

Facility Manager: Robert Harris

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Over-the-counter drugs, 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?
(If yes, provide a copy of the certificate)

Yes ☒ No ☐

Licensed as Manufacturer by the FDA?
(If yes, provide a copy of your FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

List the top 4 suppliers your company has been associated with regards to pharmaceutical products that were sold, dispensed or distributed with the last year.

Name: PureTek Corporation

Address: 7900 Nelson Road Panorama City CA 91402

Name: DPT Laboratories, LTD.

Address: 307 E. Josephine Street San Antonio Texas 78215

Name: AMCOL Health & Beauty Solutions, Inc

Address: 301 Laser Lane Lafayette Louisiana LA 70507

Name: LIFETECH RESOURCES LLC

Address: 700 SCIENCE DR, MOORPARK, California (CA) 93021, United States

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 ☐
Disciplinary history previously filed.

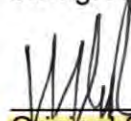
4. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Mark Williams

Print Name of Authorized Person

3-10-21
Date

Board Use Only

Date Processed: _____

Amount: _____

500
check # 632415

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

OWNERSHIP IS A NON PUBLICY TRADED CORPORATION

State of Incorporation: California

Parent Company if any: ZO SH Intermediate, Inc.

Mailing Address: 9685 Research Drive

City: Irvine State: California Zip: 92618

Telephone: 9499883151 Fax: 9499887544

Contact Person: Christy Ngo

For any corporation non-publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

	Name	Business Address
a)	N/A- see attached org chart	
b)		
c)		
d)		

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A

A Nevada business license is not required, however if the wholesaler has a Nevada business license please provide the number: _____

Include with the application for a non-publicly traded corporation

List of officers and directors

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

ZO SKIN HEALTH, INC.

FILE NUMBER: C2858991
FORMATION DATE: 03/16/2006
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, SHIRLEY N. WEBER, PH.D. Secretary of State of the State of California hereby certify:

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 and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 02, 2021.

Shirley N. Weber, Ph.D.
Secretary of State

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

**Public Health Licensure Unit
Certification of Licensure**

This certificate serves as primary source verification of licensure in the State of Nebraska as of the close of the business day before 2/ 5/2021.

Name: ZO Skin Health, Inc.
Owner: Robert Harris, Designated Rep
Address: 7735 S 134th Street, Suite 109, Omaha, NE
Type: Wholesale Drug Distributor
Number: 1482
Status:
Issued: 09/26/2018
Expiration: 07/01/2021

Disciplinary/Non-Disciplinary Information:

No disciplinary/non-disciplinary actions taken against this license.

If you have questions about this information, please contact the
Licensure Unit at (402) 471-2115 or DHHS.LicensureUnit@nebraska.gov.

NABP ACCREDITED

DRUG DISTRIBUTOR

ZO Skin Health, Inc.

located at

7735 S 134th St, Ste 109, Omaha, NE 68138

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



02/10/2020 - 02/09/2023

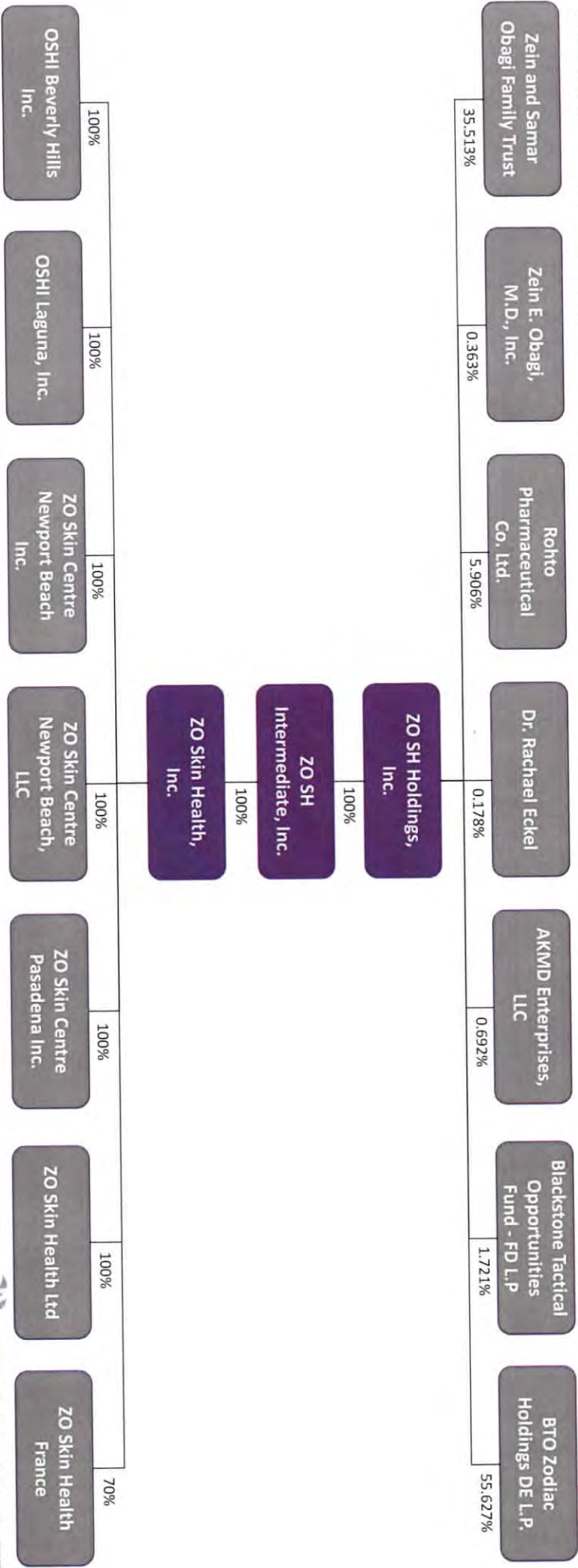
Period of Accreditation

✓ Verified M.H.

ZO Skin Health, Inc.

Transaction 3: Resulting (and Current) Organizational Chart

Transaction 3: On October 15, 2020, ZO SH Holdings contributed all of its shares in ZO Skin Health to ZO SH Intermediate in exchange for shares in ZO SH Intermediate.



ZO[®] SKIN HEALTH

ZO Skin Health, Inc.: Ownership & Officers

OVERVIEW

Ownership

ZO Skin Health, Inc.'s parent company, ZO SH Intermediate, Inc., holds 100% of the entity and is headquartered at 9685 Research Drive, Irvine, California 92618. The entity's Facility Establishment Identifier Number is 20-4686721.

Officers

ZO Skin Health, Inc.'s executive officer information follows.

<u>Name:</u>	Mark Williams
<u>Position:</u>	CEO & President
<u>Address:</u>	██████ N 72nd Place, Scottsdale, Arizona 85266
<u>Date of birth:</u>	██████
<u>Social security number:</u>	██████

Other Contacts

ZO Skin Health, Inc.'s Designated Representative information follows.

<u>Name:</u>	Robert Harris
<u>Position:</u>	General Manager / Designated Representative
<u>Address:</u>	██████ S. 57th St., Omaha, NE 68106
<u>Date of birth:</u>	██████
<u>Social security number:</u>	██████

ZO[®] SKIN HEALTH

Personnel Who Handle Drug Products

Bob Harris	<i>General Manager</i>
Kevin Smith	<i>Warehouse Manager</i>
Brett Poston	<i>Inventory Quality Manager</i>
Trudy Wolff	<i>International Shift Supervisor</i>
Devin Scott	<i>Receiving Shift Supervisor</i>
Christian Lopez	<i>Warehouse Associate</i>
Dan Gibson	<i>Warehouse Associate</i>

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. 0754224

Application/License No. _____

ZO Skin Health, Inc., doing or intending to do business as a
Applicant/Principal
 pharmaceutical wholesaler, whose address for purposes of service is
7735 S. 134th St., Suite 109, Omaha, NE 68138, 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
2999 Oak Rd., #820, Walnut Creek, CA 94597 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 2/25/2019.
Effective Date

WHEREAS, the provisions of Nevada Revised Statutes (NRS) 639.515 require that the Applicant/Principal file or have on file with the Nevada State Board of Pharmacy (Board) a bond in the sum of \$100,000.00 payable to the Nevada State Board of Pharmacy and this bond is executed and tendered in accordance therewith. This bond secures payment of any administrative fines imposed by the Board pursuant to NRS 639.255 and any costs incurred by the Board regarding the license of Applicant/Principal that are impose pursuant to NRS 622.400 or 622.410 which the Applicant/Principal fails to pay.

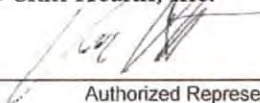
THIS BOND is subject to the following conditions:

- (1) This bond shall be deemed continuous in form and shall remain in full force and effect and shall run concurrently with the license period for which the license is granted and each and every succeeding license period or periods for which said Applicant/Principal may be licensed, after which liability hereunder shall cease except as to any liability or indebtedness therefore incurred or accrued hereunder.
- (2) This bond is executed by the Applicant/Principal and the Surety to comply with the provisions of NRS 639.515 and said bond shall be subject to all of the terms and provisions thereof.
- (3) The Surety, its successors and assigns, are jointly and severally liable on the obligations of the bond.
- (4) The limitations of the liability of the Surety and the conditions of the bond are set forth in NRS 639.515. Any claim by the Board may be made directly to the Surety and need not be preceded by the filing of any action in a proper court. Payment of any such claim shall be payable to the Nevada State Board of Pharmacy.
- (5) The aggregate liability of the Surety hereunder on all claims whatsoever shall not exceed the penal sum of this bond in any event.
- (6) This bond may not be cancelled by the Surety without first giving the Board written notice at least thirty days in advance of any intent to cancel the bond.
- (7) The Applicant/Principal and Surety may be served with notices, papers and other documents at the addresses given above.

I certify or declare under penalty of perjury, under the laws of the State of Nevada, that I have executed the foregoing bond on behalf of the Surety under an unrevoked power of attorney.

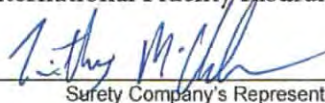
In witness whereof, each party to this bond has caused it to be executed on this 25th day of February, 20 19.

APPLICANT/PRINCIPAL
ZO Skin Health, Inc.



Authorized Representative

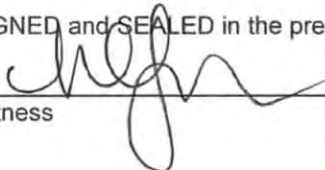
SURETY COMPANY
International Fidelity Insurance Company



Surety Company's Representative

Timothy McClellan, Attorney-in-fact
print name

SIGNED and SEALED in the presence of:

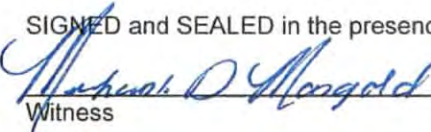


Witness

Christy ngo

Witness

SIGNED and SEALED in the presence of:



Witness



Witness

Countersigned by:



Nevada Resident Agent

Aidan Kathleen Smock, 833180

POWER OF ATTORNEY
INTERNATIONAL FIDELITY INSURANCE COMPANY
ALLEGHENY CASUALTY COMPANY

Bond # 0754224

One Newark Center, 20th Floor, Newark, New Jersey 07102-5207 PHONE: (973) 624-7200

KNOW ALL MEN BY THESE PRESENTS: That **INTERNATIONAL FIDELITY INSURANCE COMPANY**, a corporation organized and existing under the laws of the State of New Jersey, and **ALLEGHENY CASUALTY COMPANY** a corporation organized and existing under the laws of the State of New Jersey, having their principal office in the City of Newark, New Jersey, do hereby constitute and appoint

PAUL JEFFREY HERING, MARTA COLLETT, JOSE LEMUS, RICHARD HALLETT, AIDAN SMOCK, KATHLEEN VANDERSLICE, TIMOTHY MCCLELLAN

San Diego, CA

their true and lawful attorney(s)-in-fact to execute, seal and deliver for and on its behalf as surety, any and all bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof, which are or may be allowed, required or permitted by law, statute, rule, regulation, contract or otherwise, and the execution of such instrument(s) in pursuance of these presents, shall be as binding upon the said **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY 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 **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY 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 20th day of July, 2010 and by the Board of Directors of **ALLEGHENY CASUALTY COMPANY** at a meeting duly held on the 10th day of July, 2015 :

"**RESOLVED**, that (1) the Chief Executive Officer, President, Executive 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, **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY COMPANY** have each executed and attested these presents on this 31st day of December, 2017



STATE OF NEW JERSEY
County of Essex

George R. James
Executive Vice President (International Fidelity Insurance Company) and
Vice President (Allegheny Casualty Company)



On this 31st day of December, 2017, 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 **INTERNATIONAL FIDELITY INSURANCE COMPANY** and of **ALLEGHENY CASUALTY COMPANY**; that the seals affixed to said instrument are the Corporate Seals of said Companies; that the said Corporate Seals and his signature were duly affixed by order of the Boards of Directors of said Companies.



IN TESTIMONY WHEREOF, I have hereunto set my hand affixed my Official Seal, at the City of Newark, New Jersey the day and year first above written.

Cathy Cruz a Notary Public of New Jersey
My Commission Expires April 16, 2019

CERTIFICATION

I, the undersigned officer of **INTERNATIONAL FIDELITY INSURANCE COMPANY** and **ALLEGHENY CASUALTY 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 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, February 25, 2019

Maria H. Branco, Assistant Secretary

ROBERT W. HARRIS

[REDACTED] S. 57th Street Omaha, NE 68106
 • [REDACTED] • bharris@zoskinhealth.com

GM

Management Executive with 24 years of pharmaceutical industry experience. Providing superior products in the non-acute marketplace and servicing a niche while consistently meeting and exceeding market trends. Establishing and growing a company to become a leader in the health care provider industry. Extensive hands on experience and results in general management including:

- Business Process and Strategy Development
- Forecasting, Budgeting and Cost Controls
- Facility Planning & Project Management
- Market Analysis Penetration & Expansion
- Distribution/Inventory Management
- Strategic and Operational Planning
- Pricing Strategies and Product Introduction
- Internal and External Sales Management
- Human Resource Development
- General Operations

Bachelor of Business Administration • University of Nebraska at Omaha • 1990

PROFESSIONAL EXPERIENCE**ZO SKIN HEALTH, INC**

7735 S. 134th St., # 109 Omaha, NE 68138 Phone 402-999-8352

08/17 – Present

GM

General Manager responsible for the overall performance of the 35,000 sf. Distribution Center. Main objective is strategically managing the warehouse and all employees in compliance with company policies, vision, and goals. Duties include overseeing receiving, inventory management, warehousing, domestic and international logistics, customer service, office, and facility operations.

- Successfully implemented the start up of the 32,500 sf. distribution facility along with the renovation of the 2,500 sf. Customer service department in Omaha, NE in November 2017. Instrumental in the design and layout of both the warehouse and the customer department. Achieved all corporate deadlines which included hiring all new personnel, inventorying and launching of rebranded product, and the successful software conversion from JDE to NetSuite ERP.

SEACOAST MEDICAL, LLC.

1995 to 2017

13308 Chandler Rd., Omaha, NE 68138 Phone 800-732-2115

President - Manager

Senior Operating Executive with full strategic and operational planning and P&L management responsibility for this 35 million dollar company. Maintain daily decision-making authority within the areas of operations, distribution, warehousing, inventory management, marketing, internal and external sales, finance, human resources, information technology, and administrative affairs. Responsibility of overseeing 2 executives, 3 direct managers and 25 indirect employees.

- Instrumental in converting an external field sales force into an internal sales force and developing, managing, and growing the call center to 20 Account Specialists

- Negotiated, contracted and developed key business partner relationships with pharmaceutical manufacturers, wholesalers and distributors to broaden our product lines and increase market share in the non-acute market.
- Actively involved in and aware of the daily operations as the designated representative for the wholesale distributor facility. Responsible for the managing and supervising the recordkeeping, storage, and shipment of all controlled and non-controlled drugs or devices.
- Identified, negotiated and acquired a key Midwest competing pharmaceutical company, providing needed technology, customers, key personnel, and 2 million in annual revenue.
- Successfully implemented our West Coast Distribution Facility in Reno, NV in 1997. Increased sales by 20% and established a one to two day service level to gain market share.
- Responsible for growing revenue from \$300,000 in 1994, to \$35,000,000 in 2005 and \$53,000,000 in 2006 by streamlining the distribution process, converting to ERP (Enterprise Resource Planning) software, assisting in implementation of the web ordering system and broadening our product portfolio.

OCCUVAX, LLC.

2003 - 2017

13308 Chandler Rd., Omaha, NE 68138 Phone 800-558-5754

President

Oversee daily operations of marketing, sales, scheduling, contracting, inventory management, distribution and human resources for mass immunizer of vaccines for companies.

- In 2006, overcame previous management and employee failures to increase profitability by decreasing fixed/variable expenses by 30%.

HARMAC, LLC

1998 - 2017

13308 Chandler Rd., Omaha, NE 68138 877-272-7841

Co-Owner

Real estate, land owner and operator of a 19,165 sq. ft state of the art distribution facility built in September 2008.

SEACOAST MEDICAL (a division of Seacoast Pharmaceutical, Inc.)

1992 to 1995

4462 S. 84th St., Omaha, NE 68128 402-593-1360**Senior Account Pharmaceutical Sales Representative**

Responsible for calling on non-acute physicians and pharmacies in the Omaha, Lincoln and Council Bluffs area promoting vaccines, brand name and generic pharmaceutical products.

- Established inventory control systems for physician offices for budgeting purposes
- Provided and developed formularies for specialty physician offices to streamline the ordering process
- Attained sales quota in four months on commission basis alone
- Increased territory 35% each quarter

PROFESSIONAL AFFILIATIONS

Member, National Distribution and Contracting (NDC) Pharmacy Leadership Council 2007

Designated Representative for Seacoast Medical Distribution Facility, NABP

USTA/MOTA Member since 2006



Streamlined Business Licensing

March 18, 2021

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206,
Reno, NV 89521



Re: **ZO Skin Health, Inc.**
Wholesale Drug Distributor - CHOW

To Whom It May Concern:

Enclosed please find **Wholesale Drug Distributor - CHOW** for our client, **ZO Skin Health, Inc.** Once the application has been processed, please forward evidence of approval to the mailing address on the application. If there is any issue, or if you require any further information, please do not hesitate to contact us.

Thank you,

LicenseLogix
140 Grand Street, Suite 300
White Plains, NY 10601
service@licenselogix.com

STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
PO BOX 94986
LINCOLN NE 68509-4986

WHOLESALE DRUG DISTRIBUTOR INSPECTION REPORT

Legal Name of Business: ZO Skin Health, Inc.

Street Address: 7735 S. 134th Street, Suite 109

City, State, Zip: Omaha, NE 68138

Name of Designated Representative of Facility: Robert Harris

Telephone Number: 402-999-8352

Wholesale Drug Distributor License #: <Pending>

DEA Controlled Substances Registration # (if applicable): N/A

Business Hours: Monday through Friday: 7AM to 5PM

Type of Business Entity: Corporation

Type of Operation: Wholesaler

Section cited	Requirement	P	F	NA
131-006.01	<i>Standards of Practice (personnel)</i>			
	1. DR has knowledge of federal and state statutes	X		
	2. DR has no convictions of any wholesale laws	X		
	3. DR has minimum of 2 years experience	X		
	4. DR employed full time as the manager	X		
	5. DR present during normal hours and actively involved	X		
	6. DR is aware of all contents of policies and procedures	X		
131-006.02	<i>Standards of Practice (facility)</i>			
	1. Must comply with USP/NF standards for construction	X		
	2. Allows for cleaning, maintenance & operations	X		
	3. Has adequate storage areas	X		
	4. Has a designated quarantine area	X		
	5. Be clean and orderly	X		
	6. Be free of infestation of any kind	X		
	7. Be a commercial location only	X		
	8. Information is secure and confidential/restricted access	X		
	9. Inventory controls to detect and documents losses	X		
	10. Able to provide pedigrees when applicable			X
	11. Records maintained for 3 years	X		
	12. Registered with DEA when applicable			X

Section cited	Requirement	P	F	NA
131-006.03	Pedigree requirements			
	1. Name of the prescription drug			X
	2. Dosage form and strength of prescription drug			X
	3. Size of the container			X
	4. Number of containers			X
	5. Lot number of the prescription drug			X
	6. Manufacturer's name of finished form of drug			X
	7. Name, address, phone #, e-mail of each owner of drug			X
	8. Name and address of each shipping location			X
	9. Transaction dates			X
	10. Certification of authentication of each pedigree			X
	11. Name of any repackager			X
	12. Name and address of certifying person			X
	13. Pedigrees maintained for 3 years			X
	14. drug is quarantined if no authentication in 48 hours			X
	15. report filed within 5 days if no authentication			X
131-006.04	Policies and Procedures			
	1. Policy to handle all kinds of recalls	X		
	2. Procedure for guarding against losses/employee theft	X		
	3. Procedure to identify, record, report & correct losses	X		
	4. Procedure to report criminal activity to department(5 day notify)	X		
	5. Procedure for drug security in natural disaster/emergency	X		
	6. Procedure to inspect all in and out shipments of drugs	X		
	7. Procedure to segregate all outdated drugs(2 yr records)	X		
	8. Procedure for destruction of outdated drugs(3 yr records)	X		
	9. Procedure for disposal of containers, labels, etc(3 yr records)	X		
	10. Procedure for identifying counterfeit drugs(5 day notify)	X		
	11. Procedure for authentication of pedigrees			X
131-006.05	Records			
	1. Records kept of all drug purchases and sales	X		
	2. Records must include receipt date/other disposition	X		
	3. Records of pedigrees outside normal distribution chain			X
	4. Records available for inspection for 3 years	X		
	5. Electronic records must be readily retrievable	X		
	6. Central records must be available within 2 working days	X		
	7. Ongoing list of persons facility does business with	X		
	8. Records kept for counterfeit reporting to FDA & Dept.	X		
	9. Losses reported to FDA, Dept. and DEA if needed	X		
	10. Purchases, sales, destructions, transfers, loss and returns	X		
	11. Back-up of electronic records every 7 days	X		

Robert Harris
Designated Representative

8/24/2018
Date

Dean Willson, RP
Inspector

PASSED

Comments According to DR Robert Harris, this facility does not carry controlled substances.



Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



March 31, 2021

Christy Ngo
ZO Skin Health, Inc.
9685 Research Dr.
Irvine, CA 92618

VIA CERTIFIED MAIL: 70170660000051897258

RE: Failure to Notify of Change of Ownership

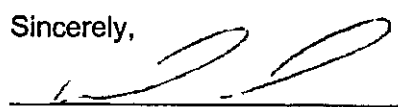
Dear Sir Madam:

According to the records of the Arkansas State Board of Pharmacy (hereinafter "the Board"), Christy Ngo (WD05149) (hereinafter "Respondent") underwent a change of ownership on or about October 15, 2020. Respondent did not notify the Board of this change until March 19, 2021. Arkansas Pharmacy Board Regulation 08-00-0003 requires that any change of ownership be reported to the Board within fourteen (14) days of the effective date of the change of ownership. Failure to report the change of ownership during the fourteen-day period after the effective date of the change of ownership shall render the pharmacy permit issued to the prior owner void and said permit shall be surrendered to the Executive Director.

As an effort to reach an accommodation with Respondent, I have enclosed with this letter a proposed Consent Agreement that will be presented to the Board at its next meeting. Please review the Consent Agreement, and if you agree to the terms delineated therein, return the executed document to the Board at the address above by May 31, 2021. If the Consent Agreement is not returned by the date listed, the matter will be set for a hearing at the Board's next scheduled board meeting. Should you wish to discuss this matter further, please contact Deputy Director Brenda McCrady or myself at (501) 682-0190.

The Board received your change of ownership application, but you did not include the change of ownership fee. Please submit the fee via check so your application can be processed.

Sincerely,



Luke Daniel
ASBP General Counsel

Enclosure

BEFORE THE ARKANSAS STATE BOARD OF PHARMACY

**IN THE MATTER OF
ZO SKIN HEALTH, INC.
WD05149**

CASE # 2019-038

CONSENT AGREEMENT

WHEREAS, Respondent **ZO Skin Health, Inc.**, located in Omaha, Nebraska, is licensed as a wholesale distributor of prescription drugs and holds license WD05149;

WHEREAS, a change of ownership occurred on October 15, 2020. The Board did not receive notification from Respondent **ZO Skin Health, Inc.** of said change of ownership until March 19, 2021.

WHEREAS, **ZO Skin Health, Inc.**, may be charged with violations of Board Regulation 08-00-0003 and A.C.A. §17-92-407, and § 17-92- 315;

WHEREAS, Respondent makes no admission of guilt but wishes to resolve these charges informally. By entering into this non-disciplinary Consent Agreement, Respondent's statements herein shall not be used as evidence in a formal hearing if this agreement is not accepted by the Board. Respondent and the Board therefore agree that this Agreement shall not constitute disciplinary action but rather an informal resolution of these charges. Respondent expressly waives its right to an administrative hearing and consents to the terms incorporated in this Agreement. Respondent further consents to the *ex parte* presentation of this Agreement to the Board and agrees that, if the Agreement is not accepted by the Board, the presentation and consideration of this Consent Agreement by the Board shall not constitute a basis for disqualification of the Board or any of its members from further participation in this matter, including a formal hearing; and

WHEREAS, Respondent acknowledges that this Consent Agreement is not effective until its acceptance by the Board, that Respondent has had the opportunity to consult with legal counsel of its own choosing concerning the advisability, meaning and effect of this Consent Agreement, that the Board shall retain jurisdiction to enforce the provisions of this Consent Agreement, and that failure to comply with the terms and conditions of this agreement shall be grounds for disciplinary action in the form of a civil penalty and/or suspension or revocation of Respondent's license, registration or permit.

THEREFORE, Respondent consents to the following terms in full resolution of this complaint:

1. Respondent **ZO Skin Health, Inc., (WD05149)** willingly agrees and stipulates that it shall pay a non-disciplinary investigative cost of two thousand five hundred dollars (\$2,500.00) to the Board on or before May 31, 2021.

EXECUTED this 12th day of April, 2021


 Authorized Representative of ZO Skin Health, Inc.,
 Respondent *Drew Bordages, SVP, General Counsel*

 Attorney for Respondent (Optional)

 John Clay Kirtley
 Executive Director
 Arkansas State Board of Pharmacy

 President
 Arkansas State Board of Pharmacy

9/13/2016

From: Mariza.Jafary@fda.hhs.gov
To: Christine Humphrey
Cc: Young, Dehlia
Sent: 9/09/2016 9:46AM
Subject: FW: ZO Skin Health - Cyber WL 41-16

Hello Christine,

We have addressed your questions below. Also, a Warning Letter close letter is issued by the FDA when a follow up inspection has confirmed that a firm has make all necessary corrections.

We look forward to receiving your written Warning Letter response.

Best regards,

Mariza M. Jafary Compliance Officer
FDA / Los Angeles District
Tel: 949-608-2977
Fax: 949-608-4451
Email: mariza.jafary@fda.hhs.gov

From: Christine Humphrey [mailto:chumphrey@chpalaw.com]
Sent: Thursday, September 08, 2016 12:52 PM
To: Young, Dehlia
Cc: Jafary, Mariza
Subject: RE: ZO Skin Health - Cyber WL 41-16
Importance: High

Hi Dehlia,

Thank you for your email. I appreciate your response. Please see below the questions we have regarding the letter:

1. The address for ZO Skin Health is incorrect and represents Dr. Obagi's medical practice. (We are wondering how this information was obtained). Zo Skin Health, Inc. 5 Technology Drive, Irvine, California (CA) 92618 is the proper address (DUNS 826468527) and we are registered as a repackager/relabeler for our OTC drug products. Can you advise as to how the address in the Warning Letter was obtained?

The address was obtained from the California Secretary of State Business Search at <http://kepler.sos.ca.gov/>.

2. As part of our review, management has inquired as to whether this letter was predicated by a complaint. Obagi Medical Products (OMP) is not affiliated with ZO Skin Health and our review shows mention of OMP in a Warning Letter to Episciences, Inc. (

9/13/2016

<http://www.fda.gov/iceci/enforcementactions/warningletters/2015/ucm476132.htm>) We want to clarify that FDA has the proper contact information as part of our response. Can you provide a response as to whether this Warning Letter was precipitated by a complaint?

No, this was not precipitated by a complaint.

3. Objectionable claims identified for the Ossential® Daily Power Defense include: "repair damage". We agree that "cell regeneration" needs to be removed and has been, however, "repair damage" does not appear to be a structure/function claim in and of itself. We would like to get your input as taking the claims in the context of the whole is generally how the FDA assesses claims. Therefore, removing "cell regeneration" and utilizing "repair [appearance/signs] of damage" would appear compliant. Can you provide your comments?

The claims that were cited in the WL were the following:

- "Promotes healthy cell regeneration"
- "Helps support skin's natural mechanism to repair damage and protect against future skin damage"

Under Advanced Information:

- "Ultrasonics (UV-endonuclease) and roxosomes (glycosylase): Enzymes that initiate and speed up the repair to DNA"
- "Retinol (vitaine): Stimulates ...collagen production"
- "Matrixyl 3000 (palmitoyl oligopeptide and palmitoyl tetrapeptide-7): Stimulates collagen production"

The claim, "Helps support skin's natural mechanism to repair damage and protect against future skin damage" combined with the claim, "Ultrasonics (UV-endonuclease) and roxosomes (glycosylase): Enzymes that initiate and speed up the repair to DNA" it indicates that the product is intended to repair the skin by affecting the DNA. This intended use meets the regulatory definition of a drug. All claims are evaluated in the entire context of the label. Please send revised labeling for review.

4. Objectionable claims identified for the Ossential® C-Bright Serum 10% Vitamin C include: "prevent new pigment [formation]" and "defend against environmental triggers that cause pigmentation". Again, we would like your comments as to the compliance of these statements when offensive comments such as "stimulate ... collagen production" are removed from the context of labeling as a whole.

The claims that were cited in the WL were the following:

Ossential® C-Bright Serum 10% Vitamin C

- "Helps prevent new pigment from forming"
- Powerful antioxidants help defend against environmental triggers that cause pigmentation

Under Advanced Information:

9/13/2016

• "Tetrahexyldecyl ascorbate: Proven to prevent new pigment formation by up to 80% by inhibiting new melanin formation; helps to stimulate healthy collagen production and reduce wrinkle depth"

The claims, "Helps prevent new pigment from forming" and "Powerful antioxidants help defend against environmental triggers that cause pigmentation" combined with the claim, "Tetrahexyldecyl ascorbate: Proven to prevent new pigment formation by up to 80% by inhibiting new melanin formation," it indicates that the product is intended to treat and prevent pigment formation by affecting the melanin of the skin. This intended use meets the regulatory definition of a drug. For more information about the "Rulemaking History for OTC Skin Bleaching Drug Products" visit, <http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/Over-the-CounterOTCDrugs/StatusofOTCRulemakings/ucm072117.htm> All claims are evaluated in the entire context of the label. Please send revised labeling for review.

The warning letter is not an all-inclusive statement of violations associated with your products or their labeling, and we have not attempted to list here all of the products that are promoted on your website for intended uses that cause them to be drugs. It is your responsibility to ensure that all products marketed by your firm comply with the Act and its implementing regulations. We advise you to review your website, product labels, and other labeling for your products to ensure that the claims you make for your products do not reflect intended uses that cause the distribution of the products to violate the Act.

We appreciate your input so that we may definitively address all compliance issues with evidence of the same in our WL response and request for a close-out letter. Additionally, we want to ensure any and all corrections to addresses are made to ensure proper communication. Finally, as we carry out our corrective and preventive actions, the input requested would be most useful to ensure compliance which is a serious priority for ZO Skin Health, Inc.

Please do not hesitate to contact me directly with any questions. Again, thank you in advance.

Best regards,
Christine

Christine M. Humphrey, Esq.

Partner
C.Humphrey & Associates, P.A.

chumphrey@chpalaw.com
www.chpalaw.com

Miami

9/13/2016

200 S Biscayne Blvd, Suite
3600
Miami, FL
33131
(305) 428-4547
(office)
(786)368-4189 (cell)

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From: Young, Dehlia [mailto:Dehlia.Young@fda.hhs.gov]
Sent: Thursday, September 08, 2016 5:30 AM
To: Christine Humphrey
Cc: Jafary, Mariza
Subject: RE: ZO Skin Health - Cyber WL 41-16

Good Morning Christine,

Thank you for your response. It would work best if you send your concerns via email to Mariza since she is handling your letter. We will work together to get you the answers that you require.

Have a great day!

Thanks,

Dehlia

From: Christine Humphrey [mailto:chumphrey@chpalaw.com]
Sent: Friday, September 02, 2016 12:20 PM
To: Young, Dehlia
Cc: Jafary, Mariza
Subject: ZO Skin Health - Cyber WL 41-16
Importance: High

9/13/2016

Dear Ms. Young,

I am FDA regulatory counsel for ZO Skin Health, Inc. I spoke with Ms. Jafary, the Compliance Officer is LOS-DO, handling the above referenced Warning Letter. As I understand the WL was issued through CFSAN, I am hoping to discuss a few issues with you regarding the same in preparation for our response and corrective actions. If there is a time convenient to speak that would be great and/or I will try you later today/Tuesday.

I just wanted to introduce myself first.

Best regards,
Christine

Christine M. Humphrey, Esq.
Partner
C.Humphrey & Associates, P.A.

chumphrey@chpalaw.com
www.chpalaw.com

Miami

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**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

Citation Number CI 2012 55027	Name, License No. ZO SKIN HEALTH INC, WLS 5986
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JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775; Bus. & Prof. Code § 4301, subd. (o) Bus. & Prof. Code § 4314, subd. (1), 148		
VIOLATION CODE SECTION	OFFENSE	AMOUNT OF FINE
Title 21 US Code § 353 subd. (d)(2)(A)	Distribution of drug samples	\$1,000.00
Bus. & Prof. Code § 4059.5 subd. (e)	Dangerous drugs or devices shall not be transferred, sold, or delivered to any person out side this state...	\$1,000.00
Bus. & Prof. Code § 4059 subd. (b)	Furnishing of dangerous drug or device by a manufacturer, wholesaler, or pharmacy... under sales and purchase records that correctly give the date, the names and addresses of the supplier and the buyer, the drug or device, and its quantity	\$500.00

CONDUCT:

Title 21 United States Code section 353 (d)(2)(A) states no manufacturer or authorized distributor may distribute samples by mail or common carrier to practitioners licensed to prescribe such drugs except in response to a written request for drug samples made on a form which meets its requirements and under a system which requires the recipient of the drug sample to execute a written receipt for the drug sample upon its delivery and the return of the receipt to the manufacturer or authorized distributor of record. ZO Skin Health Inc. was non-compliant. Specifically, on 9/19/2012, ZO Skin Health Inc. WLS 5986 located at 1 Technology Drive, Suite B123 and F201, Irvine, CA shipped 4 units of ZO Medical Melamin 4% HQ 80ml and 4 units of ZO Medical Melamix 4% HQ to AE, their sales representative in New York, for use as car stock, instead of shipping it directly to a licensed practitioner. Details of the invoice are as seen below. This is a violation of federal law.

Drug	Quantity	Invoice #	Bill To	Ship To	Amount	Ship Date	Tracking#	Item#
ZO Medical Melamin 4% HQ	4 units	3473	AE	AE	\$0	9/19/2012	1Z51F2160342687462	80000
ZO Medical Melamix 4% HQ	4 units	3473	AE	AE	\$0	9/19/2012	1Z51F2160342687462	80100

Business and Professions Code section 4059.5 subsection (e) states a dangerous drug or dangerous device shall not be transferred, sold, or delivered to a person outside this state, whether foreign or domestic, unless the transferor, seller, or deliverer does so in compliance with the laws of this state and of the United States and of the state or country to which the dangerous drugs or dangerous devices are to be transferred, sold, or delivered. ZO Skin Health Inc. was non-compliant. Specifically, on 9/19/2012, ZO Skin Health Inc. WLS 5986 located at 1 Technology Drive, Suite B123 and F201, Irvine, CA shipped dangerous drugs to New York without proper licensure. Details of the invoice are as seen below. This is a violation of pharmacy law.

Drug	Quantity	Invoice #	Bill To	Ship To	Amount	Ship Date	Tracking#	Item#
ZO Medical Melamin 4% HQ	4 units	3473	AE	AE	\$0	9/19/2012	1Z51F2160342687462	80000
ZO Medical Melamix 4% HQ	4 units	3473	AE	AE	\$0	9/19/2012	1Z51F2160342687462	80100

Business and Professions code section 4059 subsection (b) states a wholesaler may not furnish dangerous drugs or devices except under sales and purchase records that correctly provide the date, the names and addresses of the supplier and the buyer, the drug or device and its quantity. ZO Skin Health Inc. was non-compliant. Specifically, on 11/25/2013, an inspection of ZO Skin Health Inc. WLS 5986 located at 1 Technology Drive, Suite B123 and F201, Irvine, CA revealed sales records with an incorrect date and without the name and address of the distributor used by ZO Skin Health to ship dangerous drugs into states where it is not currently licensed. Details of the sales records are seen below. This is a violation of pharmacy law.

Sales Record #	Date on Sales Record	Actual Ship Date	Name, Address of Distributor	Distributor information present on sales record?
5647	3/22/2013	3/25/2013	SaddleCreek Logistics Services, 2100 Capstone Dr, Lexington, Kentucky	No
DDM-02	4/30/2013	5/1/2013	DDN/Obergfel LLC, 4580 Mendenhall Rd., Memphis, Tennessee	No
CFB-01	7/27/2012	7/30/2012	SaddleCreek Logistics Services, 2100 Capstone Dr, Lexington, Kentucky	No

CITATION ISSUED ON: October 14, 2014

TOTAL AMOUNT OF FINE(S): \$2,500.00

PAYMENT OF FINE(S) DUE BY: November 13, 2014



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.

October 28, 2014

ZO SKIN HEALTH INC
ATTN: ROBERT CASTRO, EIC
1 TECHNOLOGY DR STE B 123 AND F201
IRVINE, CA 92618

ZO SKIN HEALTH INC
ATTN: JAMES HEADLEY, CEO
1 TECHNOLOGY DR STE B 123 & F201
IRVINE, CA 92618

RE: CI 2012 55027
ZO SKIN HEALTH INC
WLS 5986

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

A handwritten signature in cursive script that reads "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

**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.

March 30, 2018

ZO SKIN HEALTH INC
ATTN: MARK ALAN WILLIAMS, CEO & PRS
5 TECHNOLOGY DRIVE
IRVINE, CA 92618

RE: CI 2017 76997
ZO SKIN HEALTH INC
WLS 6606

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

A handwritten signature in cursive script, reading "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy

**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.

March 28, 2018

ZO SKIN HEALTH INC
ATTN: MARK ALAN WILLIAMS, CEO & PRS
5 TECHNOLOGY DRIVE
IRVINE, CA 92618

RE: CI 2017 76997
ZO SKIN HEALTH INC
WLS 6606

Current address: 5 TECHNOLOGY DRIVE
IRVINE, CA 92618

Please be advised the enclosed original citation issued on February 22, 2018 was mailed to your address of record as indicated above. The citation was returned to our office due to being, "unable to forward", a copy of the envelope is enclosed. That citation is now being forwarded to you at the address that was provided by the US Postal Service.

Pursuant to Business and Professions Code section 4100 subdivision (a) licensees are required to keep an accurate address of record on file with the Board, and any changes must be reported in writing to the Board within 30 days.

Please contact the Enforcement Analyst, Ericka Busby at (916) 574-7731, if you have any questions.

Sincerely

A handwritten signature in cursive script, reading "Virginia Herold".

Virginia Herold
Executive Officer
Board of Pharmacy


California State Board of Pharmacy

1625 North Market Boulevard, Suite N219, Sacramento, CA 95834
 Phone (916) 574-7900
 Fax (916) 574-8618
www.pharmacy.ca.gov

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY
 DEPARTMENT OF CONSUMER AFFAIRS
 GOVERNOR EDMUND G. BROWN JR.

February 22, 2018

DATED MATERIAL ENCLOSED

ZO SKIN HEALTH INC
 ATTN: MARK ALAN WILLIAMS, CEO & PRS
 5 TECHNOLOGY DRIVE
 IRVINE, CA 92618

**RE: CI 2017 76997
 ZO SKIN HEALTH INC
 WLS 6606**

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:

- March 24, 2018: Unless the Citation is contested payment of fine(s) must be received by the Board.
- March 08, 2018: Any contest of the Citation by request for an informal Office Conference must be received by the Board.
- March 24, 2018: Any contest of the Citation by request for a formal Appeal must be received by the Board.

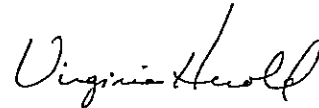
Page two
ZO SKIN HEALTH INC
CI 2017 76997

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 Ericka Busby, Enforcement Analyst at (916) 574-7731.

Sincerely



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 **March 24, 2018**.
- 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 March 08, 2018 to the address at the bottom of the form.
- You will be advised by the Board in writing as to the date and time of your appearance.
- You are allowed one postponement.

An office conference is not a hearing. It is an informal discussion of the events that took place, and an opportunity for you to present information and mitigating factors pertaining to the Citation that you would like considered. The Executive Officer and or her designee represent the Board of Pharmacy at this meeting. One other individual of your choice may accompany you to this meeting. Office conferences are not open to the public. There is no discovery available in this process. You will not be allowed to present or question witnesses. However, you may present any written statements or documents that you believe are relevant.

After your office conference, the Citation may be affirmed, modified or dismissed. You will be advised of the decision in writing within 14 calendar days from the date of the conference. If the Citation is affirmed you will have 30 days from the date of the decision letter to comply with the conditions of your Citation. If the Citation is modified, the Citation originally issued shall be considered withdrawn and a new Citation will be issued. The decision issued after the office conference shall be deemed to be a final order with regard to the Citation issued, including the administrative fine levied, and/or an order of abatement.

REQUEST FOR APPEAL (CCR § 1775.4 subd. (a))

- Complete attached "Request for Hearing".
- Mail form to arrive at the Board office no later than March 24, 2018 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 76997	ZO SKIN HEALTH INC, WLS 6606

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4160 subd. (f)	A wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another designated representative or pharmacist to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board.	Citation without a fine
Bus. & Prof. Code § 4305.5 subd. (a)	Failure of a wholesaler to notify board of termination of designated representative within 30 days	\$750.00

CONDUCT:

Business and Professions Code section 4160(f) requires every wholesaler to notify the board in writing, on a form designed by the board, within 30 days when a designated representative-in-charge ceases to act as the designated representative-in-charge, and on the same form to propose another designated representative or pharmacist to take over as the designated representative-in-charge. Specifically, Robert Steven Castro (EXC 16439) dissociated as designated representative-in-charge on February 14, 2017. Zo Skin Health Inc. failed to notify the board in writing until August 24, 2017, 191 days later.

Business and Professions Code section 4305.5(a) requires a wholesaler, third-party logistics provider, or veterinary food-animal drug retailer to notify the board within 30 days of the termination of employment of the designated representative-in-charge or responsible manager. Failure to notify the board within the 30-day period constitutes grounds for disciplinary action. Specifically, Robert Steven Castro (EXC 16439) dissociated as designated representative-in-charge on February 14, 2017. Zo Skin Health Inc. failed to notify the board until August 24, 2017, 191 days later.

CITATION ISSUED ON: February 22, 2018

TOTAL AMOUNT OF FINE(S): \$750.00

PAYMENT OF FINE(S) DUE BY: March 24, 2018

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2017 76997	ZO SKIN HEALTH INC, WLS 6606

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4160 subd. (f)	A wholesaler shall notify the board in writing, on a form designed by the board, within 30 days of the date when a designated representative-in-charge ceases to act as the designated representative-in-charge, and shall on the same form propose another designated representative or pharmacist to take over as the designated representative-in-charge. The proposed replacement designated representative-in-charge shall be subject to approval by the board.	Citation without a fine
Bus. & Prof. Code § 4305.5 subd. (a)	Failure of a wholesaler to notify board of termination of designated representative within 30 days	\$750.00

CONDUCT:

Business and Professions Code section 4160(f) requires every wholesaler to notify the board in writing, on a form designed by the board, within 30 days when a designated representative-in-charge ceases to act as the designated representative-in-charge, and on the same form to propose another designated representative or pharmacist to take over as the designated representative-in-charge. Specifically, Robert Steven Castro (EXC 16439) dissociated as designated representative-in-charge on February 14, 2017. Zo Skin Health Inc. failed to notify the board in writing until August 24, 2017, 191 days later.

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CITATION ISSUED ON: February 22, 2018

TOTAL AMOUNT OF FINE(S): \$750.00

PAYMENT OF FINE(S) DUE BY: March 24, 2018

California State Board of Pharmacy

REQUEST FOR OFFICE CONFERENCE

Licensee: ZO SKIN HEALTH INC

License No: WLS 6606

Citation Number : CI 2017 76997

I hereby acknowledge receipt of the Citation referenced above and notification of my rights to contest the Citation.

Check ☐ I contest the Citation and request an Office Conference.

Check One:

☐ I contest the entire Citation or

☐ specific violations for the following reasons (list each violation with your specific reason):

If more space is needed attach additional sheets of paper.

Name: _____

Signature: _____ Dated: _____

Address of Service: _____

City: _____ State: _____ Zip: _____

Telephone: (Business) () _____ Residence: () _____

NOTE: Any written documentation or evidence you wish to be considered for the office conference review or hearing should be submitted with this request.

Mailing Address: State Board of Pharmacy
Attn: Jennifer Sevilla
1625 North Market Boulevard, Suite N219
Sacramento, CA 95834-1924
(916) 574-7925

REQUEST FOR APPEAL

BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

Check ☐ I contest the Citation and request an administrative hearing before an
Administrative Law Judge.

In the Matter of the Citation Against:
ZO SKIN HEALTH INC
WLS 6606

Respondent

Citation Case No : CI 2017 76997
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: ZO SKIN HEALTH INC, WLS 6606
Citation and Fine CI 2017 76997**

I declare:

I am employed in the County of Sacramento, California. I am over 18 years of age and not a party to the within entitled cause. My business address is 1625 North Market Boulevard, Suite N219, Sacramento, California 95834-1924.

On February 22, 2018, I served the attached:

Cover Letter, Instructions to Respondent, Citation, Copy of Citation, Request for Office Conference, Request for Appeal.

in said cause, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid by Certified Mail, in the United States mail at Sacramento, California,

NAME**CERTIFIED MAIL NO**

ZO SKIN HEALTH INC
ATTN: MARK ALAN WILLIAMS, CEO & PRS
5 TECHNOLOGY DRIVE
IRVINE, CA 92618

7017 0530 0001 1516 7945

I declare under penalty of perjury that the forgoing is true and correct.

Executed on February 22, 2018, at Sacramento, California.



DECLARANT

Ericka Busby
Enforcement Analyst

DNR



California State Board of Pharmacy
 1625 N. Market Blvd., Suite N-219
 Sacramento, CA 95834-1924



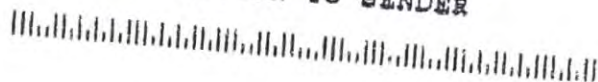
7017 0530 0001 1516 7945

NIXIE

926185105-1N

03/20/18

RETURN TO SENDER
 UNABLE TO FORWARD
 UNABLE TO FORWARD
 RETURN TO SENDER



Zo Skin Health Inc
 ATTN: Mark Alan Williams, CEO & PRS
 5 Technology Drive
 Irvine, CA 92618

N/E
 2-26-18

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Zo Skin Health Inc
 ATTN: Mark Alan Williams, CEO & PRS
 5 Technology Drive
 Irvine, CA 92618



9590 9402 1836 6104 1278 50

2. Article Number (Transfer from service label)

7017 0530 0001 1516 7945

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

B. Received by (Printed Name)

D. Is delivery address different from the return address? If YES, enter delivery address

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery

Mail

Restrict

76997

FIRST CLASS



October 26, 2016

Dr. Zein Obagi
ZO Skin Health, Inc.
5 Technology Drive
Irvine, California 92618

Dear Dr. Obagi:

We acknowledge receipt of your Warning Letter response via email dated September 16, 2016 from your attorney, Ms. Christine M. Humphrey, Esq. (C. Humphrey & Associates, P.A., 200 S. Biscayne Blvd., Suite 3600, Miami, Florida 33131).

We have completed the review of your warning letter response and reviewed your website www.zoskinhealth.com.

The claim "Tetrahexyldecyl ascorbate: Proven to help prevent new pigment formation" for the Ossential® C-Bright Serum 10% Vitamin C product under the Advanced Information is a drug claim. For more information about the "Rulemaking History for OTC Skin Bleaching Drug Products" visit, <http://www.fda.gov/Drugs/DevelopmentApprovalProcess/DevelopmentResources/Over-the-CounterOTCDrugs/StatusofOTCRulemakings/ucm072117.htm>

Website

In addition, we continue to observe products in violation via your website, www.zoskinhealth.com. Examples include but are not limited to the following:

Effects® Hydrating Cleanser, Effects® Exfoliating Cleanser, Normacleanse™ Cleanser for Normal to Dry Skin, and Oilacleanse™ Cleanser for Normal to Oily Skin

- "Lipopeptide-myristoyl pentapeptide-8: Stimulates collagen production"

Oilacleanse™ Cleanser for Normal to Oily Skin

- "Melaleuca alternifolia (tea tree) leaf oil and spiraea ulmaria (meadowsweet) extract: Provides ...anti-inflammatory properties"

Offects® Exfoliating Polish

- "Ultra-fine magnesium crystals: ...promotes healthy circulation..."

Balatone™ Calming Toner, pH Balancer

- "Hamamelis virginiana (witch hazel): ... provides anti-inflammatory properties"

Ossential® Advanced Radical Night Repair

- "High potency microencapsulated retinol: Stimulates ...collagen production..."
- "Zanthoxylum bungeanum (sichuan pepper) fruit extract, sunflower seed oil and rosemary leaf extract: Anti-irritant complex suppresses inflammation and redness..."

Olluminate® Intense Eye Repair

- "Retinol (vitaine): Stimulates ... collagen production"
- "Matrixyl 3000: Peptides work synergistically to promote collagen and elastin production"
- "MDI complex:...inhibits matrix metalloproteinase enzymes to prevent breakdown of collagen"

Retamax™ Active Vitamin A Micro Emulsion

- "Hydrolyzed sericin: Up-regulates hyaluronic acid and collagen production"
- "Beta-glucan: Provides DNA protection"

Ommerse® Renewal Crème

- "Retinol (vitaine): Stimulates ...collagen production"

Oraser® Body Emulsion Plus

- "Diacetyl boldine: Exhibits α -adrenergic antagonist properties and interferes with calcium influx to inhibit the melanin production to even skin tone"

We remind you that the warning letter is not an all-inclusive statement of violations associated with your products or their labeling, and we have not attempted to list all of the products that are promoted on your website for intended uses that cause them to be drugs. It is your firm's responsibility to ensure that all products marketed by your firm comply with the Act and its implementing regulations. We advise your firm to review your website, product labels, and other labeling to ensure that the claims made for your products do not reflect intended uses that cause the distribution of the products to violate the Act.

If you have questions, please contact Ms. Mariza Jafary, Compliance Officer at 949-608-2977 or email at Mariza.Jafary@fda.hhs.gov.

Sincerely,

Kelly Sheppard, Director
Compliance Branch
Los Angeles District

Cc: Christine M. Humphrey, Esq.
C. Humphrey & Associates, P.A.
200 S. Biscayne Blvd., Suite 3600
Miami, Florida 33131
chumphrey@chpalw.com

4 | Page

Bcc: (Internal)

HFR-PA240 Kelly Sheppard, DCB

HFR-PA250 Monica Maxwell, DIB (via email)

CMS number 499082

Legal File

Chron (Jafary)



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration
Los Angeles District
Pacific Region
19701 Fairchild
Irvine, CA 92612-2506

Telephone: 949-608-2900
FAX: 949-608-4415

WARNING LETTER

VIA UNITED PARCEL SERVICE
SIGNATURE REQUIRED

August 29, 2016

WL 41 -16

Dr. Zein Obagi
ZO Skin Health Group, LLC
270 N. Canon Dr. Ste. 100
Beverly Hills, CA 90210

Re: CMS #499082

This is to advise you that the Food and Drug Administration (FDA) reviewed your website at the Internet address <https://zoskinhealth.com/> in June 2016 and has determined that you take orders there for the products Ossential® Growth Factor Serum Plus, Ossential® Daily Power Defense, and Ossential® C-Bright Serum 10% Vitamin C. The claims on your website establish that the products are drugs under sections 201(g)(1)(B) and/or 201 (g)(1)(C) of the Federal Food, Drug, and Cosmetic Act (the Act) [21 U.S.C. § 321(g)(1)(B) and/or 21 U.S.C. § 321(g)(1)(C)] because they are intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease and/or articles intended to affect the structure or any function of the human body. As explained further below, introducing or delivering these products for introduction into interstate commerce for such uses violates the Act. You can find the Act and FDA regulations through links on FDA's home page at www.fda.gov.

Examples of some of the website claims that provide evidence that your products are intended for use as drugs include:

Ossential® Growth Factor Serum Plus

- "Helps stimulate cell renewal"

Under Advanced Information:

Dr. Zein Obagi
 ZO Skin Health Group, LLC
 Beverly Hills, California 90210
 Page 2

- "Disodium acetyl glucosamine phosphate and fermented red ginseng extract: Stimulates cellular regeneration, collagen production and synthesis of glycosaminoglycans (GAGs)"
- "Retinol: Stimulates ...collagen production..."
- "Hydrolyzed sericin: Enhances production of collagen and hyaluronic acid"
- "DNA repair and protection complex: Enhances DNA repair and protects DNA from future damage"

Ossential® Daily Power Defense

- Promotes healthy cell regeneration
- Helps support skin's natural mechanism to repair damage and protect against future skin damage

Under Advanced Information:

- "Ultrasomes (UV-endonuclease) and roxisomes (glycosylase): Enzymes that initiate and speed up the repair to DNA"
- "Retinol (vitaine): Stimulates ...collagen production"
- "Matrixyl 3000 (palmitoyl oligopeptide and palmitoyl tetrapeptide-7): Stimulates collagen production"

Ossential® C-Bright Serum 10% Vitamin C

- "Helps prevent new pigment from forming"
- Powerful antioxidants help defend against environmental triggers that cause pigmentation

Under Advanced Information:

- "Tetrahexyldecyl ascorbate: Proven to prevent new pigment formation by up to 80% by inhibiting new melanin formation; helps to stimulate healthy collagen production and reduce wrinkle depth"

Your products are not generally recognized as safe and effective for the above referenced uses and, therefore, the products are "new drugs" under section 201(p) of the Act [21 U.S.C. 321(p)]. New drugs may not be legally introduced or delivered for introduction into interstate commerce without prior approval from FDA, as described in sections 301(d) and 505(a) of the Act [21 U.S.C. 331(d), 355(a)]. FDA approves a new drug on the basis of scientific data and information demonstrating that the drug is safe and effective.

This letter is not an all-inclusive statement of violations associated with your products or their labeling, and we have not attempted to list here all of the products that are promoted on your website for intended uses that cause them to be drugs. It is your responsibility to ensure that all products marketed by your firm comply with the Act and its implementing regulations. We advise you to review your website, product labels, and other labeling for your products to ensure that the claims you make for your products do not reflect intended uses that cause the distribution of the products to violate the Act.

We request that you take prompt action to correct all violations associated with your products, including the violations identified in this letter. Failure to do so may result in enforcement action without further notice. The Act authorizes injunctions against manufacturers and distributors of illegal products and seizure of such products.

Dr. Zein Obagi
 ZO Skin Health Group, LLC
 Beverly Hills, California 90210
 Page 3

Please notify this office in writing within fifteen (15) working days of the receipt of this letter as to the specific steps you have taken to correct the stated violations, including an explanation of each step being taken to identify violations and make corrections to ensure that similar violations will not recur. If you do not believe that your products are in violation of the Act, include your reasoning and any supporting information for our consideration. If the corrective action cannot be completed within fifteen working days, state the reason for the delay and the time frame within which the corrections will be implemented.

If you need additional information or have questions concerning any products distributed through your website, please contact the FDA. You may respond in writing to:

Kelly Sheppard, Director
 Compliance Branch
 U.S. Food & Drug Administration
 19701 Fairchild
 Irvine, CA 92618

If you have any questions about the contents of this letter, please contact Ms. Mariza Jafary, Compliance Officer at (949) 608-2977 (phone) or (949) 608-4415 (fax).

Sincerely,



CDR Steven E. Porter, Jr.
 Los Angeles District Director

SP: MMJ

DAN R. SOLIS
 ACTING DISTRICT DIRECTOR
 SIGNED FOR STEVEN PORTER

Cc: David M. Mazzara, Ph.D.
 California Department of Public Health
 Food and Drug Branch
 1500 Capitol Avenue, MS 7602
 PO Box 997435
 Sacramento, California 95899-7435
 Attn: FDA Correspondence

RECEIVED

AUG 26 2013

BEFORE THE BOARD OF PHARMACY
OF THE STATE OF OREGON

OREGON BOARD OF PHARMACY

In the Matter of the) Case No. 2013-0010
Drug Outlet Registration of)
SAMAR OBAGI dba:) CONSENT ORDER
ZO SKIN HEALTH INC)
Registrant)

WHEREAS, ZO Skin Health has recently begun distributing skin care products in the State of Oregon through a third party logistics provider; and

WHEREAS, ZO Skin Health believed in good faith that it was complying with Oregon Law by utilizing an Oregon-licensed third party logistics provider to distribute its products; and

WHEREAS, the Oregon Board of Pharmacy notified ZO Skin Health that it was required to register, and ZO Skin Health thereafter promptly registered as a Manufacturer with the Oregon Board of Pharmacy, which approved the registration; and

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Civil Penalty; Answer Required ("Notice") regarding the Registrant in the above-captioned matter, relating to the distribution of products prior to the effective date of ZO Skin Health's registration as a Manufacturer; and

WHEREAS, the above-noted Notice was duly served on the Registrant as required by law; and

WHEREAS, the Registrant does not contest the facts alleged in the above-noted Notice, that Registrant distributed products through a third party distributor before ZO Skin Health was registered as a Manufacturer with the Oregon Board of Pharmacy; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the Registrant is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, Registrant acknowledges that the allegations in the Notice, if proven in a contested case proceeding would constitute grounds for imposition of a civil penalty as described herein; and

WHEREAS, the Registrant consents to the civil penalty as set forth herein;

The Board finds that the allegations in the Notice are true and hereby:

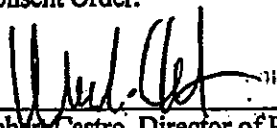
1. The Registrant shall pay a civil penalty to the Board in the amount of \$10,000 with \$7,000 stayed pending no further violations for three years. The \$3,000 civil penalty is to be made within ten days from the effective date of this Consent Order.

2. This Consent Order shall become effective immediately upon issuance by the Board.

3. In the event that the Registrant fails to timely pay the civil penalty as ordered herein, the Board may take further action, after notice and hearing.

CONSENT

I hereby acknowledge that I am the authorized representative of Registrant. On behalf of the Registrant, I further certify that I have read and understand the Notice and this Consent Order and am aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's final order. On behalf of the Registrant I agree to the Board entering the Consent Order.


Robert Castro, Director of Regulatory Affairs
Authorized Representative
Registrant (License No. M-0002491)

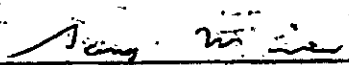
Date 8/21/13


John Dvorak, Chief Financial Officer
Authorized Representative
Registrant (License No. M-0002491)

Date 8/21/13

IT IS SO ORDERED.

BOARD OF PHARMACY
FOR THE STATE OF OREGON


Gary Miner, R.Ph.,
Compliance Director

Date 8/28/13



Christine M. Humphrey, Esq.
 chumphrey@chpalaw.com
 Admitted in Florida

200 S Biscayne BLVD, STE 3600
 Miami, Florida 33131
 305.372.2421

www.chpalaw.com

September 15, 2016

Via Electronic Mail

Ms. Kelly Sheppard
 Director
 Compliance Branch
 U.S. Food and Drug Administration
 19701 Fairchild
 Irvine, CA 92618
kelly.sheppard@fda.hhs.gov

Re: ZO Skin Health, Inc. Response to Warning Letter 41-16 Ref: CMS #499082

Dear Ms. Sheppard:

ZO Skin Health, Inc. by and through undersigned regulatory counsel, provides the following correspondence in response to Warning Letter 41-16 (CMS #499082), dated August 29, 2016. This correspondence addresses the corrective actions that have been implemented in response to the referenced Warning Letter. Initially, we would like to comment that the Warning Letter addresses the FDA's review of our website at the Internet address <https://zoskinhealh.com/> which is owned and operated by ZO Skin Health, Inc. However, the Warning Letter is addressed to ZO Skin Health Group, LLC, which is the address that represents Dr. Obagi's medical practice.¹ See Attachment A. The proper address for Zo Skin Health, Inc. is 5 Technology Drive, Irvine, California (CA) 92618.²

All responsive items are addressed in the order of the specific violations presented in the referenced Warning Letter.

¹ Correspondence from Mariza Jafary and Dehlia Young, dated September 9, 2016 identifies that the address was obtained from the California Secretary of State Business Search at <http://kepler.sos.ca.gov/>.

² ZO Skin Health, Inc. is also registered with FDA as a repackager/relabeler for OTC drug products (DUNS 826468527).

Ms. Kelly Sheppard
 September 15, 2016
 Page 2 of 5

I. Ossential® Growth Factor Serum Plus

The offensive claims identified in the Warning Letter for this product include:

- “Helps stimulate cell renewal”

Under Advanced Information:

- “Disodium acetyl glucosamine phosphate and fermented red ginseng extract: Stimulates cellular regeneration, collagen production and synthesis of glycosaminoglycans (GAGs)”
- “Retinol: Stimulates ... collagen production ...”
- “Hydrolyzed sericin: Enhances production of collagen and hyaluronic acid”
- “DNA repair and protection complex: Enhances DNA repair and protects DNA from future damage”

Corrective Action Response

The claims identified in the Warning Letter have been removed. The current website labeling includes the following modified labeling:

- Helps reduce the appearance of expression lines, lines and wrinkles
- Strengthens weak skin and minimizes irritation
- Restores hydration and enforces the skin's protective barrier
- Helps promote healthier, brighter skin

Under Advanced Information:

- Disodium acetyl glucosamine phosphate and fermented red ginseng extract: Helps to restore hydration, elasticity and firmness
- Retinol: Firms skin and helps even skin tone
- ZPRO™: Helps prevent future signs of aging
- Dipeptide diaminobutyroyl benzylamide diacetate: Minimizes the appearance of expression lines
- Buddleja stem cell: Helps prevent future signs of aging
- Beta glucan and angelica polymorpha sinensis root extract: Calms and soothes irritated skin

II. Ossential® Daily Power Defense

The offensive claims identified in the Warning Letter for this product include:

Ms. Kelly Sheppard
 September 15, 2016
 Page 3 of 5

- Promotes healthy cell regeneration
- Helps support skin's natural mechanism to repair damage and protect against future skin damage

Under Advanced Information:

- "Ultrasones (UV-endonuclease) and roxisomes (glycosylase): Enzymes that initiate and speed up the repair to DNA"
- "Retinol (vitaine): stimulates ...collagen production"
- "Matrixyl 3000 (palmitoyl oligopeptide and palmitoyl tetrapeptide-7): Stimulates collagen production"

Corrective Action Response

The claims identified in the Warning Letter have been removed. The current website labeling includes the following modified labeling:

- Provides antioxidant protection to combat free radical damage
- Helps tighten and firm the skin
- Promotes skin health
- Helps support skin's natural mechanism to repair damage and protect against future skin damage

Under Advanced Information:

- Ultrasones (UV-endonuclease) and roxisomes (glycosylase): Introduces enzymes to help speed up the skin's natural repair process
- Vitamin E: Provides antioxidant properties
- Retinol (vitaine): Firms skin and helps even skin tone
- Ceramide 6: Helps restore barrier function
- Matrixyl 3000 (palmitoyl oligopeptide and palmitoyl tetrapeptide-7): Firms and re-densifies

III. Ossential® C-Bright Serum 10% Vitamin C

The offensive claims identified in the Warning Letter for this product include:

- "Helps prevent new pigment from forming"
- Powerful antioxidants help defend against environmental triggers that cause pigmentation

Ms. Kelly Sheppard
 September 15, 2016
 Page 4 of 5

Under Advanced Information:

- “Tetrahexyldecyl ascorbate: Proven to prevent new pigment formation by up to 80% by inhibiting new melanin formation; helps to stimulate healthy collagen production and reduce wrinkle depth”

Corrective Action Response

The claims identified in the Warning Letter under “Advanced Information” have been removed as “all claims are evaluated in the entire context of the label[ing]”. See Attachment A. The current website labeling includes the following modified labeling:

- Helps remove surface discoloration
- Helps prevent new pigment from forming
- Powerful antioxidants help defend against environmental triggers that cause pigmentation
- Helps minimize the appearance of fine lines and wrinkles

Under Advanced Information:

- Ascorbic acid (10%): Exfoliates skin surface pigmentation for a more even tone and brighter complexion
- Tetrahexyldecyl ascorbate: Proven to help prevent new pigment formation
- Tocopheryl acetate & coenzyme-Q10: Provides multiple antioxidant protection
- Squalane: Mimics our body’s own natural moisturizer factor for additional hydration

IV. Conclusion

ZO Skin Health, Inc. looks forward to your reply concerning the corrective actions submitted in response to the referenced Warning Letter. All website labeling modifications may be verified at the Internet address <https://zoskinhealh.com/>. We are requesting a Warning Letter close-out letter (“close-out letter”) once the Agency has completed an evaluation of corrective actions undertaken by Zo Skin Health, Inc.’s response to the referenced Warning Letter. Undersigned counsel notes that a close-out letter may issue when, based on FDA’s evaluation of the website, the firm has taken corrective action to address the violations contained in the Warning Letter.³ Zo Skin Health, Inc. will continue to maintain and monitor compliance with labeling requirements in accordance with the FDCA and regulations promulgated thereunder.

³ See Close-Out letters for similar “Cyber” Warning Letters available at <http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/2015/ucm455489.htm>; and <http://www.fda.gov/ICECI/EnforcementActions/WarningLetters/2015/ucm455486.htm>.

Ms. Kelly Sheppard
September 15, 2016
Page 5 of 5

Please contact undersigned counsel via e-mail at chumphrey@chpalaw.com, telephonically at 305.428.4547 or at C. Humphrey & Associates, P.A., 200 S. Biscayne Blvd., Suite 3600, Miami, FL 33131.

Very truly yours,

A handwritten signature in black ink, appearing to be 'CH', with a large, stylized loop and a horizontal line extending to the right.

Christine M. Humphrey, Esq.
C. Humphrey & Associates, P.A.

20

20A

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: The Ritedose Corporation

Physical Address: 1 Technology Circle

City: Columbia State: SC Zip Code: 29203

Telephone: 803-806-3300 Fax: N/A

Toll Free Number: 803-806-3300 (Required per NAC 639.708)

E-mail: balesj@ritedose.com Website: www.ritedose.com

Supervising Pharmacist: Julia Bales, PharmD Nevada License #: 20467 *NV*

SERVICES PROVIDED

Yes/No

☒ ☐ Parenteral

☒ ☐ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 3001237796

Please provide the name of the facility as registered with the FDA and the registration number:

The Ritedose Corporation, 3001237796

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: Julia Bales, PharmDNevada License Number: 20467

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

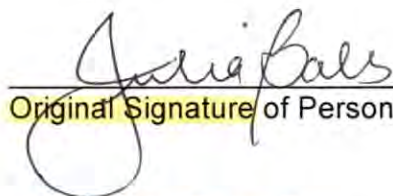
I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Julia Bales, PharmD

Print Name of Authorized Person

01/04/21
Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: South CarolinaParent Company if any: Ritedose Holdings, Inc.Address: 1 Technology CircleCity: Columbia State: SC Zip: 29203Telephone: 803-806-3300 Fax: _____Contact Person: Jody Chastain, 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) Please see attached
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address2) Provide the number of shares issued by the corporation. Please see attached3) What was the price paid per share? Please see attached4) What date did the corporation actually receive the cash assets? Please see attached5) Provide a copy of the corporation's stock register evidencing the above information N/A**Include with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months. Attached

List of officers and directors Attached

PERMIT NO.	19637	PRC 1044655
DATE ISSUED	09/22/2020	

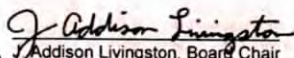
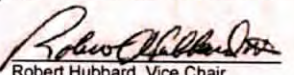
South Carolina Department of Labor, Licensing and Regulation

Board of Pharmacy

Outsourcing Facility Permit

2020-2021

Expires 06/30/2021

RITEDOSE 503B OUTSOURCING FACILITY (A DIVISION C Permit Holder: JODY CHASTAIN 1 TECHNOLOGY CIRCLE COLUMBIA SC 29203	 Addison Livingston, Board Chair  Robert Hubbard, Vice Chair
--	---

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

South Carolina Department of Labor, Licensing and Regulation
 BOARD OF PHARMACY
 Post Office Box 11927
 Columbia, SC 29211-1927

PERMIT ENCLOSED

60

RITEDOSE 503B OUTSOURCING FACILITY (A DIVISION
 OF TRC)
 1 TECHNOLOGY CIRCLE
 COLUMBIA SC 29203





The Ritedose Corporation
1 Technology Circle, Columbia, SC 29203
803-806-3300 | ritedose.com

October 12, 2020

Ritedose 503B Outsourcing Facility (a division of The Ritedose Corporation) Corporate Officers:

- Jody Chastain, President*
- Steven Franchak, Secretary*

Company Information:

- State of Incorporation: South Carolina
- Articles of Incorporation Dates:
 - Incorporated 5/4/1995 as H.I. Corporation
 - Amended 10/29/1999 to Holopack International Corporation
 - Amended 8/1/2009 to The Ritedose Corporation
- FEI: 57-1023775
- DUNS: 837769546

*The Ritedose Corporation is a wholly owned subsidiary of RiteDose Holdings, Inc.; no individual officers or employed persons are stockholders.

####

Corporate Ownership Structure



The State of South Carolina



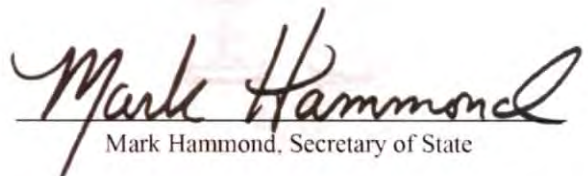
Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

THE RITEDOSE CORPORATION, a corporation duly organized under the laws of the State of South Carolina on May 4th, 1995, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the corporation that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-14-210, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 4th day
of November, 2020.


Mark Hammond, Secretary of State



The Ritedose Corporation
1 Technology Circle, Columbia, SC 29203
803-806-3300 | ritedose.com

MEMO

October 12, 2020

RE: Inspection History for The Ritedose Corporation

The Ritedose Corporation (TRC) is an FDA-registered drug manufacturer producing millions of sterile dosage units each year. TRC has designated a portion of its existing manufacturing facility to producing compounded sterile drug products as a registered outsourcing facility. The cGMP-compliant quality management system and production controls utilized by TRC for manufacturing approved drug products also govern sterile compounding activities.

TRC's last inspection by the South Carolina Board of Pharmacy was in September 2020, with no unsatisfactory findings. TRC's last inspection by FDA was in March 2017, resulting in inspectional observations that have been resolved; an EIR was issued by FDA for this inspection in August 2017. As evidence of the firm's compliance with cGMP, the following are attached for review:

- S.C. Board of Pharmacy Permit Inspection Report, September 2020
- FDA Form 483, issued March 2017
- TRC Response to Form 483, submitted March 2017
- FDA EIR Cover Page, issued August 2017

Commissioning and qualification of the compounding began in Q2 2020, with commercial launch of compounded sterile drug products scheduled for Q4.

For questions related to outsourcing facility licensure, please contact Becca Mitchell.

Becca Mitchell, PharmD
Director of Quality & Regulatory, AMICUS cGMP Consulting
501.772.4685
bmitchell@amicusgmp.com

#####



South Carolina Department of Labor, Licensing and Regulation

P.O. Box 11927

Columbia, SC 29211

803-896-4700 FAX: 803-896-4596

S.C. Board of Pharmacy Permit Inspection Report

Permit Name: RITEDOSE 503B OUTSOURCING FACILITY

Permit Number: 19637 Date: September 22, 2020

DBA: _____

Address: 1 TECHNOLOGY CIRCLE City: COLUMBIA

State: SC Zip: 29203 County: Richland

Pharmacist: Julia Bales Pharmacist License #: PH.12590

Consultant: _____ Consultant License #: _____

Permit Holder: Jody Chastain Phone: (803)806-3300

Inspection Type: ☒ New ☐ Follow up ☐ Routine ☐ Relocation ☐ Consultation
☐ Change of Ownership ☐ Change of Name ☐ Change of Location

Type of Permit:

☐ Institutional Pharmacy ☐ Non Sterile Compounding ☐ Medical Gas/DME
☐ Sterile Compounding ☐ Non Dispensing Drug Outlet ☐ Retail Pharmacy
☒ Wholesale Distributor Drug Outlet ☐ Nuclear Pharmacy ☐ Detention Centers
☐ Federally Qualified Health Clinic ☐ Consultation

General Business Description:

This permit is for a 503B facility. FDA inspection will take place after commercial production has started.
 Sterile/cGMP SOPs were also submitted (attached to file in system).

Type Wholesale Distributor Drug Outlet

S	U	N/A	Statute	Inspection Items	Comment
		X	40-43-83(F)	Permit Displayed	New site - discussed placement inside 503B entrance with other regulatory documents.
		X	40-43-89(C)(2)	Refrigerator Temperature (36-46 degrees F)	TRC-SOP-1126. The only refrigerator in the 503B area will be in the lab for samples (not currently online but will be continuously monitored).
X			40-43-89(C)(1)	Suitable size & construction to facilitate cleaning, maintenance, operation	TRC-SOP-0042; TRC-FRM-1337; TRC-SOP-0575; TRC-WIN-0131.
X			40-43-89(C)(2)	Lighting, ventilation, temperature, sanitation, humidity, space, equipment	TRC-SPC-2546; TRC-SOP-0002; TRC-SOP-0042. / Triangle (TSS) certified hoods in Fill Suite 1&2 on 6/9/2020 and hoods in Suite 3 on 8/26/2020. Triangle (TSS) certified the 503B Clean Room on 6/8/2020.
X			40-43-89(C)(3)	Quarantine area	TRC-SOP-0027; TRC-SOP-1143; TRC-SOP-1139. System driven quarantine (electronic) - only physical quarantine (reject) area will be in the QCI area.

X		40-43-89(C)(4) - Clean and orderly condition	
X		40-43-89(C)(5) - Free from infestation by insects, rodents, birds, vermin	TRC-SOP-0085. Pest contract with EcoLab Pest Elimination Services.
X		40-43-89(D)(1) - Secure from unauthorized entry	TRC-SOP-0092. Badge access only.
X		40-43-89(D)(2) - Alarm system to detect entry after hours	TRC-SOP-0092. Site has 24/7 operations with security system with silent alarm.
X		40-43-89(D)(3) - Security system that provides suitable protection against theft and diversion	TRC-SOP-0092. Guard stop at HQ, cameras, badge access, alarm.
X		40-43-89(E) - Drugs stored at appropriate temperatures and appropriate conditions	TRC-SOP-0002. Currently have continuous temp./humidity monitoring w/email alerts for out of range temps. 503B Suite Temp.: 64.4F / 503B Suite Humidity: 51.2%.
X		40-43-89(F) - Outside shipping container visually examined	TRC-SOP-0011; TRC-WIN-0257.
X		40-43-89(F) - Outgoing shipment inspected	TRC-SOP-0214, TRC-SOP-0298.
X		40-43-89(G)(1) - Drugs outdated, damaged, deteriorated, misbranded, or adulterated quarantined	TRC-SOP-0027; TRC-SOP-0827; TRC-SOP-0011; TRC-SOP-0275. Electronic inventory control.
X		40-43-89(G)(2) - Drugs with sealed outer or secondary containers broken are quarantined	TRC-SOP-0027; TRC-SOP-0827; TRC-SOP-0011; TRC-SOP-0275. Electronic inventory control.
X		40-43-89(G)(3) - Drugs whose conditions are in doubt are quarantined	TRC-SOP-0027; TRC-SOP-0827; TRC-SOP-0011; TRC-SOP-0275. Electronic inventory control.
	X	40-43-89(H)(1) - Establish and maintain inventories and records of all transactions	New site - no inventory on site. TRC-WIN-0257, TRC-SOP-0769. Electronic inventory control.
X		40-43-89(H)(1)(a) - Records contain source of drug, including name and principal address of the seller and address of location shipped from	Previously reviewed Bill of Lading, Packing Slip, COA, and Certificate of Destruction for other permitted sites - will be identical.
X		40-43-89(H)(1)(b) - Records contain identity and quantity received, distributed, or disposed of drugs	Previously reviewed Bill of Lading, Packing Slip, COA, and Certificate of Destruction for other permitted sites - will be identical.
X		40-43-89(H)(1)(c) - Records contain dates of receipt, distribution or other disposition	Previously reviewed Bill of Lading, Packing Slip, COA, and Certificate of Destruction for other permitted sites - will be identical.
X		40-43-89(H)(2) - Records maintained for two years	TRC-SPC-0916.
X		40-43-89(H)(3) - Records must be readily available	
X		40-43-89(I) - Written policy and procedure for receipt of drugs	TRC-SOP-0011.
X		40-43-89(I) - Written policy and procedure for security of drugs	TRC-SOP-0092.
X		40-43-89(I) - Written policy and procedure for storage of drugs	TRC-SOP-0002.
X		40-43-89(I) - Written policy and procedure for inventory of drugs	TRC-SOP-0769.

X			40-43-89(I) - Written policy and procedure for distribution of drugs	TRC-SOP-0298.
X			40-43-89(I)(1) - Written policy and procedure whereby oldest stock is distributed first	TRC-SOP-0027.
X			40-43-89(I)(2) - Written policy and procedure for drug recalls	TRC-SOP-0219.
X			40-43-89(I)(3) - Written policy and procedure for disasters	TRC-SOP-0836.
X			40-43-89(I)(4) - Written policy and procedure to ensure outdated drugs are segregated	TRC-SOP-0027. Raw materials only - drugs are made then shipped.
X			40-43-89(I)(4) - Documentation of disposition of outdated drugs maintained for two years	TRC-SPC-0916.
X			40-43-89(J) - Current list of officers, directors, managers	Organizational Chart current as of September 2020.
X			40-43-89(J) - Description of duties of officers, directors, managers	
X			40-43-89(J) - Summary of qualifications of officers, directors, managers	
X			40-43-89(G)(4) - Recordkeeping requirements must be complied with for all outdated, damaged, deteriorated, misbranded, or adulterated drugs	TRC-SPC-0916. Electronic inventory tracking.
		X	40-43-60(F) - No Drug or Device deemed adulterated	New site - no inventory on site.
		X	40-43-60(F) - No Drug or Device deemed misbranded	New site - no inventory on site.
		X	40-43-86(DD)(7) - Shall maintain complete and accurate records of all drugs received, dispensed or disposed	New site - no records currently. TRC-SPC-0916, TRC-SOP-0769, TRC-SOP-0027. Electronic inventory tracking. Previously reviewed Bill of Lading, Packing Slip, COA, and Certificate of Destruction.

S - satisfactory U - unsatisfactory (results in a violation) N/A- Not Applicable

This inspection report describes alleged violations of the Pharmacy Practice Act. All Violations and matters needing improvement must be corrected.

You must notify the Board in writing or e-mail of those corrections within ____ days.

Failure to comply with these terms may result in Board action.

This inspection report has been reviewed with me and I have been advised as to my responsibilities under the Pharmacy Practice Act.

 Inspector Signature Inspector's Name Alison Gratton Inspector's Email	Contact Name Julia Bales Contact Title PIC Contact License 12590 Contact Email(s)	 Licensed Pharmacist/Designee
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION																		
DISTRICT ADDRESS AND PHONE NUMBER 60 Eighth Street NE Atlanta, GA 30309 (404)253-1161 Fax: (404)253-1202		DATE(S) OF INSPECTION 2/27/2017-3/3/2017 FEI NUMBER 3001237796																
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED Umesh Dalvi , President and Chief Executive Officer																		
FIRM NAME The Ritedose Corporation		STREET ADDRESS 1 Technology Cir																
CITY, STATE, ZIP CODE, COUNTRY Columbia, SC 29203-9591		TYPE ESTABLISHMENT INSPECTED Medical Device/Sterile Drug Manufacturer																
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.																		
<i>The observations noted in this Form FDA-483 are not an exhaustive listing of objectionable conditions. Under the law, your firm is responsible for conducting internal self-audits to identify and correct any and all violations of the quality system requirements.</i>																		
DURING AN INSPECTION OF YOUR FIRM WE OBSERVED: OBSERVATION 1 Corrective and preventive action activities and/or results have not been adequately documented. Specifically, quarterly CAPA analysis was not performed as scheduled in SOP-0296, Rev 05, CAPA and Commitment Program, for product formulation, packaging, and utilities. The analysis is performed to assess the need for further CAPA investigation, additional CAPA initiation, and CAPA effectiveness. CAPA analysis has only been performed for the second quarter of 2016 for product formulation; the first quarter of 2016 for packaging; and the third quarter 2016 for HVAC alarms.																		
OBSERVATION 2 The design history file was not established. Specifically, you have not assessed the risks for 0.9% Sodium Chloride Inhalation Solution manufactured at your facility.																		
OBSERVATION 3 The organizational structure has not been adequately established and maintained to ensure that devices are designed and produced in accordance with 21 CFR 820.																		
SEE REVERSE OF THIS PAGE		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">EMPLOYEE(S) SIGNATURE</td> <td style="padding: 5px;">DATE ISSUED</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Larry K Hampton, Investigator</td> <td style="padding: 5px;">3/3/2017</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Claudette D Brooks, Investigator</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Jared P Stevens, Investigator</td> <td style="padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> X Larry K Hampton Larry K Hampton Investigator Signed by: Larry K. Hampton -S </td> <td style="padding: 5px;"></td> </tr> </table>		EMPLOYEE(S) SIGNATURE		DATE ISSUED	Larry K Hampton, Investigator		3/3/2017	Claudette D Brooks, Investigator			Jared P Stevens, Investigator			X Larry K Hampton Larry K Hampton Investigator Signed by: Larry K. Hampton -S		
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OBSERVATION 4 Procedures for management review have not been adequately established. Specifically, management team members failed to attend scheduled management reviews as outlined in the Management Review Program, TRC-SOP-0270, Rev 3., which indicates that executive management participate in the management reviews; however, only four of seven members are reported to have attended the meetings during 2015 and 2016. Additionally, objective evidence was not available to show each individual present at management reviews.											
The following observation is related to 21 CFR 211.											
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Annotations to Observations											
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Observation 2:		Promised to correct									
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Observation 3: Corrected and verified Observation 4: Corrected and verified Observation 5: Annotation Intentionally Left Blank 3/3/2017 3/3/2017					
☒ Claudette D Brooks		☒ Jared P Stevens			
Claudette D Brooks Investigator Signed by: Claudette D. Brooks -E		Jared P Stevens Investigator Signed by: Jared P. Stevens -S			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE				DATE ISSUED 3/3/2017
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FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 3 OF 3 PAGES					



March 22, 2017

Ingrid Zambrana
Atlanta District Director
Department of Health and Human Services
Food and Drug Administration
Atlanta District Office (ATL-DO)
60 Eighth Street NE
Atlanta, GA 30309

RE: Response to FDA 483 Inspectional Observations Issued March 3, 2017

Dear Ms. Zambrana,

A complete response is provided herein to the FDA 483 observations issued to The Ritedose Corporation (TRC) at the conclusion of the February 27, 2017 through March 3, 2017 general GMP inspection of our drug and device manufacturing facility at 1 Technology Circle Columbia, South Carolina (FEI Number 3001237796).

We take our obligation to comply with the FDA guidelines and GMPs very seriously. The corrections and commitments to each observation have been developed, discussed, and agreed to by our entire executive management team. I will be pleased to discuss this response should additional clarification be needed.

Sincerely,

A handwritten signature in blue ink, appearing to read "Umesh Dalvi", is written over a horizontal line.

Umesh Dalvi
President and Chief Executive Officer
The Ritedose Corporation

Response to the FDA 483 dated March 3, 2017**Observation 1:**

Corrective and preventive action activities and/or results have not been adequately documented.

Specifically, quarterly CAPA analysis was not performed as scheduled in SOP-0296, Rev 05, CAPA and Commitment Program, for product formulation, packaging, and utilities. The analysis is performed to assess the need for further CAPA investigation, additional CAPA initiation, and CAPA effectiveness. CAPA analysis has only been performed for the second quarter of 2016 for product formulation; the first quarter of 2016 for packaging; and the third quarter 2016 for HVAC alarms.

Response:

Section 9 of the CAPA and Commitment Program, TRC-SOP-0296 Rev. 06, is revised to consolidate the CAPA quarterly summary reports for product formulation, packaging, and utilities into one quarterly report which will be reviewed during the quarterly management review meeting. TRC-SOP-0296 Rev. 06 is provided herein.

Furthermore, the report for the 1st quarter of 2017 will include all CAPAs from 2016 in order to close the gap in the 2016 quarterly reports and will assess the need for further CAPA investigation, additional CAPA initiation, and CAPA effectiveness.

Observation 2:

The design history file was not established.

Specifically, you have not assessed the risks for 0.9% Sodium Chloride Inhalation Solution manufactured at your facility.

Response:

TRC established a design history file which specifically assesses the risks for 0.9% Sodium Chloride Inhalation Solution, USP. The design history file and risk assessment, TRC-SRT-1119 Rev. 00, is provided herein.

Observation 3:

The organizational structure has not been adequately established and maintained to ensure that devices are designed and produced in accordance with 21 CFR 820.

Specifically, documentation and appointment of the management representative to ensure that the quality system requirements are effectively established and maintained have not been performed.

Response:

This observation was corrected and verified during the inspection. The correction is captured in Section C.2.2. of the Site Master File, TRC-POL-0018 Rev. 06 (formerly document number TRC-REF-0064), which documents that the Vice President of Quality and Compliance is appointed as the management representative. TRC-POL-0018 Rev. 06 is provided herein.

Observation 4:

Procedures for management review have not been adequately established.

Specifically, management team members failed to attend scheduled management reviews as outlined in the Management Review Program, TRC-SOP-0270, Rev 3., which indicates that executive management participate in the management reviews; however, only four of seven members are reported to have attended the meetings during 2015 and 2016.

Additionally, objective evidence was not available to show each individual present at management reviews.

Response:

This observation was corrected and verified during the inspection. The corrections are captured in Section 4.2.1 of the Management Review Program, TRC-SOP-0270 Rev. 04, which defines the specific members of the executive management team required to attend management reviews. Additionally, Section 4.2.2 of TRC-SOP-0270 Rev. 04 requires attendees to document their attendance. TRC-SOP-0270 Rev. 04 is provided herein.

Observation 5:

The following observation is related to 21 CFR 211.

Established laboratory control mechanisms are not followed.

Specifically, standard operating procedures that stipulate the following are not followed:

- Extensions required for investigations that extend beyond thirty days prior to closeout are not consistently filed.
- Expired chemicals and solutions stocked or stored in the laboratory areas are not discarded from the lab on a monthly basis.
- Laboratory chemicals are not labeled as required.

Response:

- This observation was addressed during the inspection and a memorandum was provided to the Lead Investigator that describes the issue and measures taken to prevent reoccurrence. To summarize, the memorandum states that TRC is aware of the issue with extensions not consistently being filed for investigations extending beyond thirty days prior to closeout and implemented changes in August 2016 to prevent reoccurrence. No deviations have exceeded the 30 day window since the following changes were implemented:
 - The creation of a new management position, Director of Quality Control, with responsibility for ensuring timely completion of investigations.
 - Weekly Quality Assurance management meetings to discuss all open items potentially impacting the company Quality Systems.
 - Daily e-mail notification to the Quality Assurance management group of open investigations and their duration.

A copy of the memorandum is provided herein. Additionally, Section 6 of the Quality Systems Investigations Procedure, TRC-SOP-0295 Rev. 07, is revised to clarify the timeframe and requirements for extension requests. TRC-SOP-0295 Rev. 07 is provided herein.

- Sections 7.0 and 7.6 of Preparation, Documentation, and Labeling of Laboratory Solutions and Chemicals, TRC-SOP-0743 Rev. 04, are updated to clarify the requirements for discarding expired chemicals. TRC-SOP-0743 Rev. 04 is provided herein. Additionally, miscellaneous awareness training was performed and is provided herein.
- Sections 1.0, 2.0, and 5.0 of Preparation, Documentation, and Labeling of Laboratory Solutions and Chemicals, TRC-SOP-0743 Rev. 04, are updated to clarify chemical receipt and labeling instructions. TRC-SOP-0743 Rev. 04 is provided herein. Additionally, miscellaneous awareness training was performed and is provided herein.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration
60 8th Street, N.E.

Atlanta, Georgia 30309

404.253.1161 Office

404.253.1202 Fax

Atlanta District Office

08/04/2017

The Ritedose Corporation
1 Technology Cir.
Columbia, SC 29203-9591

Reference: Inspection Date(s): 02/27/2017 - 03/03/2017

Location: The Ritedose Corporation
1 Technology Cir.
Columbia, SC 29203-9591

Dear Linda Valentine, Director of Regulatory Affairs

We are enclosing a copy of the establishment inspection report (EIR) for the inspection that the U.S. Food and Drug Administration (FDA) conducted at your premises on the referenced locale and date(s). When the Agency concludes that an inspection is "closed" under 21 CFR 20.64(d)(3), it will release a copy of the EIR to the inspected establishment. This procedure is applicable to EIRs for inspections completed on or after April 1, 1997.

The Agency continually works to make its regulatory process and activities more transparent to the 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 CFR Part 20. This, however, does not preclude you from requesting additional information under FOIA.

If there is any question about the released information, feel free to contact me at 404-669-4566.

For more information on the U.S. FDA, please visit our website at www.fda.gov.

Sincerely,

Lareese K
Thomas
A

Digitally signed by Lareese K.
Thomas -A
DN: c=US, o=U.S. Government,
ou=HHS, ou=FDA, ou=People,
0.9.2342.19200300.100.1.1=20
00359724, cn=Lareese K.
Thomas -A
Date: 2016.09.01 16:52:06
-04'00'

FEI: 3001237796

Enclosure: Establishment Inspection Report (EIR)

20B

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 00005)

☐ 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: SCA Pharmaceuticals, LLC

Physical Address: 8821 Knoedl Ct.

City: Little Rock State: AR Zip Code: 72205

Telephone: 877-550-5059 Fax: 501-312-2805

Toll Free Number: 877-550-5059 (Required per NAC 639.708)

E-mail: licensing@scapharma.com Website: www.scapharma.com

Supervising Pharmacist: Meagan Kurtz Nevada License #: 20142

SERVICES PROVIDED

Yes/No

☐ ☒ Parenteral

☒ ☐ Sterile Compounding

☐ ☒ Non Sterile Compounding

☐ ☒ Mail Service Sterile Compounding

☐ ☒ Other Services: _____

All boxes must be checked for the application to be complete

An appearance will be required at a board meeting before the license will be issued.

Board Use Only

Date Processed: _____

Amount: 500.00

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY

Page 2

FEI Number (From FDA application): 3010683157

Please provide the name of the facility as registered with the FDA and the registration number:
SCA Pharmaceuticals, LLC 037559301

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: Meagan Kurtz Nevada License Number: 20142

A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: _____

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

James Milton Boyer

Print Name of Authorized Person

2-4-2021

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: ArkansasParent Company if any: SCA Buyer, LLCAddress: 300 Randolph Street, Suite 3850City: Chicago State: IL Zip: 60601Telephone: 312-626-1125 Fax: 312-626-1150Contact Person: Jonathan Maschmeyer; Member, Board of Managers

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 - SCA Buyer, LLC acquired 100% of the membership interests of SCA Pharmaceuticals, LLC.

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

2) Provide the number of shares issued by the corporation.

N/A - SCA Buyer, LLC acquired 100% of the membership interests of SCA Pharmaceuticals, LLC. SCA Pharmaceuticals, LLC does not have any shares.

3) What was the price paid per share?

N/A - SCA Buyer, LLC acquired 100% of the membership interests of SCA Pharmaceuticals, LLC. SCA Pharmaceuticals, LLC does not have any shares.4) What date did the corporation actually receive the cash assets? January 20, 2021

5) Provide a copy of the corporation's stock register evidencing the above information

N/A - SCA Pharmaceuticals, LLC is not a corporation and does not have a share register. Please see attached "Assignment of Membership Interests" agreement evidencing the transfer of 100% of the membership interests to SCA Buyer, LLC.**Include with the application for a non publicly traded corporation**

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

James Milton Boyer, CEO

Jonathan Maschmeyer; Member, Board of Managers

Michael David Donald Geldart; Member, Board of Managers

Christopher Ryan Glaws; Member, Board of Managers



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

SCA PHARMACEUTICALS, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 11, 2014.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 7th day of July 2021.

John Thurston
 John Thurston
 Secretary of State
 Online Certificate Authorization Code: c636d0ddd1ca27f
 To verify the Authorization Code, visit sos.arkansas.gov

Arkansas State Board of Pharmacy

322 South Main Street, Suite 600, Little Rock, Arkansas 72201

2021 - 2022 WHOLESALE DISTRIBUTOR LICENSE

SCA Pharmaceuticals Holdings, LLC

located at:

8821 Knoedl Court, Little Rock, AR 72205

License #: WD04028 Original License Date: 08/10/2011

This is to certify that the business named above is licensed under the provisions of the Arkansas Pharmacy Practice Act, other Arkansas statutes, and Arkansas Pharmacy Regulations.

License expires: December 31, 2022

This permit is not transferable and must be prominently displayed.

Arkansas State Board of Pharmacy
License #: WD04028 Facility ID: 105094

Mailing Address:

SCA Pharmaceuticals Holdings, LLC
8821 Knoedl Court
Little Rock, AR 72205

Reason Mailed:

Renewal

The address above is the mailing address where all correspondence from the board will be sent, including renewal information.

All changes to contact information can be made online at www.pharmacyboard.arkansas.gov under "License Maintenance."

Use the license number and facility ID above to log in.



Arkansas State Board of Pharmacy

322 South Main Street, Suite 600 Little Rock, AR 72201

P: 501.682.0190 F: 501.682.0195

asbp@arkansas.gov • www.pharmacyboard.arkansas.gov

John Clay Kirtley, Pharm.D., Executive Director



July 9, 2021

To whom it may concern:

This is to certify that **SCA Pharmaceuticals Holdings, LLC** located at **8821 Knoedl Court** in **Little Rock, Arkansas** is licensed as a **Wholesale Distributor of Legend Drugs** in the state of **Arkansas**. Their Arkansas license number is **WD04028**. Their license is **Active** and in **Good Standing** and has no past disciplinary action, nor any disciplinary action pending. They acquired their license on **08/10/2011** and it will expire **12/31/2022**.

If you have any questions, please feel free to contact me by phone at 501-682-9010 or email me at: Jennifer.m.burgin@arkansas.gov.

Sincerely,

A handwritten signature in black ink that reads "Jennifer M. Burgin". The signature is written in a cursive style.

Jennifer M. Burgin
Administrative Analyst

SCA PHARMACEUTICALS, LLC

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests (this "Assignment") is entered into as of the 20th day of January, 2021, by and between SCA Pharmaceuticals Holdings, LLC, a Delaware limited liability company (the "Assignor"), and SCA Buyer, LLC, a Delaware limited liability company (the "Assignee").

BACKGROUND

WHEREAS, Assignor owns 100% of the Membership Interests of SCA Pharmaceuticals, LLC, an Arkansas limited liability company (the "Company");

WHEREAS, pursuant to that certain Membership Interest Purchase Agreement, dated as of November 24, 2020, as amended from time to time (the "Purchase Agreement"), by and among the Assignor and the Assignee, the Assignor agreed to sell, transfer, assign, convey, and deliver to the Assignee, and the Assignee agreed to purchase and acquire from the Assignor, all of the Assignor's right, title and interest in and to the Membership Interests of the Company, free and clear of all Liens; and

WHEREAS, the Assignor is executing this Assignment to reflect and to give effect to the sale, transfer, assignment, conveyance and delivery of the Membership Interests to the Assignee.

AGREEMENTS

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged:

1. Assignment. In accordance with the terms of the Purchase Agreement, the Assignor hereby sells, transfers, assigns, conveys and delivers to the Assignee all of the Assignor's right, title and interest in and to the Membership Interests, free and clear of all Liens. From and after the effectiveness of this Assignment, the Assignor, the Assignee, and the Company shall treat the Assignee as the owner of such Membership Interests for all purposes.
2. Counterparts. This Assignment may be executed in counterparts, each taken together with the other counterparts shall constitute one instrument, binding and enforceable against each signatory to any counterpart instrument. Any facsimile or .pdf or other electronic format signature shall be accepted as an original if containing a copy of the original signature notwithstanding that the original has not been received.
3. Binding Effect. This Assignment shall be binding upon and will inure to the benefit of the parties and their respective successors and assigns.
4. Applicability of Purchase Agreement. Capitalized terms used but not otherwise defined in this Assignment have the meanings ascribed in the Purchase Agreement.

This Assignment shall be governed by the provisions of Section 10.2 (*Notice*), Section 10.9 (*Governing Law*) and Section 10.10 (*Jurisdiction; Court Proceedings; Waiver of Jury Trial*) of the Purchase Agreement, and such provisions are hereby incorporated into this Assignment, *mutatis mutandis*.

5. Delivery Pursuant to Purchase Agreement. Nothing in this Assignment, express or implied, is intended to or shall be construed to modify, expand or limit in any way the terms of the Purchase Agreement. In the event of a conflict or other inconsistency between the terms of this Assignment and the terms of the Purchase Agreement, the terms of the Purchase Agreement shall govern, supersede, control and prevail.

[The remainder of this page is intentionally left blank; signature page follows.]

IN WITNESS WHEREOF, the Assignor and the Assignee have executed this Assignment or caused this Assignment to be executed as of the day first written above.

ASSIGNOR:

SCA PHARMACEUTICALS HOLDINGS, LLC

By: 

Name: Matthew Thompson

Title: Vice President

ASSIGNEE:

SCA BUYER, LLC

By: 

Name: Jon Maschmeyer

Title: Chief Executive Officer

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Suite 206 – Reno, NV 89521 – (775) 850-1440

Send to State Board of Pharmacy for completion: A separate letter is acceptable. Do not return with application unless it has been completed by the licensing agency.

LICENSE VERIFICATION

Name: <u>SCA Pharmaceuticals, LLC</u>		
Address: <u>8821 Knoedl Ct.</u>		
City: <u>Little Rock</u>	State: <u>AR</u>	Zip: <u>72205</u>
I hereby authorize the <u>Arkansas State Board of Pharmacy</u> to furnish to the Nevada State Board of Pharmacy, the information requested below.		
Signature of Applicant <u><i>Jane H. Boy</i></u>		

**THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires
WDO4028	Active, Good Standing	8-10-2011	12-31-2022

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) ☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents
---	---

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u><i>Jennifer M. Boy</i></u>	<u>Adm. Analyst</u>	<u>AR</u>	<u>2-4-2021</u>	 Arkansas State Board of Pharmacy 322 South Main, Suite 60 Little Rock, AR 72201



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



3371

INSPECTION REPORT

Pharmacy _____ Hospital Pharmacy _____ Clinic _____ Exempt Hospital _____ Wholesaler _____ Hypodermic _____

Date: 5/22/2020 Inspector: Lyle Matthews

Firm: SCA PHARMACEUTICALS LLC Phone: (501) 312-2800

Address: 8821 KNOEDL CT City: LITTLE ROCK Zip: 72205

Ownership: CORPORATION

Permit #: NSF106 Permit Exp: 9/1/2020 DEA#: RS0422648 DEA Exp: 2/28/2021

Date of Self Assessment Form: _____ Other Permit #: N/A Date of DEA Inventory: 12/31/2019

Hours M-F: 0500 - 2300 Hours Saturday: CLOSED Hours Sunday: CLOSED

PIC _____ Administrator _____

RPH Consultant _____

Staff	RPH Name:	License #:	Staff Name:	License #:
			GRACE BREEN	CORP OFFICER
			MILTON BOYER	CORP OFFICER
			RACHEAL ADAMS	CORP OFFICER
			STEPHANIE CERBONE	CORP OFFICER

Inspector Remarks:

Performing Annual Non-Resident Outsourcing Desk Audit for SCA Pharmaceuticals, LLC in Little Rock, AR. From May 11 - 22, 2020. Supervising Inspector Peg Panella-Spangler and Inspector Lyle Matthews conducting the desk audit remotely due to the current COVID-19 pandemic and travel restrictions preventing an on-site inspection.

This is the fourth annual renewal inspection since the SCA Little Rock facility received its original registration with the FDA in Dec. 2013 and was originally licensed with the CA State Board of Pharmacy in September 2017. SCA staff directly assisting in the desk audit are Dr. Rachael Adams, Director of Corporate Quality and Stephanie (Montville) Cerbone, Senior Manager, Global Quality Systems.

DEA Registration is active. Controlled Substance inventory was completed on 12/31/2019.

SCA Pharmaceuticals has two locations, Windsor, CT and Little Rock, AR. This desk audit is specifically for the Little Rock, AR location only. The AR facility is licensed in 49 states. Both controlled and non-controlled substances are compounded. They provide approximately 135 individual compounded product presentations. End products include syringes, bags, and CADD cassettes. No hazardous drugs are compounded at this location. No ophthalmic, respiratory, or topical products are manufactured.

SCA in Little Rock currently has approximately 200 employees. Some of the support services for the SCA organization, including, customer service, finance, inside sales, etc. are primarily located in the Little Rock AR



INSPECTION REPORT

ocation. The Little Rock facility has approximately 17,000 square feet of production space, in addition to approximately 7500 square feet of off-site warehouse space and additional administration offices. Total square footage in Arkansas is approximately 30,000 square feet.

ProPharma group is contracted to handle all customer service issues, complaints, etc. They take the lead on complaints through a consistent process, then work with the SCA staff as the process continues toward resolution. SCA has an in-house lab that handles both chemistry and microbiology lab services. Potency, stability, endotoxin, and sterility are tested in-house.

The SCA Little Rock facility has not had any other State Board inspections since the last CA Board of Pharmacy inspection in May 2019. The Arkansas facility underwent a DEA inspection from 8/5/19 – 8/7/19. There were no violations of the Controlled Substance Act observed during the inspection. They also underwent an FDA inspection from 10/28/19 – 11/7/19. The 483 report and SCA's response have been reviewed as part of this desk audit.

Quality: Subpart B

Personnel and organization: Quality unit is defined on the organizational chart. The Little Rock, AR facility has its own Quality team, as well as Quality staff at the corporate level overseeing both AR and CT facilities.

Policies and Procedures: Many reviewed during desk audit.

Personnel training: Compounder Aseptic Assessment and cGMP training personnel training log reviewed.

PPE: Available for all staff. Facility has been able to secure supply during pandemic.

Vendor Qualification: Viewed list of suppliers with audit frequency and quality agreement dates

Media Fill: Reviewed Final Report for Process Simulations for SCA Pharmaceuticals, LLC of Little Rock, AR – Spring 2020 Semi-Annual Process and Personnel

Validations and qualifications: Compounder Gowning and Technical Qualification personnel training list reviewed.

CAPAs: Reviewed 19-017-LR. Project to identify source of microorganisms recovered and possible contamination due to poorly sanitized totes. Observations and review of several weeks of video led to some action items.

Deviations: Several reviewed during desk audit.

Trending Reports: Viewed during desk audit for Micro results, Shipping Errors, OOS Potency, Compounding and Inspection Errors.

Customer Complaints/ADE's: Discussion regarding FDA 483 report from Nov. 2019 regarding testing retained samples when appropriate following ADE report regarding potency questions. SOP changed as part of FDA response. Retention samples will be tested following ADE reports as necessary.

Recalls: SCA AR has not initiated any recalls since the last CA Board inspection in May 2019.

BUD: The longest assigned BUD for any product is 100 days

Remarks:

- 1. FDA Inspection finding of compounding drugs that are Essentially a Copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(D)(2): In response, SCA has discontinued production of the active products compounded from bulk API, which are not on the FDA shortage list. These are not currently produced and shipped to CA customers.*



INSPECTION REPORT

Facilities: Subpart C

Layout: **Floor plan reviewed. No changes since last CA Board inspection.**

Inspectional walk-through: **Unable to perform due to COVID-19 pandemic and waived for this remote desk audit.**

HVAC: **Middleton Heat and Air. Service receipt from 3/25/2020 reviewed.**

Pest control: **Adams Pest Control. Weekly invoices reviewed. SOP QA-005-LR, Pest Control System, reviewed.**

Compounding space: **Two classified suites. 900 suite: Five ISO7 rooms with one room containing six Germfree ISO5 6-foot Vertical flow hoods. 800 suite: One ISO7 room with three ISO5 Germfree 6-foot vertical flow hoods**

Certification: **Techscan, Inc. Last performed on 1/27/2020. HEPA filter testing, Air exchanges, Air pressure gradients all passed.**

Pressure and Humidity Logs: **Reviewed**

Cleaning: **Daily, Weekly and Monthly cleaning recorded. Agents used: Spor-Klenz, Vesphene, LpH, Sterile IPA**

Equipment: Subpart D

Master Equipment List: **Reviewed. Preventative Maintenance and Calibration dates noted and tracked on list. A total of 276 assets listed on Master Equipment List.**

Calibration and Equipment Maintenance: **Noted and tracked on Master Equipment List.**

Q, OQ, PQ: **New equipment since last CA inspection: Documents reviewed for Parameter walk-in Incubator AR0410, Serial Number 1905021.**

Refrigerator Logs: **Temperature Logs Reviewed. Within required range.**

Incubator Logs: **Temperature Logs Reviewed. Within required range.**

Scales/Weights: **Calibrated by System Scale, last in June 2019. Troemner Calibration of weights in Nov. 2019.**

Control of Components and Drug Product Containers and Closures: Subpart E

Identification and Inventory: **Waived for this desk audit. SOP's available/reviewed and are in place.**

Storage conditions: **Protocol IOPQ.AR0397, Installation and Performance Qualification for Shackleford Warehouse HVAC System Equipment Id AR0397 was reviewed. This protocol was for follow-up to the May 2019 CA Board inspection. The warehouse temperature mapping was completed and demonstrated through continuous monitoring to have passed target temperature storage requirements.**

Quarantine and release: **Waived for this desk audit. SOP's available/reviewed and are in place.**

Component/API testing: **Full compendial testing on one lot of each API annually.**

Production and Process Controls: Subpart F

Master & Batch records: **Reviewed during desk audit for each product family.**

Stability studies: **Discussion held regarding life cycle stability studies. SOP ST-001, Product stability Program reviewed. Program calls for ongoing complete stability studies for every individual product and product families at predetermined intervals either annually or bi-annually.**

Pre- and Post-production environmental and personnel sampling: **Recorded in batch records.**



INSPECTION REPORT

Yields: Theoretical and actual yields calculated and recorded in batch records.

n-Process control: Filter bubble point testing, Weight checks, count checks. AQL Recorded in batch records.

Clean Room Temperature and Humidity: Logs reviewed. Within required limits.

Cleanroom Differential Pressures: Logs reviewed. Within required limits.

Packaging and Labeling Control: Subpart G

Acceptance of packaging and labeling materials: Waived for this desk audit. SOP's available/reviewed and are in place.

Control of different labels: Waived for this desk audit. SOP's available/reviewed and are in place.

Line clearance: Waived for this desk audit. SOP's available/reviewed and are in place.

Visual inspection of product post production: Recorded in batch records. 100% visual inspection and AQL.

Vision exams on file for visual inspectors.

Examination of finished labeled product: Waived for this desk audit. SOP's available/reviewed and are in place.

Separation between packaging and labeling lines: Review waived for this desk audit. SOP's available/reviewed and are in place.

Monitoring of printing devices: Review waived for this desk audit. SOP's available/reviewed and are in place.

Holding and Distribution: Subpart H

Warehousing procedures: Review waived for this desk audit. SOP's available for review.

Distribution procedures: Review waived for this desk audit. SOP's available for review.

Laboratory Controls: Subpart I

Equipment & facility: Waived for this desk audit. SOP's available/reviewed and are in place.

Reserve samples: Stored for 30 days post BUD.

Environmental Sampling: Performed for each batch and recorded in batch record.

Media control: Review waived for this desk audit. SOP's available for review.

Records and Reports: Subpart J

Annual Product Review: APR performed for each family of products. Each analyzed for Recalls, ADE's, production problems, OOS, OOL, customer complaints, etc. Each family evaluated to ensure it is in a state of control and to continue production.

The CA State Board of Pharmacy grants its inspectors the authority to inspect per CFR 210 and 211 for compliance with current Good Manufacturing Practices [BPC 4129.2(b)]

PC 4013 (a)(b)

- 1. Any facility licensed by the board shall join the board's email notification list within 60 days of obtaining a license or at the times of license renewal.*
- 2. Any facility licensed by the board shall update its email address with the board's email notification list within 30 days of a change in the facility's email address*



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

BPC 4129.2 (e) A non-resident outsourcing facility licensed pursuant to this section shall provide to the board all of the following:

1. A copy of any disciplinary or other action taken by another state or the FDA within 10 days of the action.
2. Notice within 24 hours of any recall notice issued by the non-resident outsourcing facility.
3. A copy of any complaint it receives involving the outsourcing facility's compounded products from or involving any provider, pharmacy or patient in California within 24 hours of receipt.
4. Notice within 24 hours after learning of adverse effects reported or potentially attributable to a non-resident outsourcing facility's product.

***Notification of recalls, ADRs, and complaints to the Board's email address:**
compounding.report@dca.ca.gov

Please send all remark and observation responses to Inspector Lyle Matthews at:
lyle.matthews@dca.ca.gov no later than June 12, 2020.

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form.

Inspector (sign) Lyle Matthews, Pharm.D.
 Inspector (print) Lyle Matthews, Pharm.D.

Quality (sign) [Signature]
 Quality (print) Debra Seilly-Ferguson
 Other (sign) [Signature]
 Other (print) Matt White

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

Use this check box to generate
the required 483 statement on page
1 for medical device observations. ☐

DISTRICT OFFICE ADDRESS AND PHONE NUMBER
4040 North Central Expressway, Suite 300
Dallas, TX 75204
(214)253-5200 Fax:(214)253-5314
ORAPharm2_responses@fda.hhs.gov

DATE(S) OF INSPECTION
10/28/2019-11/7/2019*

FEI NUMBER
3010683157

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED:

TO: James M. Boyer, Chief Executive Officer

FIRM NAME

SCA Pharmaceuticals, Inc.

STREET ADDRESS

8821 Knoedl Ct.

CITY, STATE AND ZIP CODE

Little Rock, AR 72205-4600

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

THIS DOCUMENT LISTS OBSERVATIONS MADE BY THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OF YOUR FACILITY. THEY ARE INSPECTIONAL OBSERVATIONS; AND DO NOT REPRESENT A FINAL AGENCY DETERMINATION REGARDING YOUR COMPLIANCE. IF YOU HAVE AN OBJECTION REGARDING AN OBSERVATION, OR HAVE IMPLEMENTED, OR PLAN TO IMPLEMENT CORRECTIVE ACTION IN RESPONSE TO AN OBSERVATION, YOU MAY DISCUSS THE OBJECTION OR ACTION WITH THE FDA REPRESENTATIVE(S) DURING THE INSPECTION OR SUBMIT THIS INFORMATION TO FDA AT THE ADDRESS ABOVE. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FDA AT THE PHONE NUMBER AND ADDRESS ABOVE.

DURING AN INSPECTION OF YOUR FIRM I OBSERVED:

OBSERVATION 1

Each batch of drug product required to be free of objectionable microorganisms is not tested through appropriate laboratory testing.

Specifically, your method allows for pooling of products with the same active ingredient for sterility testing which is not equivalent to USP <71>.

OBSERVATION 2

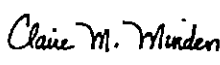
There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically, on April 5, 2019, you were notified of a confirmed potency failure for Vasopressin 0.4 units/ml in 0.9% NaCl 100 ml bag at the 50-day timepoint for beyond use dating (BUD) by your contract testing laboratory. You assigned a 90-day BUD until May 7, 2019 when you changed the BUD to 50 days. You did not notify your customers of the change in date for seven lots of product you distributed prior to changing the BUD due to sub-potency results.

In addition, your complaint procedure does not specifically include directions when a reserve/retain sample will be tested or visually inspected as part of the complaint investigation as evidenced by CUS 19-020-LR, CUS 19-058-LR, CUS 19-059-LR, CUS 19-060-LR, CUS 19-069-LR, CUS 19-079-LR, and CUS 19-094-LR.

OBSERVATION 3

Appropriate controls are not exercised over computers or related systems to assure that changes in master production and control records or other records are instituted only by authorized personnel.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE  Digitally signed by Claire M. Minden -S DN: c=US, o=U.S. Government, ou=HHS, ou=FDA, ou=People, 0.9.2342.19200300.100.1.1=1300178102 , cn=Claire M. Minden -S Date: 2019.11.07 11:05:05 -0600	EMPLOYEE(S) NAME AND TITLE (Print or Type) Claire M. Minden, Investigator	DATE ISSUED 11/07/2019
-----------------------------------	--	--	-------------------------------

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION**

DISTRICT OFFICE ADDRESS AND PHONE NUMBER
4040 North Central Expressway, Suite 300
Dallas, TX 75204
(214)253-5200 Fax:(214)253-5314
ORAPharm2_responses@fda.hhs.gov

DATE(S) OF INSPECTION
10/28/2019-11/7/2019*

FEI NUMBER
3010683157

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: James M. Boyer, Chief Executive Officer

FIRM NAME
SCA Pharmaceuticals, Inc.

STREET ADDRESS
8821 Knoedl Ct.

CITY, STATE AND ZIP CODE
Little Rock, AR 72205-4600

TYPE OF ESTABLISHMENT INSPECTED
Outsourcing Facility

Specifically, you have never conducted an audit trail review of the SCAN RDI system since you began using it in 2013 for sterility analysis nor do you have a procedure for conducting an audit trail review. Additionally, an employee who performs most of the scanning for the sterility analysis signs in with her Administrator access to perform the scans.

OBSERVATION 4

The results of the examination of the packaged and labeled products were not documented in the batch production or control records.

Specifically, I observed during the visual inspection by employees rejects from the 100% and the AQL were placed in the same bin, thus not allowing for accurate data to be entered in the batch records to determine if both passed your specification for visual inspection as defined in SOP COM-013-LR. For the AQL, critical defect limit is zero so if both rejects were counted as part of the 100% inspection, the lot would pass instead of failing.

OBSERVATION 5

You compound drugs that are essentially a copy of one or more approved drugs within the meaning of sections 503B(a)(5) and 503B(d)(2).

Specifically, you compound drug products that:

- a) are identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing; or
- b) are not identical or nearly identical to an approved drug but contain a bulk drug substance that is also a component of an approved drug, and for which there is no change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug.

SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE <i>Cmm</i>	EMPLOYEE(S) NAME AND TITLE (Print or Type) Claire M. Minden, Investigator	DATE ISSUED 11/07/2019
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

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DATE(S) OF INSPECTION

10/28/2019-11/7/2019*

FEI NUMBER

3010683157

NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT IS ISSUED

TO: James M. Boyer, Chief Executive Officer

FIRM NAME

SCA Pharmaceuticals, Inc.

STREET ADDRESS

8821 Knoedl Ct.

CITY, STATE AND ZIP CODE

Little Rock, AR 72205-4600

TYPE OF ESTABLISHMENT INSPECTED

Outsourcing Facility

Examples of compounded drug products that are essentially a copy of one or more approved drugs include;

- Succinylcholine 20 mg/ml injection
- Glycopyrrolate 0.2 mg/ml injection
- Fentanyl 50 mcg/ml injection and
- Phenylephrine 0.2 mg/ml, and 0.8 mg/ml injection.

OBSERVATION 6

Employees engaged in the processing of a drug product lack the training required to perform their assigned functions.

Specifically, employees responsible for the sterility analysis by Scan RDI are two months late in their annual recertification and continue to process sterility analysis using Scan RDI.

*DATES OF INSPECTION

10/28/2019(Mon), 10/29/2019(Tue), 10/30/2019(Wed), 10/31/2019(Thu), 11/01/2019(Fri), 11/04/2019(Mon), 11/06/2019(Wed), 11/07/2019(Thu)

SEE
REVERSE
OF THIS
PAGE

EMPLOYEE(S) SIGNATURE

Claire M. Minden

Digitally signed by Claire M. Minden -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=FDA, ou=People,
0.9.2342.19200300.100.1.1=1300178102,
cn=Claire M. Minden -S
Date: 2019.11.07 11:05:36 -0600

EMPLOYEE(S) NAME AND TITLE (Print or Type)

Claire M. Minden, Investigator

DATE ISSUED

11/07/2019



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 judgement, 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."



November 27, 2019

Monica Maxwell
Program Division Director
US Food and Drug Administration
4040 North Central Expressway
Suite 900
Dallas, TX 75204

RE: Inspection of SCA Pharmaceuticals, LLC, Little Rock, AR Facility (October 28, 2019 – November 7, 2019)

Dear Program Director Maxwell,

SCA Pharmaceuticals, LLC (SCA) is providing our responses to the Form FDA 483 dated November 7, 2019 issued to our Little Rock, AR facility. The observations were made by Ms. Claire Minden (with input from CDER) as a result of a General GMP Inspection conducted from October 28, 2019 – November 7, 2019. We appreciate the review of our facility and Quality Systems by the Investigator and take all discussion points and formal observations seriously. Our responses to the observations and the associated corrective and preventive action plans are attached to this letter.

SCA is committed to operating in a manner that is consistent with FDA regulations, guidances and expectations for 503B Outsourcing Facilities and this commitment emanates from the top of our organization. A key demonstration of our compliance commitment is the fact that each observation was either fully addressed during the inspection or has been completely remediated as of the date of this response submission. We trust the actions outlined in our response, along with ongoing improvement initiatives, support our commitment to producing safe product in an environment that both meets FDA expectations and provides safe and effective medications to our institutional customers for their patients.

While SCA has multiple manufacturing sites, we have only one quality system. We trust this was evident in the collaboration between investigators of our Arkansas and Connecticut facilities during the overlapping inspection periods. Where applicable, the corrective actions and response remediations herein will be implemented globally.

As noted by FDA during the inspection, SCA has made tremendous strides in cGMP compliance with the implementation of sound quality systems. As it is our desire to close this inspection expeditiously and continue to strengthen our Quality System structure, we request a meeting or phone conference to discuss our responses with the sole purpose of ensuring we have sufficiently interpreted and addressed FDA's concerns.

If you should have any questions, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "James Milton Boyer".

James Milton Boyer
CEO



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OBSERVATION 1

Each batch of drug product required to be free of objectionable microorganisms is not tested through appropriate laboratory testing.

Specifically, your method allows for pooling of products with the same active ingredient for sterility testing which is not equivalent to USP <71>.

RESPONSE TO OBSERVATION 1

SCA has ceased the practice of pooling lots during ChemScan RDI testing. The relevant procedure, SOP LAB-020-LR, *Procedure for Sterility Testing by Membrane Filtration Method Using the ChemScan RDI System*, has been revised to reflect the change in practice.

Specifically, procedure sections 12.3.7 to 12.3.9 that pertain(s) to pooling of product, together with Attachment II of the procedure: *List of Products Which May Be Pooled for Sterility Testing*, have both been removed from the procedure. Refer to Exhibit 1-1 for the procedure revision and Exhibit 1-2 for the associated training documentation on the revised procedure.

SCA validated the ChemScan RDI in accordance with USP <1223> *Validation of Alternative Microbiological Methods* and based the validation on specific product families. That validation challenged the highest concentration(s) of the active ingredients within each product family.

The practice of pooling lots within each product family for ChemScan RDI testing was not challenged as part of the validation. However, pooling like products (active ingredients and diluents) does not result in a cumulative increase in product concentration and does not increase the likelihood of microbial inhibition. Furthermore, USP <71> requires a specific number of articles to be tested based on container fill volume and number of units in the lot. SCA complied with this USP <71> requirement when testing for sterility. SCA believes the practice of pooling not resulting in a cumulative increase in product concentration and compliance with the requirement for test articles supports the practice of pooling. However, as stated, SCA has now ceased the practice of pooling product lots during ChemScan RDI testing.



OBSERVATION 2

There is a failure to thoroughly review any unexplained discrepancy and the failure of batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically, on April 5, 2019, you were notified of a confirmed potency failure for Vasopressin 0.4 units/ml in 0.9% NaCl 100 ml bag at the 50-day timepoint for beyond use dating (BUD) by your contract testing laboratory. You assigned a 90-day BUD until May 7, 2019 when you changed the BUD to 50 days. You did not notify your customers of the change in date for seven lots of product you distributed prior to changing the BUD due to sub-potency results.

In addition, your complaint procedure does not specifically include directions when a reserve/retain sample will be tested, or visually inspected as part of the complaint investigation as evidenced by CUS 19-020-LR, CUS 19-058-LR, CUS 10-059-LR (sic 19-059-LR), CUS 19-060-LR, CUS 19-069-LR, CUS 19-079-LR, and CUS 19-094-LR.

RESPONSE TO OBSERVATION 2

Part 1:

During the inspection SCA committed to notifying our customers in the event of BUD changes that affect distributed product, similar to the observation above. SCA's Issue Escalation SOP QMS-033 was revised (reference Exhibit 2-1) to clarify instructions related to the handling of potency failures and the circumstances when customers will receive a notification from SCA.

SCA engaged the Quality System following the identification of a Vasopressin potency failure referenced herein. Specifically, SCA promptly convened the Issue Escalation Committee per SOP QMS-033, *Issue Escalation Process*, which specifies that out-of-specification (OOS) results relating to stability of product within its BUD must be brought to the attention of the Issue Escalation Coordinator within one business day of identification. Subsequently, SCA performed a Risk Assessment which determined that the sub-potent product was not of high risk to the patient. SCA informed FDA of this decision via a Field Alert Report which was submitted April 10, 2019; however, no response from FDA was received. SCA then changed the BUD to 50 days for future production.

SCA did in fact provide a formal communication to our customers about the BUD change referenced in the observation above. However, that customer communication did not address the associated decision that distributed product with the original BUD of 90 days, was acceptable, based upon a risk assessment. Regrettably, this customer communication was inadvertently not provided to the investigator during the inspection but is provided herein as part of this response. Reference Exhibit 2-3 for an example of the correspondence between SCA and a specific customer, related to the subject BUD change.

In the future, if potency failures impacting distributed product are observed, SCA will continue to engage our Quality System through the Issue Escalation process and commits to contacting FDA's recall coordinator to discuss the recall of product in the field, when the potency failure is confirmed. Additionally, as part of any recall, all impacted customers will be formally notified.



SCA's Issue Escalation SOP QMS-033 was revised (reference Exhibit 2-1) to clarify instructions related to the handling of potency failures affecting distributed product, specifically:

- If the suspect potency failure cannot be confirmed within 3 working days, a Field Alert Report is required in accordance with SOP QMS-026, *Field Alert Reports*. Subsequent to a confirmed OOS, the SCA Recall Committee convenes and the FDA District Recall Coordinator is contacted, to initiate a recall. When the specifics of the recall are agreed with FDA, the affected customers are contacted following the procedures outlined in SOP QMS-021, *Recall or Withdrawal of Compounded Products*.
- If the suspect potency failure is confirmed within 3 working days, the SCA Recall Committee convenes in lieu of initiating a FAR and subsequently, the FDA District Recall Coordinator is contacted to initiate a recall. When the specifics of the recall are agreed with FDA, the affected customers are contacted following the procedures outlined in SOP QMS-021, *Recall or Withdrawal of Compounded Products*.

Reference Exhibit 2-3 for the associated training documentation for the revised procedure.

Part 2:

SCA acknowledges that at the time of the inspection, SOP QMS-013, *Handling of Customer Complaints and Adverse Events* lacked enough specificity as to when reserve/retain samples should be tested or visually inspected as part of a customer complaint investigation.

As an immediate corrective action, a revision was made to SOP QMS-013 to include clarity and direction as to when reserve/retain samples should be tested as part of a customer complaint investigation and when the reserves/retains should be visually examined. The added sections in the revised procedure are summarized below:

- *If a complaint related to potency (e.g. lack of effect, increase in effect) is received, reserve samples will be tested, if a root cause is not identified within 14 days of complaint initiation. If a root cause related to manufacturing is identified, an impact assessment will be performed, and appropriate actions will be taken as determined by leadership of the Quality Unit.*
- *Determine if visual inspection or analysis of the reserve samples should be performed as part of the investigation into the complaint.*

Reference Exhibit 2-4 for a copy of the revised procedure. Reference Exhibit 2-5 for the associated training documentation for the revised procedure.

Additionally, Form CUS-001, *Customer Complaint Form*, which is referenced in SOP QMS-013, was revised. This form is filled out upon initiation of a customer complaint investigation and has been revised to document the decision on whether or not visual inspection and/or laboratory testing of the reserve/retain samples is required. As evidence of this change, refer to Exhibit 2-6 for a copy of the revised form referenced above.



OBSERVATION 3

Appropriate controls are not exercised over computers or related systems to assure that changes in master production and control records or other records are instituted only by authorized personnel.

Specifically, you have never conducted an audit trail review of the SCAN RDI system since you began using it in 2013 for sterility analysis nor do you have a procedure for conducting an audit trail review. Additionally, an employee who performs most of the scanning for the sterility analysis signs in with her Administrator access to perform the scans.

RESPONSE TO OBSERVATION 3

SCA acknowledges the need for a ChemScan RDI system audit trail and the need to prevent the same individual from having both administrator and user rights in the ChemScan RDI system. The sterility analyst [MAM] who was observed with ChemScan RDI administrator access during the inspection (reference Exhibit 3-1) had their system roles remediated, which included disabling the status of the administrator account [MARIA] within the ChemScan RDI Software. This remediation occurred on November 7, 2019, the same day the observation was made by the investigator, evidence of which was provided to the FDA investigator prior to the closeout of the inspection on November 7, 2019. That same evidence is attached herein (reference Exhibit 3-2).

SCA assessed the impact of incorrectly assigning the administrator account [MARIA]. Specifically, Microbiology Laboratory Management reviewed the ChemScan RDI audit trail for the date range spanning August 1, 2019 to October 31, 2019, a three (3) month timeframe representing SCA's average product BUD of 90 days. No unauthorized changes (setting changes, user role changes) were found during that audit trail review (reference Exhibit 3-3). Also, SCA contacted BioMerieux, the instrument manufacturer, regarding administrator privileges. BioMerieux confirmed that an administrator role within ChemScan RDI does not have the ability to modify raw data (reference memo from bioMerieux to SCA Exhibit 3-4). Based on the audit trail review and the statement from BioMerieux, SCA believes there is no negative impact pertaining to the incorrect assignment of an administrator role.

Prior to the closeout of the inspection, the ChemScan RDI roles of all other analysts were reviewed. SCA confirmed that all users in addition to [MAM] are limited to the standard user role (reference Exhibit 3-2). Administrator access has now been assigned to [JROTON], Microbiology Laboratory Manager and [DFERGUSON], Site Quality Director (reference Exhibit 3-5).

SCA is committed to conducting a daily audit trail review by a peer analyst and a monthly audit trail review by the Microbiology Laboratory Manager. SOP LAB-033-LR, *Reviewing Data in the Microbiology Laboratory*, was revised to clearly specify a daily and monthly audit trail review and to define what exactly those audit trail reviews of ChemScan RDI encompass. Furthermore, Form LAB-020-LR, *Sterility Testing Report Using the ChemScan RDI* was revised and Form LAB-033-01-LR, *SCAN RDI User Status and Audit Trail Review* was created to document the performance of the daily and monthly audit trail reviews. Reference Exhibits 3-6, 3-7 and 3-8 respectively, for copies of the revised procedure and forms. Associated training on SOP LAB-033-LR is referenced in Exhibit 3-9.

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OBSERVATION 4

The results of the examination of the packaged and labeled products were not documented in the batch production or control records.

Specifically, I observed during the visual inspection by employees rejects from the 100% and the AQL were placed in the same bin, thus not allowing for accurate data to be entered in the batch records to determine if both passed your specification for visual inspection as defined in SOP COM-013-LR. For the AQL, critical defect limit is zero so if both rejects were counted as part of the 100% inspection, the lot would pass instead of failing

RESPONSE TO OBSERVATION 4

SCA acknowledges the need for discrete bins for rejects from each discrete step in the inspection process. Upon notification of the above concern during the inspection, SCA immediately placed an additional and discrete physical bin on all inspection lines. The single bin observed during the FDA inspection had been assigned to both the 100% visual inspection and AQL activities on each line.

SCA revised SOP COM-013-LR, *Product Inspection and Defect Classification*, to include the use of dedicated bins for the 100% inspection and the subsequent AQL inspection (reference Exhibit 4-1). Reference Exhibit 4-2 for the associated training for this procedure. Photographic evidence of the implementation of two bins was provided to the investigator at the close out of the inspection (reference Exhibit 4-3).

Batch 1119020129 was being inspected at the time FDA made this observation. For the record, during this batch, there were 7 minor cosmetic defects observed during the 100% inspection and 1 minor cosmetic defect observed during the AQL inspection. There were no critical defects found in this batch. SCA fully understands FDA's concern regarding the practice of utilizing one bin, especially in cases where critical defects may be discovered, however, there were no critical defects found in this subject batch.

SCA evaluated the risk associated with the prior practice of utilizing only one bin to contain rejects. Specifically, SCA reviewed the inspection work practice and confirmed that drug product inspection involves discrete and sequential activities. Specifically, a qualified operator performs a 100% visual inspection of unlabeled units and thereafter, a second qualified operator performs an AQL of the same unlabeled units. SCA also reviewed the documentation practices associated with recording rejects during the 100% and AQL activities. SCA found that the rejects associated with the 100% visual inspection are first documented by a qualified operator in section 1 of Form COM-067-LR, *Inspection Defect Tally Form*. The rejects associated with the subsequent AQL are documented by a second qualified operator in section 5 of the same form. In accordance with SOP COM-013-LR, any critical defect found would cause the AQL to fail.

Furthermore, SCA reviewed the customer complaint history pertaining to the timeframe since implementation of the AQL process on August 27, 2018. SCA received three (3) customer complaints for visual defects representing a complaint rate of 1.12 complaints per million units (CPMU). This data represents two (2) complaints for an underfilled syringe and one (1) complaint for a tamper evident cap not applied, from the total of 2,724,881 units shipped.

Based upon the above reviews of the inspection and documentation work practices together with the low CPMU rate for visual defects, SCA believes that there is no risk to drug product visually inspected prior to the date of this FDA observation.



OBSERVATION 5

Your compound **ounded drugs that are essentially a copy of one or more approved drugs within the sections 503B(a)(5) and 503B(d)(2).**

Specific **you compounded drug products that:**

- a) **are identical or nearly identical to an approved drug that is not on the drug shortage list in effect under section 506E at the time of compounding, distribution, and dispensing; or**
- b) **are not identical or nearly identical to an approved drug but contain a bulk drug substance that is also a component of an approved drug, and for which there is no change that produces for an individual patient a clinical difference, as determined by the prescribing practitioner, between the compounded drug and the comparable approved drug.**

Examples of compounded drug products that are essentially a copy of one or more approved drugs include;

- **Succinylcholine 20 mg/ml injection**
- **Glycopyrrolate 0.2 mg/ml injection**
- **Fentanyl 50mcg/ml injection and**
- **Phenylephrine 0.2 mg/ml, and 0.8 mg/ml injection.**

RESPONSE TO OBSERVATION 5

It is the intent of SCA to comply with current regulations related to compounding from bulk substances. All finished goods compounded from bulk substances at SCA are either (1) on FDA's Drug Shortage List under 506E or (2) on FDA's 503B Category 1 List (Substances Nominated for the Bulks List Currently Under Evaluation). Additionally, all finished products compounded from bulk substances at SCA are commercially unavailable in the presentation, dosage and/or combination thereof¹.

Further to a discussion with the investigator, SCA understands that dosage form and route of administration were the variables evaluated by FDA in making the determination that products which SCA compounds from bulk are considered essentially copies of approved drugs even though these final presentations are not commercially available. However, as evidence of our commitment to following FDA's current direction, SCA has evaluated all products listed in the citation and has taken the following actions for products compounded from bulk API.

Succinylcholine 20 mg/mL Injection: SCA has discontinued production of the entire active product portfolio that is compounded from bulk API. If the FDA-approved drug product, for which these compounded products are considered essentially copies, is added to the FDA Drug Shortage List, SCA may consider reactivating the status of these products compounded from bulk.



Glycopyrrolate 0.2 mg/mL Injection: SCA has discontinued production of the entire active product portfolio that is compounded from bulk API. If the FDA-approved drug product, for which these compounded products are considered essentially copies, is added to the FDA Drug Shortage List, SCA may consider reactivating the status of these products compounded from bulk.

Phenylephrine 0.2 mg/mL and 0.8 mg/mL Injection: SCA has discontinued production of the entire active product portfolio that is compounded from bulk API. If the FDA-approved drug product, for which these compounded products are considered essentially copies, is added to the FDA Drug Shortage List, SCA may consider reactivating the status of these products compounded from bulk.

SCA will not resume manufacture of these drug products from bulk until such time as a.) the specific drug product may appear on the drug shortage list or b.) final guidance specifically allows such drug products to be compounded from bulk API. Evidence of discontinuation of Succinylcholine 20 mg/mL Injection, Glycopyrrolate 0.2 mg/mL Injection and Phenylephrine 0.2 mg/mL and 0.8 mg/mL Injection is documented in our Quality System using Technical Change Controls TCC 19-150-LR, TCC 19-151-LR, and TCC 19-152-LR (reference Exhibit 5-1).

Fentanyl 50 mcg/mL Injection: This product is on FDA's Drug Shortage List as evidenced by Exhibit 5-2 (FDA Drug Shortages 2019-11-08). SCA intends to continue to compound this product from bulk until the shortage is resolved. Per FDA Guidance "*Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act*", SCA interprets that FDA does not intend to take action against an outsourcing facility for filling orders that it receives for a compounded drug that is identical, or nearly identical, to an approved drug that was on FDA's drug shortage list at the time that the outsourcing facility received the order, provided the drug also appeared on the FDA drug shortage list within 60 days of the outsourcing facility distributing or dispensing the drug. SCA commits to following the timeline outlined in the guidance when the Fentanyl shortage is resolved.

As stated, SCA endeavors to adhere to all rules and guidance related to 503B outsourcing facilities. We recognize that the bulk list is in draft, and the current guidance, "*Compounded Drug Products That Are Essentially Copies of Approved Drug Products Under Section 503B of the Federal Food, Drug, and Cosmetic Act*", is being implemented with enforcement discretion being applied. Our interpretation of the guidance was focused on the final presentation of drug product and its commercial availability. Accordingly, SCA refutes that it has compounded drug products that are essentially a copy of an approved drug product within the meaning of sections 503B(a)(5) and 503B(d)(2). Nonetheless, SCA has chosen to implement the changes suggested as part of this FDA observation as previously stated above.



ERVATION 6

Employees engaged in the processing of a drug product lack the training required to perform their assigned functions.

Specifically, employees responsible for the sterility analysis by Scan RDI are two months late in their annual recertification and continue to process sterility analysis using Scan RDI.

RESPONSE TO OBSERVATION 6

SCA acknowledges that at the time of the inspection, sterility testing analysts were overdue on their 2019 annual training qualifications (per LAB-TQ-004-LR), for the ChemScan RDI.

Three (3) sterility testing analysts (MM, CV, and CS) were last qualified to perform ChemScan RDI Sterility Testing per SOP LAB-006-LR, *Sterility Testing by ChemScan RDI*, on August 2, 2018 (MM), September 4, 2018 (CS) and August 16, 2018 (CV) and each was overdue on their annual qualification by one (1) to two (2) months. SCA immediately initiated a deviation DV 19-523-LR on October 29, 2019 to investigate why the training qualifications were overdue.

During the inspection, on October 31, 2019, training qualifications for the aforementioned sterility testing analysts were executed. Such training qualifications were reviewed and approved on November 4, 2019.

Deviation DV19-523-LR found that the root cause of the overdue training qualifications was a combination of logistical issues and the lack of a formal prompt of upcoming training qualifications requirements. MasterControl was recently implemented at SCA and in response to this observation, training course LAB-TQ-004-LR has been configured to prompt retraining on an annual basis, 30 days prior to the due date (reference Exhibit 6-1). DV 19-523-LR was closed by Quality Assurance on November 5, 2019. Reference Exhibit 6-2 for a copy of the closed deviation, which also includes copies of each of the training qualification documents (LAB-TQ-004-LR) for the three (3) ChemScan RDI analysts.

Documentation of the completed LAB-TQ-004-LR training materials for each of the employees listed above, along with a copy of the closed Deviation DV 19-523-LR was provided to the FDA investigator prior to the closeout of the inspection on November 7, 2019. Based on the acceptable results of the training qualification(s) completed for the three (3) analysts, each demonstrating 100% reproducibility between trainer and trainee with regards to the ability to read and verify challenge organisms per LAB-TQ-004-LR, there is therefore no risk to product(s) and/or ChemScan RDI Sterility Testing activities as a result of the outstanding training qualifications.

Reference Exhibit 6-3, as well as Table 1, below, for the MasterControl Schedule showing applicable date(s) prompting the employees' next annual training qualification(s).

Personnel Trained to Perform ChemScan RDI Sterility Testing	2019 Date Qualified for ChemScan RDI Analysis per LAB TQ-004-LR	2020 MasterControl Date(s) Prompting Annual Qualification per LAB TQ-004-LR (335 days)	2020 MasterControl Due Date(s) for Annual Qualification per LAB TQ-004-LR (365 days)
CS	November 4, 2019	October 4, 2020	November 3, 2020
MM	November 4, 2019	October 4, 2020	November 3, 2020
CV	November 4, 2019	October 4, 2020	November 3, 2020

COMMITMENT INDEX (ORGANIZED BY OBSERVATION NUMBER)

Observation Number	Response Action	Exhibit/Reference (if applicable)	Status	Completion Date
1	Revise SOP LAB-020-LR, Procedure for Sterility Testing by Membrane Filtration Method Using the ChemScan RDI System	Exhibit 1-1/ SOP LAB-020-LR	Completed	November 18, 2019
1	Train appropriate individuals on the revision to SOP LAB-020-LR, Filtration Procedure for Sterility Testing by Membrane Filtration Method Using the ChemScan RDI System	Exhibit 1-2	Completed	November 26, 2019
2	Revise SOP QMS-033, Issue Escalation Process	Exhibit 2-1/ SOP QMS-033	Completed	November 26, 2019
2	Train appropriate individuals on revision to SOP QMS-033, Issue Escalation Process	Exhibit 2-3	Completed	November 27, 2019
2	Revise SOP QMS-013, Handling of Customer Complaints and Adverse Events	Exhibit 2-4/ SOP QMS-013	Completed	November 18, 2019
2	Train appropriate individuals on revision to SOP QMS-013, Handling of Customer Complaints and Adverse Events	Exhibit 2-5	Completed	November 27, 2019
2	Revise FORM CUS-001, Customer Complaint Form	Exhibit 2-6/ FORM CUS-001	Completed	November 18, 2019
3	Remove administrator access for ChemScan RDI analyst [MARIA]	Exhibit 3-2	Completed	November 7, 2019
3	Perform an audit trail review from August 1, 2019 to October 31, 2019 to ensure no unauthorized changes were made	Exhibit 3-3	Completed	November 7, 2019
3	Review all user roles in the ChemScan RDI system to ensure appropriateness	Exhibit 3-2	Completed	November 7, 2019
3	Assign administrator access in the ChemScan RDI system to Laboratory [JROTTON] and Quality Management [DFERGUSON]	Exhibit 3-5	Completed	November 21, 2019

COMMITMENT INDEX (ORGANIZED BY OBSERVATION NUMBER)

Observation Number	Response Action	Exhibit/ Reference (if applicable)	Status	Completion Date
3	Revise SOP LAB-033-LR, Reviewing Data in the Microbiology Laboratory and associated forms (FORM LAB-020-LR and FORM LAB-033-01-LR)	Exhibits 3-6, 3-7, 3-8/ LAB-033-LR FORM LAB-020-LR FORM LAB-033-01-LR	Completed	November 26, 2019 November 27, 2019 November 26, 2019
3	Train appropriate individuals on revision to SOP LAB-033-LR, Reviewing Data in the Microbiology Laboratory	Exhibit 3-9	Completed	November 26, 2019
4	Place separate bins for 100% inspection and AQL on the ILP lines	Exhibit 4-3	Completed	October 30, 2019
4	Revise SOP COM-013-LR, Product Inspection and Defect Classification	Exhibit 4-1/ SOP COM-013-LR	Completed	November 26, 2019
4	Train appropriate individuals on revision to SOP COM-013-LR, Product Inspection and Defect Classification	Exhibit 4-2	Completed	November 26, 2019
5	Discontinue production of Succinylcholine, Glycopyrrrolate and Phenylephrine	Exhibit 5-1/ TCC 19-150-LR, TCC 19-151-LR, TCC 19-152-LR	Completed	November 27, 2019 November 27, 2019 November 27, 2019
6	Initiate Deviation for lack of performance of Training Qualifications	Exhibit 6-2/ DV 19-523-LR	Completed	October 29, 2019
6	Perform Training Qualifications for Sterility Analysts MM, CV and CS	Exhibit 6-2/ LAB TQ-004-LR	Completed	November 4, 2019
6	Configure LAB TQ-004-LR course in MasterControl to prompt retraining on an annual basis	Exhibit 6-1	Completed	October 29, 2019



EXHIBIT MATRIX (ORGANIZED BY OBSERVATION NUMBER)

Observation Number	Exhibit Number	Title	Pages
1	1-1	SOP LAB-020-LR, <i>Procedure for Sterility Testing by Membrane Filtration Method Using the ChemScan RDI System</i>	13
1	1-2	Training for SOP LAB-020-LR, <i>Filtration Procedure for Sterility Testing by Membrane Filtration Method Using the ChemScan RDI System</i>	1
2	2-1	SOP QMS-033, <i>Issue Escalation Process</i>	11
2	2-2	Formal Communication to Customers Regarding Vasopressin 0.4 units/ml in 0.9% NaCl 100 ml bag BUD Change	2
2	2-3	Training for SOP QMS-033, <i>Issue Escalation Process</i>	1
2	2-4	SOP QMS-013, <i>Handling of Customer Complaints and Adverse Events</i>	26
2	2-5	Training for SOP QMS-013, <i>Handling of Customer Complaints and Adverse Events</i>	11
2	2-6	FORM CUS-001, <i>Customer Complaint Form</i>	2
3	3-1	Initial ChemScan RDI System Roles	1
3	3-2	Updated ChemScan RDI System Roles	2
3	3-3	3 Month Audit Trail Review	1
3	3-4	bioMerieux Memo on Administrator Roles	1
3	3-5	Administrator Roles in ChemScan RDI	1
3	3-6	SOP LAB-033-LR, <i>Reviewing Data in the Microbiology Laboratory</i>	12
3	3-7	FORM LAB-020-LR, <i>Sterility Testing Report Using the ChemScan RDI</i>	4
3	3-8	FORM LAB-033-01-LR, <i>SCAN RDI User Status and Audit Trail Review</i>	1
3	3-9	Training for SOP LAB-033-LR, <i>Reviewing Data in the Microbiology Laboratory</i>	1
4	4-1	SOP COM-013-LR, <i>Product Inspection and Defect Classification</i> ,	25
4	4-2	Training for SOP COM-013-LR, <i>Product Inspection and Defect Classification</i>	1
4	4-3	Photograph of Multiple Bins on the ILP Line	1
5	5-1	TCC 19-150-LR, TCC 19-151-LR, and TCC 19-152-LR	55
5	5-2	FDA Drug Shortages 2019-11-08	6
6	6-1	MasterControl Configuration for Course LAB TQ-004-LR	2
6	6-2	DV 19-523-LR/Completed Technical Qualifications for LAB TQ-004-LR	71
6	6-3	Annual Qualification Schedule for ChemScan RDI Analysts	1



2-5, 2021

VIA UNITED POSTAL SERVICE

Nevada Board of Pharmacy
985 Damonte Pkwy., Ste. 206
Reno, NV 89521

Re: Notice of Membership Change – SCA Pharmaceuticals, LLC

To Whom It May Concern:

SCA Pharmaceuticals, LLC, an Arkansas limited liability company located at 8821 KNODEL CT. Little Rock, Arkansas 72210 (the "Licensee") holds an Outsourcing Facility License (License No. OUT00005) issued by the Nevada Board of Pharmacy (the "Board"). The purpose of this letter is to inform the Board that on January 20, 2021 (the "Closing"), SCA Buyer LLC, a Delaware limited liability company, acquired 100% of the equity ownership of the Licensee (the "Transaction"). As required by the Board, enclosed please find the application for your review.

The Licensee's home state license number, corporate name, trade name, location, Federal Tax ID number, NPI, Pharmacist-in-Charge, and day-to-day operations are remaining the same.

The new post-Closing officers of the Licensee are as follows:

- James Milton Boyer, Chief Executive Officer
- Jonathan E. Maschmeyer, Member of Board of Managers
- Michael Geldart, Member of Board of Managers
- Ryan Glaws, Member of Board of Managers

Thank you for your attention to this matter. Should you have any questions regarding this matter, please do not hesitate to contact Lessley Denton at 877.550.5059 (ext. 2204) or ldenton@scapharma.com.

Sincerely,

J. Milton Boyer
Chief Executive Officer of SCA Pharmaceuticals, LLC

Enclosure

Office: 501-312-2800 • Toll Free: 877-550-5059 • Fax 501-312-2800
755 Rainbow Rd., Suite B, Windsor, CT 06095

www.scapharma.com



Arkansas Secretary of State John Thurston

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

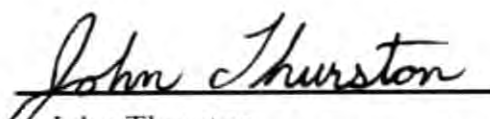
SCA PHARMACEUTICALS, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 11, 2014.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 8th day of October 2020.


John Thurston
Secretary of State
Online Certificate Authorization Code: 06bb34c49145328
To verify the Authorization Code, visit sos.arkansas.gov

20C

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 00013
☐ 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: SCA Pharmaceuticals, LLC

Physical Address: 755 Rainbow Rd., Ste. B,

City: Windsor State: CT Zip Code: 06095

Telephone: 877-550-5059 Fax: 501-312-2800

Toll Free Number: 877-550-5059 (Required per NAC 639.708)

E-mail: licensing@scapharma.com Website: www.scapharma.com

Supervising Pharmacist: Cindy Mitman Nevada License #: 19891

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

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY**Page 2**FEI Number (From FDA application): 3013736415Please provide the name of the facility as registered with the FDA and the registration number:
SCA Pharmaceuticals, LLC 080545245Please 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: Cindy Mitman Nevada License Number: 19891A Nevada business license is not required, however if the OUTSOURCING FACILITY has a Nevada business license please provide the number: N/AThis page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, cite fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

APPLICATION FOR OUT-OF STATE OUTSOURCING FACILITY - Page 3

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized OUTSOURCING FACILITY may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable. The facility must be registered with the FDA as an outsourcing facility (503B) to obtain an outsourcing facility from the Board of Pharmacy.

Federal and State law require a licensed pharmacist to supervise the compounding taking place in a registered outsourcing facility. This supervising pharmacist must be licensed by the Nevada Board of Pharmacy.

Does your outsourcing facility wholesale compounded medication for resale? Yes ☐ No ☒

The Law prohibits the resale of compounded medication. By signing this application you are attesting that your medications will be labeled with the statement "Not for Resale" and that the outsourcing facilities products will not be resold.



Original Signature of Person Authorized to Submit Application, no copies or stamps

James Milton Boyer

Print Name of Authorized Person

Feb 8, 21

Date

APPLICATION FOR OUT-OF-STATE OUTSOURCING FACILITY**Page 5****OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION**State of Incorporation: ArkansasParent Company if any: SCA Buyer, LLCAddress: 300 Randolph Street, Suite 3850City: Chicago State: IL Zip: 60601Telephone: 312-626-1125 Fax: 312-626-1150Contact Person: Jonathan Maschmeyer; Member, Board of Managers

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 - SCA Buyer, LLC acquired 100% of the membership interests of SCA Pharmaceuticals, LLC.

Name

Address

b)

Name

Address

c)

Name

Address

d)

Name

Address

N/A - SCA Buyer, LLC acquired 100% of the membership interests of SCA Pharmaceuticals, LLC. SCA Pharmaceuticals, LLC does not have any shares.

- 2) Provide the number of shares issued by the corporation.

- 3) What was the price paid per share?

N/A - SCA Buyer, LLC acquired 100% of the membership interests of SCA Pharmaceuticals, LLC. SCA Pharmaceuticals, LLC does not have any shares.

- 4) What date did the corporation actually receive the cash assets?
- January 20, 2021

- 5) Provide a copy of the corporation's stock register evidencing the above information

N/A - SCA Pharmaceuticals, LLC is not a corporation and does not have a share register. Please see attached "Assignment of Membership Interests" agreement evidencing the transfer of 100% of the membership interests to SCA Buyer, LLC.

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

James Milton Boyer, CEO

Jonathan Maschmeyer; Member, Board of Managers

Michael David Donald Geldart; Member, Board of Managers

Christopher Ryan Glaws; Member, Board of Managers



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

SCA PHARMACEUTICALS, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office June 11, 2014.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 7th day of July 2021.

John Thurston
 John Thurston
 Secretary of State
 Online Certificate Authorization Code: c636d0ddd1ca27f
 To verify the Authorization Code, visit sos.arkansas.gov



State of Connecticut

Lookup Detail View

Name and Address

Name	License Address
SCA PHARMACEUTICALS LLC	755 RAINBOW RD STE B WINDSOR, CT 06095-1024

Credential Information

Credential	License Type	Effective Date	Expiration Date	Status
CSM.0001141	MANUFACTURER OF DRUGS, COSMETICS & MEDICAL DEVICES	07/01/2021	06/30/2022	ACTIVE

Generated on: 7/7/2021 5:41:23 PM

SCA PHARMACEUTICALS, LLC

ASSIGNMENT OF MEMBERSHIP INTERESTS

This Assignment of Membership Interests (this "Assignment") is entered into as of the 20th day of January, 2021, by and between SCA Pharmaceuticals Holdings, LLC, a Delaware limited liability company (the "Assignor"), and SCA Buyer, LLC, a Delaware limited liability company (the "Assignee").

BACKGROUND

WHEREAS, Assignor owns 100% of the Membership Interests of SCA Pharmaceuticals, LLC, an Arkansas limited liability company (the "Company");

WHEREAS, pursuant to that certain Membership Interest Purchase Agreement, dated as of November 24, 2020, as amended from time to time (the "Purchase Agreement"), by and among the Assignor and the Assignee, the Assignor agreed to sell, transfer, assign, convey, and deliver to the Assignee, and the Assignee agreed to purchase and acquire from the Assignor, all of the Assignor's right, title and interest in and to the Membership Interests of the Company, free and clear of all Liens; and

WHEREAS, the Assignor is executing this Assignment to reflect and to give effect to the sale, transfer, assignment, conveyance and delivery of the Membership Interests to the Assignee.

AGREEMENTS

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged:

1. Assignment. In accordance with the terms of the Purchase Agreement, the Assignor hereby sells, transfers, assigns, conveys and delivers to the Assignee all of the Assignor's right, title and interest in and to the Membership Interests, free and clear of all Liens. From and after the effectiveness of this Assignment, the Assignor, the Assignee, and the Company shall treat the Assignee as the owner of such Membership Interests for all purposes.
2. Counterparts. This Assignment may be executed in counterparts, each taken together with the other counterparts shall constitute one instrument, binding and enforceable against each signatory to any counterpart instrument. Any facsimile or .pdf or other electronic format signature shall be accepted as an original if containing a copy of the original signature notwithstanding that the original has not been received.
3. Binding Effect. This Assignment shall be binding upon and will inure to the benefit of the parties and their respective successors and assigns.
4. Applicability of Purchase Agreement. Capitalized terms used but not otherwise defined in this Assignment have the meanings ascribed in the Purchase Agreement.

This Assignment shall be governed by the provisions of Section 10.2 (*Notice*), Section 10.9 (*Governing Law*) and Section 10.10 (*Jurisdiction; Court Proceedings; Waiver of Jury Trial*) of the Purchase Agreement, and such provisions are hereby incorporated into this Assignment, *mutatis mutandis*.

5. Delivery Pursuant to Purchase Agreement. Nothing in this Assignment, express or implied, is intended to or shall be construed to modify, expand or limit in any way the terms of the Purchase Agreement. In the event of a conflict or other inconsistency between the terms of this Assignment and the terms of the Purchase Agreement, the terms of the Purchase Agreement shall govern, supersede, control and prevail.

[*The remainder of this page is intentionally left blank; signature page follows.*]

IN WITNESS WHEREOF, the Assignor and the Assignee have executed this Assignment or caused this Assignment to be executed as of the day first written above.

ASSIGNOR:

SCA PHARMACEUTICALS HOLDINGS, LLC

By: 

Name: Matthew Thompson

Title: Vice President

ASSIGNEE:

SCA BUYER, LLC

By: 

Name: Jon Maschmeyer

Title: Chief Executive Officer



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INSPECTION REPORT

Pharmacy _____ Hospital Pharmacy _____ Clinic _____ Exempt Hospital _____ Wholesaler _____ Hypodermic _____

Date: 5/22/2020 Inspector: Lyle Matthews

Firm: SCA PHARMACEUTICALS LLC Phone: (877) 550-5059

Address: 755 RAINBOW RD STE B City: WINDSOR Zip: 06095

Ownership: CORPORATION

Permit #: NSF120 Permit Exp: 7/1/2020 DEA#: RS0522549 DEA Exp: 2/28/2021

Date of Self Assessment Form: _____ Other Permit #: N/A Date of DEA Inventory: 1/1/2020

Hours M-F: 0600 - 2300 Hours Saturday: CLOSED Hours Sunday: CLOSED

PIC Cindy Mitman Administrator

RPH Consultant _____

Staff	RPH Name:	License #:	Staff Name:	License #:
			GRACE BREEN	CORP OFFICER
			MILTON BOYER	CORP OFFICER
			RACHEAL ADAMS	CORP OFFICER
			STEPHANIE CERBONE	CORP OFFICER

Inspector Remarks:

Performing Annual Non-Resident Outsourcing Desk Audit for SCA Pharmaceuticals, LLC located in Windsor, CT. from May 11 - 22, 2020. Supervising Inspector Peg Panella-Spangler and Inspector Lyle Matthews conducting the desk audit remotely due to the current COVID-19 pandemic and travel restrictions preventing an on-site inspection.

This is the third annual renewal inspection since the SCA Connecticut facility was originally licensed with the CA State Board of Pharmacy in July 2018. SCA staff directly assisting in the desk audit are Dr. Rachael Adams, Director of Corporate Quality and Stephanie (Montville) Cerbone, Senior Manager, Global Quality Systems.

DEA Registration is active. Controlled Substance inventory was completed on 1/2/2020.

SCA Pharmaceuticals has two locations, Windsor, CT and Little Rock, AR. This desk audit is specifically for the Windsor, CT location only. The CT facility is licensed in 47 states and the District of Columbia. Only sterile to sterile compounding is currently performed. No API is currently used for compounding in the Windsor facility. Both controlled and non-controlled substances are compounded. Service offerings include pain management, cardiac solutions, OR syringes, Oxytocin for labor and delivery, and the antibiotic Vancomycin. End products include syringes, bags, and CADD cassettes. No hazardous drugs are compounded at this location (other than Oxytocin). No ophthalmic, respiratory, or topical products are manufactured. Some CADD cassettes are used for epidural administration.



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There are approximately 180 individual product formulations currently offered. SCA in Windsor currently has approximately 344 employees. Some of the support services, customer service, finance, inside sales, etc. are primarily located in the Little Rock AR location. The Windsor facility has approximately 89,000 square feet.

ProPharma group is contracted to handle all customer service issues, complaints, etc. They take the lead on complaints through a consistent process, then work with the SCA staff as the process continues toward resolution.

SCA has an in-house lab that handles both chemistry and microbiology lab services. Potency, stability, endotoxin, and sterility are tested in-house.

Quality: Subpart B

Personnel and organization: **Quality unit is defined by the organization on the organizational chart. The Connecticut facility has its own Quality team, as well as Quality staff at the corporate level overseeing both CT and AR facilities.**

Policies and Procedures: **Many reviewed during desk audit.**

Personnel training: **Lists of completion of training and competencies for Compounding Staff: Gowning Qualifications, Aseptic Assessment, GMP Training, and Technical Qualifications.**

PPE: **Available for all staff. Facility has been able to secure supply during pandemic.**

Validations and qualifications: **Viewed during desk audit – Fall 2019 Semi-Annual Process and Personnel Revalidation and Initial Personnel Validation for compounding staff.**

Vendor Qualifications: **List of Suppliers with Audit Frequency and Quality Agreement Dates reviewed.**

CAPAs: **CAPA 19-024-W reviewed. Improvements made following deficiencies observed in aseptic technique and clean room behavior. CAPA 19-043-W reviewed. Improvements made in the gowning process, validated maximum number of people in aseptic areas at one time.**

Deviations and OOS's: **Several deviations and OOS's were reviewed. Investigations are completed and the deviations and OOS's accounted for, resolved, and closed.**

Customer complaint/Adverse Event Reports: **Several reviewed. All investigated, follow-up product testing performed, investigation completed and closed.**

Method Suitability: **Viewed several during desk audit performed since the last CA inspection. Sterility test Method Suitability for Norepinephrine and Hydromorphone. Method validation for Vancomycin, Potassium, Diltiazem, Norepinephrine, Sodium in Sodium Citrate.**

Facilities: Subpart C

Layout: **Floor plan reviewed. No changes since last CA Board inspection.**

Inspectional walk-through: **Unable to perform due to COVID-19 pandemic and waived for this remote desk audit.**

HVAC: **Invoices and maintenance checklist reviewed.**

Pest control: **Braman Termite and Pest Elimination. SOP and biweekly invoices reviewed.**

Compounding space and aseptic area cleaning: **ISO8 corridors lead to ISO7 ante rooms and gowning areas. There are 14 ISO5 Baker EdgeGARD six-foot LFH's along with a custom ISO5 ten-foot Baker EdgeGARD LFH. All HEPA filters and PEC's passed certification testing on Feb. 22 and 23, 2020.**

Certification: **Certification company – PharmaCert. Performed testing on Feb. 22 and 23, 2020. All areas passed.**



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Cleaning: Cleaning Logs Reviewed. Solutions used: Vesphene, LpH, Spor-Klenz RTU, Peridox-RTU. Contact times noted on logs. Daily, Weekly and Triple Cleaning noted on logs.

Equipment: Subpart D

Master Equipment List: Reviewed. Preventative Maintenance and Calibration dates noted and tracked on list. A total of 442 assets listed on Master Equipment List.

Calibration and Equipment Maintenance: Noted and tracked on Master Equipment List.

IQ, OQ, PQ: Documents reviewed of Alliance High Performance Liquid Chromatography (HPLC) equipment which is new since last inspection.

Refrigerator: Temperature log for QC Microbiology Refrigerator.

Incubator: Temperature log reviewed. Within required range.

Incubator – Stability Chamber: Temperature and Relative Humidity log reviewed. Within required range.

Scale: Large Capacity Top Loading Scale verification log reviewed.

Balances: Calibration of balances data from 2/7/2020 reviewed.

Control of Components and Drug Product Containers and Closures: Subpart E

Identification and Inventory: Review waived for this desk audit. SOP's available/reviewed and are in place.

Storage conditions: Review waived for this desk audit. SOP for warehouse operations and storage available.

Quarantine and release: Review waived for this Desk audit. SOP's available for this facility.

Component/API testing: No API is currently used for compounding in the Windsor facility.

Production and Process Controls: Subpart F

Master & Batch records: Reviewed for each product family during desk audit.

Stability studies: Discussion held regarding life cycle stability studies. SOP ST-001, Product Stability Program reviewed. Program calls for ongoing complete stability studies for every individual product and product families at predetermined intervals either annually or bi-annually.

Pre- and Post-production environmental and personnel sampling: Recorded in batch records.

Yields: Theoretical and actual yields calculated and recorded in batch records.

In-Process control: Filter bubble point test. Fill volume checks, AQL. Recorded in batch records

Clean Room Temperature and Humidity: Logs reviewed. Within required limits.

Cleanroom Differential Pressures: Logs reviewed. Within required limits.

Packaging and Labeling Control: Subpart G

Acceptance of packaging and labeling materials: Waived for this desk audit. SOP's available/reviewed and are in place.

Control of different labels: Waived for this desk audit. SOP's available/reviewed and are in place.

Line clearance: Waived for this desk audit. SOP's available/reviewed and are in place.

Visual inspection of product post production: Recorded in batch record, including AQL. 100% visual inspection. Vision exams on file for visual inspectors.

Examination of finished labeled product: Waived for this desk audit. SOP's available/reviewed and are in place.

Separation between packaging and labeling lines: Review waived for this desk audit. SOP's



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available/reviewed and are in place.

Monitoring of printing devices: **Review waived for this desk audit. SOP's available/reviewed and are in place.**

Holding and Distribution: Subpart H

Warehousing procedures: **Review waived for this desk audit. SOP's available for review.**

Distribution procedures: **Review waived for this desk audit. SOP's available for review.**

Laboratory Controls: Subpart I

Equipment & facility: **The majority of laboratory testing is performed in-house. A small number of tests are sent out to qualified laboratories. Potency, sterility, and endotoxin can all be performed in-house.**

Reserve samples: **Stored for 30 days post BUD.**

Environmental Sampling: **Performed for each batch and recorded in batch record.**

Media control: **Review waived for this desk audit. SOP's available for review.**

Records and Reports: Subpart J

Annual Product Review (APR): **APR performed for each of the 39 families of products. Each analyzed for Recalls, ADE's, Production problems, OOS, OOL, customer complaints, etc. Each family evaluated to ensure it is in a state of control and to continue production.**

The CA State Board of Pharmacy grants its inspectors the authority to inspect per CFR 210 and 211 for compliance with current Good Manufacturing Practices [BPC 4129.2(b)]

BPC 4013 (a)(b)

1. Any facility licensed by the board shall join the board's email notification list within 60 days of obtaining a license or at the times of license renewal.
2. Any facility licensed by the board shall update its email address with the board's email notification list within 30 days of a change in the facility's email address

BPC 4129.2 (e) A non-resident outsourcing facility licensed pursuant to this section shall provide to the board all of the following:

1. A copy of any disciplinary or other action taken by another state or the FDA within 10 days of the action.
2. Notice within 24 hours of any recall notice issued by the non-resident outsourcing facility.
3. A copy of any complaint it receives involving the outsourcing facility's compounded products from or involving any provider, pharmacy or patient in California within 24 hours of receipt.
4. Notice within 24 hours after learning of adverse effects reported or potentially attributable to a non-resident outsourcing facility's product.

***Notification of recalls, ADRs, and complaints to the Board's email address:
compounding.report@dca.ca.gov**

**Please send all remark and observation responses to Inspector Lyle Matthews at:
lyle.matthews@dca.ca.gov no later than June 12, 2020.**



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INSPECTION REPORT

Licensee Remarks:

I have reviewed, discussed, understand and received a copy of this form .

Inspector (sign) Lyle Matthews, Pharm.D
 Inspector (print) Lyle Matthews, Pharm.D

Quality (sign) Cindy Mitman, Pharm.D, PIC
 Quality (print) Cindy Mitman, Pharm.D, PIC
 Other (sign) James Miller Boyer
 Other (print) James Miller Boyer - CEO

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER One Montvale Avenue Stoneham, MA 02180 (781) 587-7500 Fax: (781) 587-7556		DATE(S) OF INSPECTION 10/8/2019-11/19/2019*	
		FEI NUMBER 3013736415	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED James Milton Boyer, CEO			
FIRM NAME SCA Pharmaceuticals		STREET ADDRESS 755 Rainbow Rd Ste B	
CITY, STATE, ZIP CODE, COUNTRY Windsor, CT 06095-1024		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 There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed. Specifically, The firm failed to adequately investigate the following: A. There have been seven confirmed failures for in-house sterility testing of finished sterile drug products since October 2018 using a rapid scan method for detection of fluorescence in individual microorganisms (BioMérieux ScanRDI). All associated batches (1218003930, 1219007440, 1219008117, 1219008696, 1219009160, 1219009289, & 1219012541) were rejected; however, the investigations did not take into account the identity of the contaminating microorganism(s) to determine its source. For example: • Out-of-Specification Laboratory Investigation Report OOS 18-087-W was initiated on 10/15/2018 for the sterility test failure of Buffered Lidocaine 1% in Sodium Bicarbonate 8.4% 5mL fill 6mL Syringe lot number 1218003930. The potential root cause(s) was determined to be human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance 12/10/2018. • Out-of-Specification Laboratory Investigation Report OOS 19-049-W was initiated on 03/22/2019 for the sterility test failure of Buffered Lidocaine 1% in Sodium Bicarbonate 8.4% 5mL fill 6mL Syringe lot number 1219007440. A definitive root			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Robert J Martin, Investigator		DATE ISSUED 11/19/2019
	Robert J Martin Investigator Signed: Robert J Martin-S Date Signed: 11-19-2019 12:35:01 X		
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 1 of 6 PAGES			

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
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CITY, STATE, ZIP CODE, COUNTRY Windsor, CT 06095-1024		TYPE ESTABLISHMENT INSPECTED Outsourcing Facility	
cause had not been determined but the Deviation Investigation (DV-19-312-W) indicated the possible root cause was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 06/17/2019. • Out-of-Specification Laboratory Investigation Report OOS 19-055-W was initiated on 04/18/2019 for the sterility test failure of Hydromorphone HCl 0.2mg/mL in 0.9% Sodium Chloride 100mL Grey CADD Cassette (20mg/100mL) lot number 1219008117. The potential root cause identified in Deviation Investigation (DV-19-385-W) was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 09/05/2019. • Out-of-Specification Laboratory Investigation Report OOS 19-066-W was initiated on 05/11/2019 for the sterility test failure of Vancomycin HCl 1.25g added to 0.9% Sodium Chloride 250mL Bag (1250mg/250mL) lot number 1219008696. The potential root cause identified in Deviation Investigation (DV-19-472-W) was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 08/05/2019. • Out-of-Specification Laboratory Investigation Report OOS 19-071-W was initiated on 05/28/2019 for the sterility test failure of Glycopyrrolate 0.2mg/mL 5mL fill 6mL Syringe (1mg/5mL) lot number 1219009160. The potential root cause identified in Deviation Investigation (DV-19-553-W) was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 08/30/2019. • Out-of-Specification Laboratory Investigation Report OOS 19-074-W was initiated on 05/31/2019 for the sterility test failure of Phenylephrine HCl 40mcg/mL in 0.9% Sodium Chloride 10mL fill 12mL Syringe (400mcg/10mL) lot number 1219009289. The potential root cause identified in Deviation Investigation (DV-19-554-W) was			
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	Robert J Martin Investigator Signed By: Robert J Martin -G Date Signed: 11-19-2019 12:35:01 X		
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DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
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human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 08/30/2019. Out-of-Specification Laboratory Investigation Report OOS 19-123-W was initiated on 09/25/2019 for the sterility test failure of Phenylephrine HCl 100mcg/mL in 0.9% Sodium Chloride 10mL fill 12mL Syringe (1000mcg/10mL) lot number 1219012541. A definitive root cause had not been determined but the Deviation Investigation (DV-19-810-W) indicated the possible root cause was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 10/18/2019. Furthermore, it was noted that from January 2019 to October 2019 the firm had approximately 105 occasions in which Personnel Exit Monitoring had exceeded the action limit specification for zero objectionable organisms mostly concerning samples taken from operator hoods (32 occurrences) and chests (50 occurrences); however, the firm had not identified a potential cause for this trend until the Environmental and Personnel Monitoring Q3 2019 Trend Report which was approved by Quality on 10/29/2019 during the inspection. Examples of the objectionable organisms recovered were <i>Bacillus cereus</i>, <i>Staphylococcus aureus</i>, <i>Moraxella osloensis</i>, and <i>Roseomonas mucosa</i>. B. On 08/14/2019 the firm had initiated an Out-of-Specification Investigation Report OOS-19-111-W for a potency failure for the T90 (90 days) stability sample of Heparin Sodium 10units/mL in 0.9% Sodium Chloride 1,000mL Bag (10,000units/1,000mL) lot number 1219008741, result 82%, specification 90-110%. The OOS result was confirmed and the firm had initiated a Deviation Investigation (DV-19-711-W) on 08/15/2019 to investigate this failure. The firm had identified the root cause as inconclusive and took the following corrective actions: file a Field Alert Report to the FDA, shorten the BUD from 90 days to 70 days based on stability study (ST-128) and conducted a risk assessment to determine the risk to patient for receiving a sub-potent dose. The firm had not conducted a health hazard			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Robert J Martin, Investigator		DATE ISSUED 11/19/2019
	Robert J Martin Investigator Signed by: Robert J. Martin - S Date Signed: 11-19-2019 12:34:01 X		
FORM FDA 483 (09/08)		PREVIOUS EDITION OBSOLETE	PAGE 3 of 8 PAGES

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FIRM NAME SCA Pharmaceuticals		STREET ADDRESS 755 Rainbow Rd Ste B	
CITY, STATE, ZIP CODE, COUNTRY Windsor, CT 06095-1024		TYPE ESTABLISHMENT INSPECTED Outsourcing Facility	
evaluation of the sub-potent product nor had they notified the customers who had received 16 lots of this product with the 90 day BUD, some of which are currently within expiry. C. On 08/16/2019, the firm initiated a Deviation Investigation Report DV-19-716-W to investigate leaking within the sterile filter capsule assembly (SCA part# X40015) at the outlet side during post filtration testing. The firm isolated this leaking filter to one lot of HCT filters (lot number HCT 422-053119). This filter lot was used to manufacture 17 batches of products in which 14 batches had been distributed. The investigation indicated that the leaking would occur between 24 to 46psi. The firm concluded that based on investigational testing, sterility testing, successful post filtration testing and risk assessment that the leaking of the sterile filter had no impact to patient safety; however, the firm had not provided samples from the lot of defective sterile filters to their vendor for evaluation and confirmation that the sterile filters would function as designed. The manufacturer of the 0.2µm Filter (GVS Filter Technology) had provided a written assessment of the functionality of the filter on October 21, 2019 (during the inspection) without an evaluation of this lot of defective filter. D. The Quality Unit failed to adequately investigate consumer complaints by not evaluating retentions samples and returned product when applicable for confirmation of the reported complaint. For example: Customer Complaint Form CUS-18-189-W, dated 11/13/2018, indicated that a customer called stating the nurse from the floor was reporting more hemorrhages on the L&D floor than normal. They had five patients in one day hemorrhage. The customer was requesting potency data on Oxytocin 20units added to 0.9% Sodium Chloride 1000ml Bag lot number 1218004043. The investigation concluded that there was no impact to product identified as the potency of lot number 1218004043 was confirmed to be within specification via batch record review. The firm did not conduct an evaluation of retain samples. The investigation was approved by Quality on 12/27/2018.			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Robert J Martin, Investigator		DATE ISSUED 11/19/2019
	 Robert J Martin Investigator Signed By: Robert J. Martin-3 Date Signed: 11-19-2019 12:34:01 X		
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 4 of 6 PAGES			

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER One Montvale Avenue Stoneham, MA 02180 (781)587-7500 Fax: (781)587-7556		DATE(S) OF INSPECTION 10/8/2019-11/19/2019*	
		FEI NUMBER 3013736415	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED James Milton Boyer, CEO			
FIRM NAME SCA Pharmaceuticals		STREET ADDRESS 755 Rainbow Rd Ste B	
CITY, STATE, ZIP CODE, COUNTRY Windsor, CT 06095-1024		TYPE ESTABLISHMENT INSPECTED Outsourcing Facility	
- Customer Complaint Form CUS-19-028-W, dated 2/26/2019, indicated that a customer had administered four different bags of Oxytocin 20units added to 0.9% Sodium Chloride 500mL Bag lot number 1219006051 to four different pregnant patients and in which their cervixes did not dilate after receiving this product. The investigation concluded that there was no impact to product identified as the potency of lot number 1219006051 was confirmed to be within specification via batch record review. The firm did not conduct an evaluation of retain samples. On 05/22/2019 the firm received nine units from lot number 1219006051 from their customer. The units were not evaluated but instead were destroyed. The investigation was approved by Quality on 04/03/2019. - Customer Complaint Form CUS-19-051-W, dated 04/25/2019, indicated that a customer stated that Oxytocin 20units added to 0.9% Sodium Chloride 1000mL Bag lot number 1219007516 was not working on patients. The investigation concluded that there was no impact to product identified as the potency of lot number 1219007516 was confirmed to be within specification via batch record review. The firm did not conduct an evaluation of retain samples. The investigation was approved by Quality on 05/20/2019. Furthermore, the firm has had sixteen Out-of-Specification Investigations involving sub-potent Oxytocin 20 and 30 unit products compounded from October 2018 to March 2019. Each of these investigations confirmed the potency out-of-specification result and the batches were rejected; however, the above mentioned complaint investigations did not contain an evaluation of these Out-of-Specification Investigations within the investigation summary. As a result of these investigations the firm initiated Change Control TCC#19-073-W (3/18/2019) to update the compounding process to include a dilution stock bag so a larger volume could be added during the compounding of each product type (Oxytocin 20 units (F008446-A-W-02-05) & Oxytocin 30 units (F08544-A-W-02-04)).			
OBSERVATION 2			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Robert J Martin, Investigator		DATE ISSUED 11/19/2019
	Robert J Martin Investigator Signed: [Signature] Robert J. Martin - S Date Signed: 11-19-2019 12:35:01 X		
FORM FDA 483 (09/08)		PREVIOUS EDITION OBSOLETE	PAGE 5 of 8 PAGES

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION			
DISTRICT ADDRESS AND PHONE NUMBER One Montvale Avenue Stoneham, MA 02180 (781)587-7500 Fax: (781)587-7556		DATE(S) OF INSPECTION 10/8/2019-11/19/2019*	
		FBI NUMBER 3013736415	
NAME AND TITLE OF INDIVIDUAL TO WHOM REPORT ISSUED James Milton Boyer, CEO			
FIRM NAME SCA Pharmaceuticals		STREET ADDRESS 755 Rainbow Rd Ste B	
CITY, STATE, ZIP CODE, COUNTRY Windsor, CT 06095-1024		TYPE ESTABLISHMENT INSPECTED Outsourcing Facility	
Each batch of drug product required to be free of objectionable microorganisms is not tested through appropriate laboratory testing. Specifically, A. The firm failed to adequately qualify their method for Sterility Testing via ScanRDI in that during the method transfer, ScanRDI Performance Qualification for SCA Pharmaceuticals Windsor, CT (approved 11/28/2017, CT0051 & 01/08/2018, CT0052) the firm did not verify each product type via ScanRDI but instead only conducted testing using Sterile Fluid D spiked with <i>Staphylococcus aureus</i>, <i>Pseudomonas aeruginosa</i>, <i>Clostridium sporogenes</i>, <i>Bacillus subtilis</i>, <i>Candida albicans</i>, and <i>Aspergillus brasiliensis/niger</i> conducted by two analysts. The firm has used this method routinely to test and release sterile drug product since November 28, 2017. B. The firm's method for sterility testing, Filtration Procedure for Sterility Testing via ScanRDI (SOP LAB-020-W), allows for pooling of several lots of product with the same active ingredient for sterility testing.			
*DATES OF INSPECTION 10/08/2019(Tue), 10/09/2019(Wed), 10/10/2019(Thu), 10/11/2019(Fri), 10/15/2019(Tue), 10/16/2019(Wed), 10/17/2019(Thu), 10/18/2019(Fri), 11/04/2019(Mon), 11/05/2019(Tue), 11/06/2019(Wed), 11/07/2019(Thu), 11/19/2019(Tue)			
SEE REVERSE OF THIS PAGE	EMPLOYEE(S) SIGNATURE Robert J Martin, Investigator		DATE ISSUED 11/19/2019
	Robert J Martin Investigator Signed By: Robert J Martin-S Date Signed: 11-19-2019 12:33 PM X		
FORM FDA 483 (09/08) PREVIOUS EDITION OBSOLETE INSPECTIONAL OBSERVATIONS PAGE 8 of 8 PAGES			



January 10, 2020

Diana Amador-Toro
 US Food and Drug Administration
 Division of Pharmaceutical Quality Operations I
 10 Waterview Blvd, 3rd FL
 Parsippany, NJ 07054

RE: Inspection of SCA Pharmaceuticals, LLC, Windsor, CT Facility (October 8, 2019 – November 19, 2019)

Dear Program Director Amador-Toro,

SCA Pharmaceuticals, LLC (SCA) is hereby providing our progress update on the commitments made in our initial response dated December 10, 2019.

SCA has now completed 100% of the required actions associated with our documented commitments. Therefore, this communication concludes SCA's progress updates to FDA as all outstanding action items have been completed on time, as committed.

SCA would like to request a meeting or phone conference to discuss our responses to the above referenced FDA Form 483, with the sole purpose of ensuring that we have sufficiently interpreted and addressed FDA's concerns.

Sincerely,

Grace Bue (Grace Breen), SVP Quality on behalf of James Milton Boyer

 James Milton Boyer
 President



OBSERVATION 1

There is a failure to thoroughly review any unexplained discrepancy and the failure of a batch or any of its components to meet any of its specifications whether or not the batch has been already distributed.

Specifically,

The firm failed to adequately investigate the following:

A. There have been seven confirmed failures for in-house sterility testing of finished sterile drug products since October 2018 using a rapid-scan method for detection of fluorescence in individual microorganisms (BioMerieux ScanRDI). All associated batches (1218003930, 1219007440, 1219008117, 1219008696, 1219009160, 1219009289, & 1219012541) were rejected; however, the investigations did not take into account the identity of the contaminating microorganism(s) to determine its source. For example:

- Out-of-Specification Laboratory Investigation Report OOS 18-087-W was initiated on 10/15/2018 for the sterility test failure of Buffered Lidocaine 1% in Sodium Bicarbonate 8.4% 5mL fill 6mL Syringe lot number 1218003930. The potential root cause(s) was determined to be human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance 12/10/2018.*
- Out-of-Specification Laboratory Investigation Report OOS 19-049-W was initiated on 03/22/2019 for the sterility test failure of Buffered Lidocaine 1% in Sodium Bicarbonate 8.4% 5mL fill 6mL Syringe lot number 1219007440. A definitive root cause had not been determined but the Deviation Investigation (DV-19-312-W) indicated the possible root cause was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 06/17/2019.*
- Out-of-Specification Laboratory Investigation Report OOS 19-055-W was initiated on 04/18/2019 for the sterility test failure of Hydromorphone HCl 0.2mg/mL in 0.9% Sodium Chloride 100mL Grey CADD Cassette (20mg/100mL) lot number 1219008117. The potential root cause identified in Deviation Investigation (DV-19-385-W) was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 09/05/2019.*
- Out-of-Specification Laboratory Investigation Report OOS 19-066-W was initiated on 05/11/2019 for the sterility test failure of Vancomycin HCl 1.25g added to 0.9% Sodium Chloride 250mL Bag (1250mg/250mL) lot number 1219008696. The potential root cause identified in Deviation Investigation (DV-19-472-W) was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 08/05/2019.*
- Out-of-Specification Laboratory Investigation Report OOS 19-071-W was initiated on 05/28/2019 for the sterility test failure of Glycopyrrolate 0.2mg/mL 5mL fill 6mL Syringe (1mg/5mL) lot number 1219009160. The potential root cause identified in Deviation Investigation (DV-19-553-W) was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 08/30/2019.*



• *Out-of-Specification Laboratory Investigation Report OOS 19-074-W was Initiated on 05/31/2019 for the sterility test failure of Phenylephrine HCl 40mcg/mL in 0.9% Sodium Chloride 10mL fill 12mL Syringe (400mcg/10mL) lot number 1219009289. The potential root cause identified in Deviation Investigation (DV-19-554-W) was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 08/30/2019.*

• *Out-of-Specification Laboratory Investigation Report OOS 19-123-W was Initiated on 09/25/2019 for the sterility test failure of Phenylephrine HCl 100mcg/mL in 0.9% Sodium Chloride 10mL fill 12mL Syringe (1000mcg/10mL) lot number 1219012541. A definitive root cause had not been determined but the Deviation Investigation (DV-19-810-W) indicated the possible root cause was human error; however, the investigation did not identify the contaminating microorganism(s). The investigation was approved by Quality Assurance on 10/18/2019.*

Furthermore, it was noted that from January 2019 to October 2019 the firm had approximately 105 occasions in which Personnel Exit Monitoring had exceeded the action limit specification for zero objectionable organisms mostly concerning samples taken from operator hoods (32 occurrences) and chests (50 occurrences); however, the firm had not identified a potential cause for this trend until the Environmental and Personnel Monitoring Q3 2019 Trend Report which was approved by Quality on 10/29/2019 during the inspection. Examples of the objectionable organisms recovered were *Bacillus cereus*, *Staphylococcus aureus*, *Moraxella osloensis*, and *Roseomonas mucosa*.

UPDATE ON RESPONSE 1A:

Part 1: Sterility Failures:

In our initial response on December 10, 2019, SCA committed:

- To strengthening SCA's sterility assurance program by developing and implementing a new global standard operating procedure, SOP QA-023, *Sterility Investigations*. That procedure became effective on December 31, 2019, per our commitment. This new procedure holistically integrates and strengthens SCA's investigation efforts by both the Microbiology laboratory (in conjunction with our existing SOP LAB-032, *Handling Out of Specification Results (Microbiology Lab)* and the Production department, in the event of a failing sterility test result at SCA.
 - Included in SOP QA-023 are two newly created forms: Form QA-023-01, *Compounding Process Sterility Failure Immediate Response Checklist Investigation* and Form LAB-070, *Microbiology Sterility Failure Immediate Response Checklist Investigation*. Such forms serve as checklists to assist in root cause determination in the event of a sterility failure. Both forms became effective on December 31, 2019. Reference Exhibits 1-18, 1-20 and 1-21 for the SOP and Forms. Reference Exhibit 1-19 for the associated SOP training.



- To attempt to identify the contaminating microorganism in the event of a sterility failure, to better enable root cause analysis and in so doing, more effectively prevent a recurrence. This commitment was originally planned to be part of SOP QA-023 and SCA committed to updating this procedure. However, SCA identified that SOP LAB-032 was the more appropriate SOP in which the requirement should be detailed. Accordingly, SCA revised SOP LAB-032, specifically sections 10.2.3 and 10.2.4 to describe the methodology utilized to help identify the contaminating microorganism. SOP LAB-032 was made effective on December 31, 2019 per our commitment. Reference Exhibit 1-22 for the SOP and Exhibit 1-23 for the associated SOP training.

Part 2: Objectionable Organism Trend:

In our initial response on December 10, 2019, SCA committed:

- To detailing a process for routinely assessing compounders gowning technique. Specifically, SCA committed to updating SOP COM-067-W: *Internal Assessment of Aseptic Behavior* to include a routine assessment of gowning technique, by date December 31, 2019. SCA assigned the QA organization, specifically the Aseptic Training and Compliance Team, to be responsible for driving this program. Accordingly, SCA converted an Operations document, SOP COM-067-W to a Quality document, SOP QA-024-W: *Internal Assessment of Aseptic Behaviors* and this SOP became effective on December 31, 2019, as committed. SOP QA-024-W requires, at a minimum, a quarterly assessment of aseptic behaviors which now includes an assessment of gowning technique. This assessment is documented on Form QA-024-01-W: *Aseptic Gowning Technique Assessment*. Reference Exhibits 1-24 and 1-26 for the SOP and associated form and Exhibit 1-25 for the associated SOP training.
- To separately calculate Microbial Recovery Rate (MRR) for compounder ISO 5 locations (sleeve and fingertips) and ISO 7 locations (Hood and Chest) on a monthly basis to ensure that trends in objectionable microorganism recoveries are detected. SOP LAB-030-W: *Trend Analysis of Environmental and Personnel Monitoring Data*, specifically section 11.2, was revised to detail the requirement for calculating compounder MRR. Reference Exhibit 1-27 for the SOP and Exhibit 1-28 for the associated SOP training.



COMMITMENT INDEX (ORGANIZED BY OBSERVATION NUMBER)

Observation Number	Response Action	Exhibit/ Reference (if applicable)	Status	Date Completed
1A	Develop SOP QA-023: <i>Sterility Investigations</i>	Exhibit 1-18 SOP QA-023	Completed	December 31, 2019
1A	Train appropriate individuals on the new SOP QA-023: <i>Sterility Investigations</i>	Exhibit 1-19	Completed	January 06, 2020
1A	Added: Revise SOP LAB-032: <i>Handling Out-Of-Specification Results (Microbiology Lab)</i> to include identification of contaminating organisms for sterility failures.	Exhibit 1-22 SOP LAB-032	Completed	December 31, 2019
1A	Added: Train appropriate individuals on the revision to LAB-032: <i>Handling Out-Of-Specification Results (Microbiology Lab)</i>	Exhibit 1-23	Completed	January 09, 2020
1A	Perform trend investigation to evaluate the upward trend of MRR and the associated objectionable and microorganisms for personnel hood and chest locations	N/A	Previously Completed	December 10, 2019
1A	Revise SOP COM-067-W: <i>Internal Assessment of Aseptic Behaviors</i> Updated: Create SOP QA-024-W: <i>Internal Assessment of Aseptic Behaviors</i>	Exhibit 1-24 SOP QA-024-W	Completed	December 31, 2019
1A	Train appropriate individuals on the revision to COM-067-W: <i>Internal Assessment of Aseptic Behaviors</i> Updated: Train appropriate individuals on the new SOP QA-024-W: <i>Internal Assessment of Aseptic Behaviors</i>	Exhibit 1-25	Completed	January 09, 2020
1A	Revise SOP LAB-030-W: <i>Trend Analysis of Environmental and Personnel Monitoring Data</i>	Exhibit 1-27 SOP LAB-030-W	Completed	December 31, 2019
1A	Train appropriate individuals on revision to SOP LAB-030-W: <i>Trend Analysis of Environmental and Personnel Monitoring Data</i>	Exhibit 1-28	Completed	January 06, 2020
1B	Revise SOP QMS-033: <i>Issue Escalation Process</i>	N/A	Previously Completed	November 26, 2019
1B	Train appropriate individuals on revision to SOP QMS-033: <i>Issue Escalation Process</i>	N/A	Previously Completed	December 09, 2019



COMMITMENT INDEX (ORGANIZED BY OBSERVATION NUMBER)

Observation Number	Response Action	Exhibit/ Reference (if applicable)	Status	Date Completed
1B	Engage ProPharma (SCA's contracted partner for complaint intake and adverse event investigation) to perform an HHA of the distributed Heparin Sodium product bearing a labeled BUD of 90 days	N/A	Previously Completed	October 17, 2019
1C	Revise SOP QMS-003: <i>Deviation Management</i>	N/A	Previously Completed	December 09, 2019
1C	Train appropriate individuals on revision to SOP QMS-003: <i>Deviation Management</i>	N/A	Previously Completed	December 10, 2019
1C	Obtain manufacturer (GVS Filter Technology) assessment of defective filter	N/A	Previously Completed	October 21, 2019
1C	Revise SOP QMS-024: <i>Supplier Complaint Procedure</i>	N/A	Previously Completed	December 10, 2019
1C	Train appropriate individuals on SOP QMS-024: <i>Supplier Complaint Procedure</i>	N/A	Previously Completed	December 10, 2019
1D	Revise FORM CUS-001: <i>Customer Complaint Form</i>	N/A	Previously Completed	December 10, 2019
1D	Revise SOP QMS-013: <i>Handling of Customer Complaints and Adverse Events</i>	N/A	Previously Completed	December 09, 2019
1D	Train appropriate individuals on SOP QMS-013: <i>Handling of Customer Complaints and Adverse Events</i>	N/A	Previously Completed	December 10, 2019
2A	Create an addendum for Protocols 17-055 (ScanRDI Performance Qualification (CT0051) for SCA Pharmaceuticals Located at 755 Rainbow Road, Windsor, CT 06095 Final Report) and 17-062 (ScanRDI Performance Qualification (CT0052) for SCA Pharmaceuticals Located at 755 Rainbow Road, Windsor, CT 06095 Final Report) to strengthen SCA's Method Transfer documentation for Chem ScanRDI Method Suitability	N/A	Previously Completed	December 10, 2019


COMMITMENT INDEX (ORGANIZED BY OBSERVATION NUMBER)

Observation Number	Response Action	Exhibit/ Reference (if applicable)	Status	Date Completed
2B	Revise SOP LAB-020-W: <i>Filtration Procedure for Sterility Testing for ScanRDI</i>	N/A	Previously Completed	November 19, 2019
2B	Train appropriate individuals on SOP LAB-020-W: <i>Filtration Procedure for Sterility Testing for ScanRDI</i>	N/A	Previously Completed	November 20, 2019



EXHIBIT MATRIX (ORGANIZED BY OBSERVATION NUMBER)

(Exhibit numbering continued from initial response)

Observation Number	Exhibit Number	Title	Pages
1A	1-18	SOP QA-023: Sterility Investigations	19
1A	1-19	Training on SOP QA-023: Sterility Investigations	1
1A	1-20	Form QA-023-01: Compounding Process Sterility Failure Immediate Response Checklist Investigation	7
1A	1-21	Form LAB-070: Microbiology Sterility Failure Immediate Response Checklist Investigation	7
1A	1-22	SOP LAB-032, Handling Out of Specification Results (Microbiology Lab)	15
1A	1-23	Training on SOP LAB-032, Handling Out of Specification Results (Microbiology Lab)	1
1A	1-24	SOP QA-024-W: Internal Assessment of Aseptic Behaviors	5
1A	1-25	Training on SOP QA-024-W: Internal Assessment of Aseptic Behaviors	1
1A	1-26	Form QA-024-01-W: Aseptic Gowning Technique Assessment	3
1A	1-27	SOP LAB-030-W: Trend Analysis of Environmental and Personnel Monitoring Data	8
1A	1-28	Training on SOP LAB-030-W: Trend Analysis of Environmental and Personnel Monitoring Data	1



Feb 8, 2021

VIA UNITED POSTAL SERVICE

Nevada Board of Pharmacy
985 Damonte Ranch Pkwy., Ste. 206
Reno, NV 89521

Re: Notice of Membership Change – SCA Pharmaceuticals, LLC

To Whom It May Concern:

SCA Pharmaceuticals, LLC, an Arkansas limited liability company located at 755 Rainbow Road, Suite B, Windsor, Connecticut 06095 (the “Licensee”) holds an Outsourcing Facility License (License No. OUT00012) issued by the Nevada Board of Pharmacy (the “Board”). The purpose of this letter is to inform the Board that on January 20, 2021 (the “Closing”), SCA Buyer LLC, a Delaware limited liability company, acquired 100% of the equity ownership of the Licensee (the “Transaction”). As required by the Board, enclosed please find the application for your review.

The Licensee’s home state license number, corporate name, trade name, location, Federal Tax ID number, NPI, Pharmacist-in-Charge, and day-to-day operations are remaining the same.

The new post-Closing officers of the Licensee are as follows:

- James Milton Boyer, Chief Executive Officer
- Jonathan E. Maschmeyer, Member of Board of Managers
- Michael Geldart, Member of Board of Managers
- Ryan Glaws, Member of Board of Managers

Thank you for your attention to this matter. Should you have any questions regarding this matter, please do not hesitate to contact Lessley Denton at 877.550.5059 (ext. 2204) or ldenton@scapharma.com.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Milton Boyer", followed by a horizontal line.

J. Milton Boyer
Chief Executive Officer of SCA Pharmaceuticals, LLC

Enclosure

Office: 501-312-2800 • Toll Free: 877-550-5059 • Fax 501-312-2800
755 Rainbow Rd., Suite B, Windsor, CT 06095

www.scapharma.com

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.

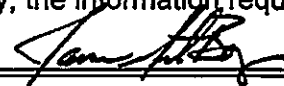
LICENSE VERIFICATION

Name: SCA Pharmaceuticals, LLC

Address: 755 Rainbow Rd, Ste. B

City: Windsor State: CT Zip: 06095

I hereby authorize the Connecticut State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant 

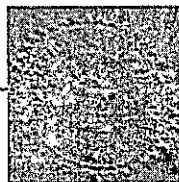
**THIS FORM MUST BE FORWARDED TO THE HOME STATE
LICENSING AGENCY FOR COMPLETION. DO NOT WRITE BELOW THIS LINE**

License Number	License Status	Date License Issued	Date License Expires
CSM.0001141	ACTIVE	07/01/2020	06/30/2021

Has this license been encumbered in any way? ☐ Yes ☒ No	Type of Encumbrance: (if any) N/A
	☐ Revoked ☐ Surrendered ☐ Limited ☐ Suspended ☐ Restricted ☐ Probation Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)	☐ Yes ☒ No
Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)	☐ Yes ☒ No
Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)	☐ Yes ☒ No
Has applicant met all licensing requirements of your state? (If no, please explain)	☒ Yes ☐ No

Signature of State Official	Title	State	Date	State Seal
<u></u>	Secretary II	CT	02/10/2021	



2-10-2021

Nevada State Board of Pharmacy

RE: SCA Pharmaceuticals, LLC - Out of State Outsourcing Facility License,
Permit #OUT00013

Location: 855 Rainbow Rd, Suite B, Windsor, CT 06095

Please see enclosed **License Verification form** for the SCA Pharmaceuticals, LLC new change of ownership application (Permit # OUT00013). **Please add this to our application.** I mistakenly left it out of the original packet. UPS indicates that you received the original application packet on Tuesday, Feb. 9. Thank you for your assistance and let me know if there is anything else you need.

Regards,

A handwritten signature in cursive script that reads "Karmen Kelly". The signature is written in dark ink and is positioned above the printed name.

Karmen Kelly
Licensing Specialist
Cell: 501-230-7478

21

May 24, 2021

Nevada State Board of Pharmacy

Attn: Licensing Department

985 Damonte Ranch Pkwy, Ste 206

Reno, NV 89521

Re: Pharmacy licenses IB03804 and IB03727

Good evening,

We are writing in regards to NRS 639.220 3. (a) which states that a person may not act as managing pharmacist for more than one licensed pharmacy. A waiver may be granted by the Board to the managing pharmacist of a pharmacy located in a hospital with fewer than 100 beds.

We are requesting a waiver to allow Audrey Blackwood (license #11109) the ability to manage 2 hospitals – Dignity – St. Rose Dominican Sahara Campus (license # IB03804) and Dignity – St. Rose Dominican Blue Diamond Campus (license # IB03727). Change in managing pharmacist forms were submitted to the Board on 03/24/21. Previously, a waiver was granted allowing our former managing pharmacist, Emmanuel Ebo (license #07325), the ability to manage our 4 hospitals. Each hospital has 8 licensed inpatient beds, meeting the fewer than 100 bed requirement for the waiver.

Thank you very much for your assistance and please let us know if you have any questions.

Sincerely,

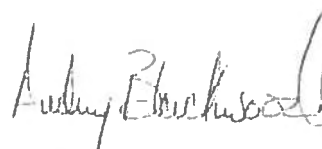


Tamarah S. Walker, PharmD (license #19318)

System Director, Pharmacy

Emerus Holdings, Inc

[REDACTED]



Audrey Blackwood, PharmD

Managing Pharmacist

Kristopher Mangosing

From: Pharmacy Board
Sent: Friday, July 9, 2021 11:56 AM
To: Kristopher Mangosing
Subject: Fw: Waiver request - IB03804 and IB03727
Attachments: Waiver request - Sahara and Blue Diamond.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

From: Tamarah Walker <tamarah.walker@emerus.com>
Sent: Wednesday, May 26, 2021 8:22 AM
To: Pharmacy Board
Cc: Audrey Blackwood
Subject: Waiver request - IB03804 and IB03727

Good morning,

Please find attached a waiver request for pharmacy licenses IB03804 and IB03727. Previously, Mr. Paul Edwards helped our former managing pharmacist, Emmanuel Ebo, with a similar request.

Please let me know if you have any questions.

Thank you,

Tamarah

Tamarah S. Walker, PharmD
System Director, Pharmacy

8686 New Trails Dr., Ste 100
The Woodlands, TX 77381
214.914.5662 cell

NEVADA STATE BOARD OF PHARMACY

985 DAMONTE RANCH PKWY, SUITE 206 – RENO, NV 89521 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: 1B03727

**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: Dignity Health St Rose Dominican Blue Diamond Campus Store #: _____

Address: 4855 Blue Diamond Rd

City: Las Vegas State: * NV Zip: 89139

Telephone: 702-216-7305 Fax: 702-634-3000

New Managing Pharmacist Name: Audrey Blackwood

License #: 11109 Date Started: 3/19/2021

Pharmacy email: audrey.blackwood@emerus.com

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?....			
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		☐	☒
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		☒	☐
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action: <u>Stipulation and Consent order</u>	State: <u>MN</u>	Date: <u>10/8/2020</u>	Case #: <u>license # 116902</u>
Criminal Action:	State:	Date:	Case #: County Court

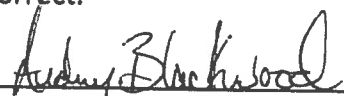
PHARMACY MANAGER'S RESPONSIBILITIES

(PHARMACY MANAGER, MUST READ, SIGN AND DATE THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220).
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282; NAC 639.510; NAC 639.473(2)).
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NRS 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254(2))
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from the last fill date for original paper prescription). (NRS 639.236; NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268; NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.


Signature of New Managing Pharmacist (no stamps or copies)

3/19/2021
Date

Board Use Only

Date Received: _____ Amount: 50

Page 2 of 2

MO # 2017 01300905

Dear Nevada Pharmacy Board Members,

3/22/2021

I would like to explain why I have a stipulation and consent order against my license in the state of Minnesota.

On Dec 3,rd 2018, I returned to work after vacation. There had been a discrepancy in the narcotic count for hydrocodone/acetaminophen 5/325mg. The count was 5 tablets higher than expected so I began to investigate. I ran Omnicell reports that would show transactions that went back 3 months. It became obvious that there was a lot of suspicious activity by the Pharmacy technician. I had all the controlled substance documentation from previous years pulled from storage, so I could do a complete investigation. I assume the technician realized that I was suspicious because she emailed a letter of resignation to the Director of Nursing on Dec 4th.

I reviewed camera footage, Omnicell reports, McKesson invoices, transaction logs and outdated drug records and I realized that she had been diverting drugs in various ways, over the previous couple of years.

I contacted the Board of Pharmacy, DEA and the county sheriff's department and I had ongoing communication with all over the next couple of months.

Starting in January 2017 the hospital began decreasing both my hours and the other part time Pharmacist's hours, I was a 0.6 FTE and the other Pharmacist was 0.5 FTE, we worked together 1 day/2 weeks. There were hospital meetings, interdisciplinary committee, management, QI, P&T, med staff and patient safety that either I or the other Pharmacist, whoever was working that day, were required to attend. This time away from the Pharmacy allowed opportunity for the diversion to happen.

The Pharmacy Board felt that I or the other Pharmacist should have closed the Pharmacy during these meetings, not allowing the technician(s) to do their work.

My license is intact in the state of Minnesota, I just can not be a PIC for 12 months from October 2020.

In June 2019 I moved to Washington State and obtained my Pharmacist license. In December 2020, I went through the credentialing process to be a provider in a small hospital in Snoqualmie Washington. The Washington State Pharmacy Commission reviewed my report and decided that it was not within their jurisdiction and that they would not do a further investigation and I became a credentialed provider.

I recently started working for Dignity Health Emerus Sahara and Blue Diamond campuses as the Pharmacist in Charge. I am the primary Pharmacist for these two facilities but there are two other Pharmacists that will cover while I am on vacation. My role is primarily distributive with some clinical responsibilities. The structure of the company is setup so that Pharmacy technicians are not utilized and the only employees that are allowed access into the Pharmacy are the Pharmacists.

Respectfully,

Audrey Blackwood PharmD

License# 11109



DISCIPLINARY ACTIVITY: September 2020

The Board took the following disciplinary actions involving a **pharmacy** at its September 2020 meeting:

CVS Pharmacy #06057, License # 264046. Licensee had previously submitted its policies for the use of pharmacy technicians and counseling, with documentation of staff training on each. However, during a surveyor visit, Licensee's pharmacy staff members were observed not following the counseling policy and were not aware of a counseling refusal log. On August 23, 2019, thirty-eight days after the former PIC's resignation, CVS notified the Board of the designation of a new individual as Licensee's current PIC. At no prior time, did Licensee notify the Board of the PIC's termination of services or designate a new successor PIC. During the visit, it was identified that in April of 2018, Licensee had replaced manual documentation of quality assurance ("QA") with an electronic process that creates actionable work items in a queue, requiring the pharmacist to perform certain "data entry re-verification" actions. A review of Licensee's Reverification Report for documentation of QA contained multiple prescriptions listed under a column titled "Expired Re-verification Prescriptions." The Board Surveyor requested further clarification on how prescriptions that have not

received the required QA within 72 hours are handled. The Board issued a Stipulation and Consent Order, reprimanding the licensee and imposing a \$5,000 civil penalty.

The Board took the following disciplinary action involving a **pharmacist** at its September 2020 meeting:

Blackwood, Audrey K., License # 116902. While licensee was the pharmacist-in-charge of a pharmacy, a pharmacy technician diverted various controlled substances. The DEA 106 form that was submitted indicated that there were losses of twenty-five different controlled substances, totaling 18,269 tablets and capsules and 143ml of liquids and injectables. A large quantity of gabapentin was also found to be missing. Licensee failed to adequately supervise the pharmacy technician and to institute appropriate safeguards for controlled substances. For example, the pharmacy technician was allowed full management of the pharmacy's controlled substances inventory, with no separation of duties, such as verification of the inventory accuracy by a staff pharmacist. Consequently, the Board issued a Stipulation and Consent Order, reprimanding the Licensee and prohibiting her from serving as a pharmacist-in-charge of any Minnesota pharmacy.

The Board took the following disciplinary actions involving pharmacy technicians at its September 2020 meeting

Johnson, Kristian, Registration # 741136. In or around April 2019, Registrant provided forged documentation and references to a healthcare travel staffing agency. Registrant provided the staffing agency with a reference for a workplace at which

NEVADA STATE BOARD OF PHARMACY

985 DAMONTE RANCH PKWY, SUITE 206 – RENO, NV 89521 - (775) 850-1440

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Y

CHANGE OF MANAGING PHARMACIST FORM

Registration Fee: \$50.00

(non-refundable money order or cashier's check only, no cash or business check's)

*This form is only required for pharmacies physically located in Nevada. We only require written notification from an out-of-state pharmacy for a manager change.

General Information

**Nevada Pharmacy Board License #: 1803804

**(Do not use your RPH, NPI or DEA number. Number begins with a PH, IA, IB)

Pharmacy Name: Dignity Health St Rose Dominican Sahara Campus Store #: _____

Address: 4980 W. Sahara

City: Las Vegas State: * NV Zip: 89146

Telephone: 702-216-7365 Fax: 702-367-0565

New Managing Pharmacist Name: Audrey Blackwood

License #: 11109 Date Started: 3/19/2021

Pharmacy email: audrey.blackwood@emerus.com

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		Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?....		☐	☒
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?.....		☐	☒
2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?		☐	☒
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....		☒	☐
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:			
Board Administrative Action: <u>Stipulation and Consent order</u>	State: <u>MN</u>	Date: <u>10/8/2020</u>	Case #: <u>license Number 116902</u>
Criminal Action:	State	Date:	Case #: County Court

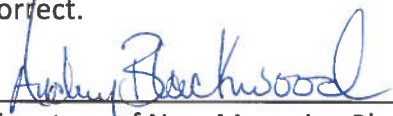
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5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11; NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
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9. Maintain invoice records separated as required for 2 years. (NRS 454.286; NAC 639.487)

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I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.


Signature of New Managing Pharmacist (no stamps or copies)

3/19/2021
Date

Board Use Only

Date Received: _____ Amount: 50

Page 2 of 2

mo # 209701300996

22

APPLICATION BY RECIPROCATATION AS A PHARMACIST

If you are requesting licensure by reciprocatation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):

First: Matt Middle: M Last: Weinberg

Mailing Address: [REDACTED] Lippizian Trail

City: Ormond Beach State: FL Zip Code: 32174

Telephone: [REDACTED] E-mail Address: [REDACTED]

Date of Birth: [REDACTED] Place of Birth: New York City

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:

Florida Date of Issuance: 9/15/1998

College of Pharmacy Information

Graduation Date: 01/31/1979
(mm/dd/yy)

Degree Received: ☐ PharmD ☒ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: St. Johns University

Location of School: Jamaica New York

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Check # 3233

Processed: _____ Amount: 250 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?
New York	32813	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

	Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☒
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	☒	☐
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?	☒	☐
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?	☒	☐

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action: 12866	State NY	Date: 6/24/1994	Case #: 12866
Criminal Action:	State NY	Date: 3/11/1992	Case #: 26828/91
		County Nassau	Court Superior

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?.....Yes ☐ No ☒

4a. If you marked Yes, to the question 4, are you in compliance with the court order?.....Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Matt M. Wenberg
Original Signature, no copies or stamps accepted

June 24th 2021
Date

MINEOLA, NEW YORK

Superior Court Information # 81060
Fel. No. 26828/91

THE PEOPLE OF THE STATE OF NEW YORK

-against-

MATT M. WEINBERG,

D.O.B. - [REDACTED]

Defendants Address:
[REDACTED] Avon Place
West Hempstead, New York

I certify that:

On March 11, 1992 Superior Court Information No. 81060
was filed accusing Matt M. Weinberg of the crimes of
Criminal Possession Stolen Property, third degree

On March 11, 1992 the defendant was arraigned before the Court and Plead
Not Guilty to the Superior Court Information.

On March 11, 1992 the defendant appeared before the Hon. Ira Wexner
and was found guilty upon his plea of the crime of
Criminal Possession Stolen Property, fifth degree, a Class "A"
misdemeanor in satisfaction of this information.

On May 4, 1992 the defendant appeared before the Hon. Ira H. Wexner
for sentence. Whereupon the Court sentenced this defendant to PROBATION THREE YEARS,
\$1,000.00 FINE, pay by 6/15/92 or 30 days N.C.C.C.. Surcharge
waived.

On May 21, 1992 the fine of \$1,000.00 was paid in full at the
Clerk's Office.

On March 11, 1992 the defendant was arraigned before the Court and Plead Not Guilty to the Superior Court Information.

On March 11, 1992 the defendant appeared before the Hon. Ira Wexner and was found guilty upon his plea of the crime of Criminal Possession Stolen Property, fifth degree, a Class "A" misdemeanor in satisfaction of this information.

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On May 21, 1992 the fine of \$1,000.00 was paid in full at the Clerk's Office.

SIGNED: Mineola, New York



Karen Murphy

Date: OCT 17 1994



PROBATION DEPARTMENT
COUNTY SEAT DRIVE & ELEVENTH STREET
P.O. BOX 189 MINEOLA, NY 11501-0189

FAX NUMBER 516-464-1111

Matt Weinberg
[REDACTED] Avon Place
W. Hempstead, NY 11552

Dear Mr. Weinberg

Please be advised that you have been discharged from probation supervision
effective 12-2-93.

We wish you success in your future endeavors.

Very truly yours,

A. Curry

Probation Officer

12/6/93

Date



The University of the State of New York

IN THE MATTER

OF

MATT M. WEINBERG
(Pharmacist)

**DUPLICATE
ORIGINAL
VOTE AND ORDER
NO. 12866**

Upon the report of the Regents Review Committee, a copy of which is made a part hereof, the record herein, under Calendar No. 12866, and in accordance with the provisions of Title VIII of the Education Law, it was

VOTED (June 24, 1994): That, in the matter of MATT M. WEINBERG, respondent, the recommendation of the Regents Review Committee be accepted as follows:

1. The hearing panel's findings of fact are accepted;
2. The following additional finding of fact be accepted:
 - 3(k) Respondent willfully failed to comply with the substantial provisions of New York State law governing the practice of the profession of pharmacy set forth in Education Law §6815(2)(b) by holding and offering for sale misbranded drugs that were in plastic bags and did not contain an accurate statement of the quantity of the contents in terms of the number amount of the product;
3. The hearing panel's determination as to guilt is accepted;
4. Respondent is found guilty, by a preponderance of the evidence, of unprofessional conduct involving respondent, while he was the Director of a hospital pharmacy,

MATT M. WEINBERG (12866)

stealing prescription required drugs from the pharmacy of said hospital (first specification); holding and offering for sale misbranded drugs (second specification); and willfully failing to comply with substantial provisions of Education Law §6815(2)(b) governing the practice of the profession in that he held and offered for sale misbranded drugs that were in plastic bags and did not contain an accurate statement of the quantity of the contents in terms of the number amount of the product (third specification); and

5. The recommendation of the hearing panel is modified and respondent be fined \$4,000.00 and respondent's license to practice as a pharmacist in the State of New York be suspended for a period of two years upon each specification of the charges of which respondent has been found guilty, said suspensions to run concurrently and said fines to be imposed concurrently and total \$4,000.00, that execution of said concurrent suspensions be stayed, and respondent be placed on probation for a period of two years in accordance with the terms of probation set forth by the hearing panel;

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

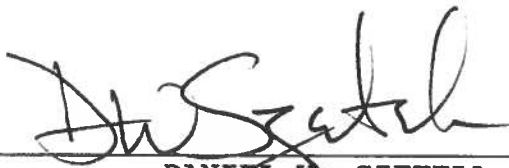
--2--

MATT M. WEINBERG (12866)

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.

IN WITNESS WHEREOF, I, Daniel W. Szetela,
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 24th
day of June, 1994.



DANIEL W. SZETELA
DEPUTY COMMISSIONER
FOR THE PROFESSIONS



STATE OF NEW YORK
CERTIFICATE OF RELIEF FROM DISABILITIES

3448
FOR COURT OR BOARD OF PAROLE
Docket, File, or other Identifying No.

81060

This certificate is issued to the holder to grant relief from all or certain enumerated disabilities, forfeitures, or bars to his employment automatically imposed by law by reason of his conviction of the crime or of the offense specified herein.

This certificate shall NOT be deemed nor construed to be a pardon.

SEE REVERSE SIDE FOR EXPLANATION OF THE LAW GOVERNING THIS CERTIFICATE

The Original Certificate is to be presented to the person to whom awarded. One copy is to be retained by the issuing agency, and one copy is to be filed with the N.Y.S. Div. of Criminal Justice Services, Executive Park, Stuyvesant Plaza, Albany, N.Y. 12203

1. For use by DCJS	HOLDER OF CERTIFICATE		3. NYSID Number (If not known, submit fingerprints to DCJS. If fingerprints are unobtainable, complete items 15-18 below.)
	2. Last Name WEINBERG, MATT M.	First Name Middle Initial	
4. Crime or offense for which convicted Criminal Possession Stolen Property 5°		5. Date of arrest 12/9/91	6. Date of sentence 5/4/92
7. Court of disposition (Court, Part, Term, Venue) Nassau County Court 262 Old Country Road Mineola, NY 11501		8. Certificate issued by: ☒ COURT INDICATED IN NO. 7 ☐ STATE BOARD OF PAROLE	
9. Date this certificate issued March 30, 1995		10. If this Certificate replaces Certificate of Relief From Disabilities previously issued, give date of previous Certificate. Date: ☒ Not Applicable	

11. CHECK ONE BOX ONLY

This certificate shall:

- ☐ a Relieve the holder of all forfeitures, and of all disabilities and bars to employment, excluding the right to retain or to be eligible for public office, by virtue of the fact that this certificate is issued at the time of sentence. The Date of Sentence in this case must agree with the Date Certificate Issued.
- ☒ b Relieve the holder of all disabilities and bars to employment, excluding the right to be eligible for public office.
- ☐ c Relieve the holder of the forfeitures, disabilities or bars hereinafter enumerated _____

12. ☒ This certificate shall be considered permanent.

- ☐ This certificate shall be considered temporary until _____. After this date, unless revoked earlier by the issuing court or parole board, this certificate shall be considered permanent. A person who knowingly uses or attempts to use a revoked certificate in order to obtain or exercise any right or privilege that he would not be entitled to obtain or to exercise without valid certificate shall be guilty of a misdemeanor.

13. Signature of issuing official(s) 	Print or type name(s) Hon. Ira H. Wexner	14. Title(s) Supreme Court Justice
Complete the following for DCJS, only if fingerprints are not obtainable		
15. Sex ☐ Male ☐ Female	16. Color	17. Height ft. in.
18. Date of Birth (Month, Day, Year)		

Florida Board of Bar Examiners

ADMINISTRATIVE BOARD OF THE SUPREME COURT OF FLORIDA

MIQUEL M. DE LA O
CHAIR

SUZANNE MEYER JUDAS
VICE CHAIR

MEMBERS

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REGINALD J. CLYNE
MICHAEL P. DICKEY
LORETTA FABRICANT
ZALA L. FORIUS
JERRY M. GEWIRTZ
REGINALD D. HICKS
STEVEN R. MAXWELL
KIMBERLY RODGERS
CAROLYN HOUSE STEWART
J. JEFFRY WAHLEN
VERONICA Y. WHITE



TIPPIN-MOORE BUILDING
1001 EIDER COURT
TALLAHASSEE, FL 32309-1790

(850) 487-1292
FAX (850) 414-6822
WWW.FLORIDABAREXAM.ORG

MICHELE A. GAVAGNI
EXECUTIVE DIRECTOR

THOMAS ARTHUR POJECKY
GENERAL COUNSEL

YENNA H. COLVIN
DIRECTOR OF ADMINISTRATION

NOTICE OF BOARD ACTION

IN RE: APPLICATION OF
WEINBERG, MATT M.
FOR ADMISSION TO THE
FLORIDA BAR

File No.: 12593

RECEIVED
10/31/07

TO: Paul A. Remillard, Esq.
3201 Shamrock South, Ste. 102
Tallahassee, FL 32309

The Florida Board of Bar Examiners, while in formal session during October 25-27, 2007, subsequent to your client's appearance, determined that the matters discussed during the hearing are not disqualifying. Your client's admission to The Florida Bar has been recommended, as evidenced by the enclosed letter from the Clerk of the Supreme Court.

The Board's records have been updated to reflect your client's last known mailing address on file. If the address on the enclosed correspondence is incorrect, please have the applicant notify the Board of the correct mailing address by return mail. Your cooperation in this case was appreciated.

Dated this 30th day of October, 2007.

Reported by,

Michele A. Gavagni
Executive Director

Enclosure: Letter from the Supreme Court of Florida

MAG:tm:lac



The Florida Bar

651 East Jefferson Street
Tallahassee, FL 32399-2300

Joshua E. Doyle
Executive Director

850/561-5600
www.FLORIDABAR.org

State of Florida)

County of Leon)

In Re: 0047821

Matt M Weinberg

██████████ Lipizzan Trl

Ormond Beach, FL 32174-2422

I CERTIFY THE FOLLOWING:

I am the custodian of membership records of The Florida Bar.

Membership records of The Florida Bar indicate that The Florida Bar member listed above was admitted to practice law in the state of Florida on **December 6, 2007**.

The Florida Bar member above is an active member in good standing of The Florida Bar who is eligible to practice law in the state of Florida.

Dated this 24th day of **June, 2021**.

Cynthia B. Jackson, CFO
Administration Division
The Florida Bar



PG:R10
CTM-139977

23

To

Nevada State Board of Pharmacy,

My name is Ahsun Cho and I am a Pharm D graduate at Midwestern University, Glendale Campus. I graduated in 2018 and am currently licensed in the state of Arizona. I have been practicing in retail pharmacy primarily in Bullhead City since I obtained my license on September of 2018. I have enjoyed living and working here in BullheadCity;however, my goal is to move to Nevada.

The purpose of this letter is to request a retake of the Nevada state MPJE. Unfortunately, I was unable to successfully obtain passing scores in all 5 of my attempts. On the day of my first attempt, I received news that I was expecting. I was filled with joy, nervous, excited and I was unable to concentrate on my exam. Around the second attempt, it was revealed to me that my pregnancy would not be viable, and I was heartbroken and again unable to concentrate. Every subsequent attempt after that resulted in failures. After taking some time off and focusing on my personal health, I feel that I am ready to make my final attempt.

I am very knowledgeable regarding pharmacy laws in Arizona and I have every intent to master the pharmacy laws in Nevada. After my failures, I continued to study intensely, purchased more materials and kept up my interest in the Nevada pharmacy law. If given this final opportunity, I am confident that I will be able achieve success. Thank you greatly for your time and consideration.

Ahsun Cho, Pharm D

A handwritten signature in black ink, appearing to read 'Ahsun Cho', with a stylized, flowing script.

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 – Reno, NV 89521

APPLICATION BY RECIPROCATION AS A PHARMACIST

If you are requesting licensure by reciprocation (i.e. You have a current pharmacist license from another state and wish to transfer license information and only need to take the Nevada MPJE), complete this application:

Total Fee: \$250.00 (Non-refundable check or credit card. Credit Cards are charged a 5% processing fee)

Made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: AnSun Middle: _____ Last: CHO

Mailing Address: [REDACTED] Paseo Grande Apt #1023

City: Bullhead City State: AZ Zip Code: 86442

Telephone: [REDACTED] E-mail Address: julie.ahsun.cho@gmail.com

Date of Birth: [REDACTED] Place of Birth: Guam, 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:

Arizona Date of Issuance: 09/19/2018

College of Pharmacy Information

Graduation Date: 05/31/2018
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Midwestern University

Location of School: Glendale, AZ

If you are a **foreign graduate** you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information

Board Use Only

Processed: _____ Amount: \$250 Mo# Entity #: _____
2744433666
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?
AZ	5023590	Yes ☒ No ☐			Yes ☐ No ☐
		Yes ☐ No ☐			Yes ☐ No ☐

**Attach separate sheet if needed

Have you ever served in the military, either active, reserve or retired?

Yes ☐ No ☒

Branch: _____

Military Occupation/Specialty: _____

Dates of Service: _____

A licensee is not required to have a Nevada State Business License, however, if you do, please provide the number: _____

						Yes	No
1. Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?						☐	☒
2. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?						☐	☒
3. Been the subject of a board citation or an administrative action or board citation whether completed or pending in <u>any</u> state?						☐	☒
4. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?						☐	☒
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:							
Board Administrative Action:		State	Date:		Case #:		
			/ /				
Criminal Action:	State	Date:	Case #:	County	Court		
		/ /					

FEDERALLY MANDATED REQUIREMENTS

In response to Federally mandated requirements, the Nevada Legislature and Attorney General require that we include this questions as part of all applications.

4. Are you the subject of a court order for the support of a child?..... Yes ☐ No ☒

4a. If you marked Yes. to the question 4. are you in compliance with the court order?..... Yes ☐ No ☐

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.



Original Signature, no copies or stamps accepted

7/13/2021

Date

24

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
775-850-1440
bop.nv.gov

Nevada
(For locations located in the State of Nevada)
PHARMACYAPPLICATION
INFORMATION AND CHECKLIST

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications will be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, the application will be returned.

For a location or name change of an out-of-state pharmacy, we only require notification in writing. A new application is only required if changing ownership of 50% or greater.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

- Complete all required pages of the application. Must be original signature(s), no copies or stamps.
- Registration fee of \$500.00. This fee is non-refundable and non-transferable. The fee is payable by money order or cashier's check only, we do not accept personal checks, business checks, cash or credit cards. If the application is received with a personal, business check or cash, it will be returned and will delay the processing of the application. Fee made payable to: Nevada State Board of Pharmacy
- Statement of Responsibility. This is page 10 included with the application

- Statement of Responsibility - Managing Pharmacist – (2 pages) The managing pharmacist must be registered with the Nevada State Board of Pharmacy and live in Nevada. Pages 11a and 11b.
- Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate of Corporate status is obtained from the Secretary of State's office in the State where incorporated. This Certificate of Corporate status must be dated within the last 6 months.
- Addendum to Pharmacy Application – Internet. This addendum is required if you will be providing internet services. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

An application for Nevada pharmacy requires Board approval. Upon receipt of the completed application, documentation and fee, your application can be placed on the agenda of the next regularly scheduled Board meeting. The current board meeting schedule is available on the website under the "Calendar of Upcoming Boards & Committee Meetings".

http://bop.nv.gov/board/ALL/Board_Meeting_Schedule/

Appearance(s) at the board meeting may be required. If you have never operated a pharmacy in Nevada before, you will be required to appear at a scheduled board meeting. If an appearance is required, you will be informed by way of confirmation letter two (2) weeks prior to the meeting. Otherwise assume an appearance will not be necessary.

If the application is approved at the scheduled meeting a letter with the information needed to schedule the required pre-opening inspection will be mailed within 15 days from the date of the meeting

Any change of ownership and/or location change, will require a new application and \$500.00 fee. If the address changes, a pre-opening inspection will be required.

Upon board approval and satisfactory inspection a license will be issued and mailed within 15 days from the date of the inspection. A license number will not be provided until the inspection has been completed.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

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: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

_____ Fax: _____ Toll Free Number: _____

_____ E-mail: _____

Website: _____

Managing Pharmacist: _____ License Number: _____

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☐ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding
☐ ☐ Other Services: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Include with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Business Addressb) _____
Name Business Addressc) _____
Name Business Addressd) _____
Name Business Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday	_____am	_____pm	Saturday	_____am	_____pm
Sunday	_____am	_____pm	24 Hours	_____	

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Include with the application for a non publicly traded corporation continued

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

Designated representative form. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the "Applications/Services" tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP. All persons listed as a partner must accurately complete a personal history record form.

Type of Partnership: General _____ Limited _____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Partnership Name: _____

Mailing Address: _____

City, State Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Include with the application for a partnership continued

Designated representative form. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record for each stockholder. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

APPLICATION FOR NEVADA PHARMACY LICENSE

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: _____

Business Name: _____

Current Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Include with the application for a sole owner

Designated representative form. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

The designated representative (as defined in NAC 639.5005) needs to complete the form, submit the required 6000 hours of employment with a pharmacy or wholesaler and will be required to take and pass an exam on Nevada law prior to the license being issued. Upon receipt of the completed application, a law book and requirements for taking the exam will be provided to the designee. If the designated representative is the managing pharmacist, the law test is not required.

Complete the personal history record. Download the form from the website under the “Applications/Services” tab. The forms are available under the documents of all types of businesses. Must be an original signature, no copies or stamps.

STATEMENT OF RESPONSIBILITY – Nevada Pharmacy
FOR Corporations, Partnership or Sole Owners

I, _____

Responsible Person of _____

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Managing Pharmacist

Pharmacist Name: _____

License #: _____

Pharmacy Name: _____

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	☐	☐
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	☐	☐
2. been the subject of a board citation or an administrative action whether completed or pending in any state?	☐	☐
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	☐	☐

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action:	State: _____	Date: _____	Case #: _____
And/or Criminal Action:	State: _____	Date: _____	Case #: _____
	County: _____	Court: _____	

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practitioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

Signature

Date

Nevada State Board of Pharmacy
 985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521
 775-850-1440
 bop.nv.gov

**OUT-OF-STATE
 (For locations shipping to the State of Nevada
 PHARMACY APPLICATION
 INFORMATION AND CHECKLIST**

This application cannot be returned by fax or email.
 We must have an original signature and fee to process.

Failure to submit a complete application will result in significant delays in the processing of the application and issuance of the license.

Please understand we cannot and will not accept incomplete applications. Review the application and return all required fees and documentation with the completed application.

Submission of the application just prior to the deadline date does not guarantee placement on the board agenda.

Please note the application/documentation deadline date is on the board meeting schedule listed on the website. The deadline date is the LAST DAY completed applications will be accepted for that particular board meeting. If the application and all pertaining documentation is not complete and enclosed, the application will be returned.

For a location or name change of an out-of-state pharmacy, we only require notification in writing. A new application is only required if changing ownership of 50% or greater.

REQUIRED DOCUMENTS FOR ALL TYPES OF OWNERSHIP

You will also be required to submit additional information depending on your ownership type. Details regarding the additional information are included with the application.

Complete all required pages of the application. Must be original signature(s), no copies or stamps.

Statement of Responsibility. This is page 8 included with the application

Registration fee of \$500.00. This fee is non-refundable and non-transferable. The fee is payable by money order or cashier's check only, we do not accept personal checks, business checks, cash or credit cards. If the application is received with a personal, business check or cash, it will be returned and will delay the processing of the application. **Fee made payable to:**
 Nevada State Board of Pharmacy

Certificate of Corporate status (also referred to as Certificate of Good Standing). The Certificate of Corporate status is obtained from the Secretary of State's office in the State where incorporated. This Certificate of Corporate status must be dated within the last 6 months.

Letter of good standing from the state or regulatory board in which your company is located. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*. An original separate letter from the state or regulatory board also acceptable.

Copy of current registration or license for the pharmacy in the state of residence.

Copy of recent inspection.

AFFIDAVIT for Out-of-State Pharmacy License – Blank form is included.

Statement of Responsibility for Pharmacies Located Outside of Nevada – Blank form included

Addendum to Pharmacy Application – Internet. This addendum is required if you will be providing internet services. Download the form from the website under the "Services/Applicants" tab. The forms are available under the *documents for all types of businesses*.

Copy of Current DEA Registration (if applicable)

REQUIRED INFORMATION FOR ALL TYPES OF OWNERSHIP

An application for an out-of-state pharmacy requires Board approval. Upon receipt of the completed application, documentation and fee, your application will be placed on the agenda of the next regularly scheduled Board meeting. The current board meeting schedule is available on the website under the "Calendar of Upcoming Boards & Committee Meetings".

AN APPEARANCE AT THE BOARD MEETING WILL BE REQUIRED, IF THE PHARMACY INTENDS TO SHIP PARENTERAL PRODUCTS, INCLUDING STERILE COMPOUNDED DRUGS INTO NEVADA. Nevada Administrative Code (NAC) 639.215 provides, "An applicant for a license to operate a pharmacy in the State of Nevada must appear before the board in support of the application and must received instructions relative to the pharmacy laws, if the applicant . . . (c) is applying for the licensure of a pharmacy located outside the state that will be shipping compounded parenteral products into this state.

The purpose is to insure firms will provide a continuum of home parenteral care which has frequently been absent with contract providers of parenteral pharmaceutical products from out-of-state. Our regulation in part will require:

1. A pharmacist, practitioner and nurse must be available at all times for immediate assistance to the patient;
2. The pharmacy must have access to orders for the medication, laboratory tests and other patient treatments; and
3. Documentation that patient assessment has been performed.

Your presence before the board can describe how these services are available and how you fulfill the requirements of the regulations.

The board has a legal right to require an appearance at a scheduled board meeting. If an appearance is **required**, your company will be notified in writing two (2) weeks prior to the meeting.

If you check off-site cognitive services on the application, Nevada Administrative Code 639.4916 requires "A pharmacist who is employed by an off-site pharmaceutical service provide to provide remote chart order processing services to a hospital or correctional institution pursuant to NAC 639.4915 must (a) Be licensed to practice in Nevada." Provide name and Nevada pharmacist license number. This does not have to be the managing pharmacist.

A license is usually issued and mailed within 15 days from the board meeting date, if approved.

This license is renewed in October of even numbered years, no matter when the license is issued. Fees are not pro-rated.

Please access the applicable laws on the website under "Nevada Statutes & Regulations" tab.

If you have any questions, contact the licensing specialist in the Reno office at (775) 850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, NV 89521

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy or ☐ Ownership Change (Provide current license number if making changes: PH _____)
Check box below for type of ownership and complete all required forms.

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: _____ Website: _____

Managing Pharmacist: _____ License Number: _____

TYPE OF PHARMACY

AND

SERVICES PROVIDED

Yes/No

- ☐ ☐ Retail
☐ ☐ Hospital (# beds _____)
☐ ☐ Internet
☐ ☐ Nuclear
☐ ☐ Ambulatory Surgery Center
☐ ☐ Community
☐ ☐ Other: _____

All boxes must be checked

For the application to be complete

Yes/No

- ☐ ☐ Off-site Cognitive Services
☐ ☐ Parenteral **
☐ ☐ Parenteral (outpatient)
☐ ☐ Outpatient/Discharge
☐ ☐ Mail Service
☐ ☐ Long Term Care
☐ ☐ Sterile Compounding **
☐ ☐ Non Sterile Compounding
☐ ☐ Mail Service Sterile Compounding **
☐ ☐ Other Services: _____

****If you check "yes" on any of these types of services, you will be required to make an appearance at the board meeting,**

APPLICATION FOR OUT-OF STATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☐
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action, board citation, site fine or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

Page 2

Board Use Only

Date Processed: _____

Amount: _____

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Corporation Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

Must be included with the application for a publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors.

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: _____

Parent Company if any: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) _____
Name Addressb) _____
Name Addressc) _____
Name Addressd) _____
Name Address

2) Provide the number of shares issued by the corporation. _____

3) What was the price paid per share? _____

4) What date did the corporation actually receive the cash assets? _____

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____ 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: _____

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

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A PARTNERSHIP

General _____ Limited _____

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership
 Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
_____	_____	_____
_____	_____	_____

List names of 4 largest partners and percentage of ownership:

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Name: _____ %: _____

Hours of Operation for the pharmacy:

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

A Nevada business license is not required, however if the pharmacy has a Nevada business license please provide the number: _____

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: _____

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: _____

STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, _____

Responsible Person of _____

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Original Signature of Person Authorized to Submit Application, no copies or stamps

Print Name of Authorized Person

Date

STATE OF _____)
) ss.
COUNTY _____)

1. I am the _____ for _____ (the

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, _____, do hereby swear under penalty of perjury that the assertions of this affidavit are true.

Name _____

SUBSCRIBED AND SWORN TO
before me, a notary public this
_____ day of _____, 20____.

NOTARY PUBLIC

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

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (07/30/2021)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Approval of this application is required to conduct a pharmacy in Nevada or for a pharmacy located in another state to ship pharmaceutical products into Nevada. Any change of name, ownership, or location will require a new application and \$500.00 fee. A license to conduct a pharmacy is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application with a **non-refundable fee of \$500.00** paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. **Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda.** For application deadlines and meeting schedule visit www.bop.nv.gov.

Please note:

- An appearance at a board meeting may be required. If an appearance is required, you will be informed by letter two (2) weeks prior to the meeting.
 - If an applicant who is required to appear before the board is:
 - A partnership, all partners must appear. NAC 639.215
 - A corporation, a designated representative of the corporation must appear. If the designated representative is not an officer of the corporation, a letter authorizing him or her to appear on behalf of the corporation that is signed by an officer of the corporation must be submitted with the application. Documentation of the status of the person signing the letter of authorization must be submitted with the application. NAC 639.215
 - A pharmacy performing sterile compounding, a person with direct knowledge of compounding procedures.
- For Nevada pharmacies, upon approval of the application a pre-opening inspection will be required. Information regarding the pre-opening inspection will be provided to you after the approval of your application.
- Once an application is approved, the pharmacy receives a satisfactory pre-opening inspection (for Nevada pharmacies), and all other requirements of the board have been completed, a license will be issued.
- The license must be renewed in **October of even numbered years** despite when the original license was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov
- For questions contact us 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

Pharmacy Application

Non-Refundable \$500.00 Fee

Rev (07/30/2021)

Where is the facility located?		
☐ Nevada ☐ Out-of-State		
Type of Application (check applicable box)	Ownership Type (check applicable box)	
☐ New Pharmacy ☐ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: PH _____ ☐ Publicly Traded (complete sections 1, 2, 3, 4, 5, 9, 10, 11, 12) ☐ Non-Publicly Traded (complete sections 1, 2, 3, 4, 6, 9, 10, 11, 12) ☐ Partnership (complete sections 1, 2, 3, 4, 7, 9, 10, 11, 12) ☐ Sole Owner (complete sections 1, 2, 3, 4, 8, 9, 10, 11, 12)	

Section 1: General Information						
Pharmacy Name: _____						
Physical Address: _____						
City: _____	State: _____ Zip: _____					
Mailing Address (if different from physical address): _____						
City: _____	State: _____ Zip: _____					
Telephone: _____	Toll Free # (NAC 639.708, NRS 639.23286): _____					
Fax: _____	Contact Email: _____					
Website: _____						
Nevada Business License # (if applicable) _____						
Supervising/Managing Pharmacist Name: _____						
Type of Pharmacy (check all applicable)	Services the Pharmacy will Provide (check all applicable)					
☐ Retail/Community ☐ Hospital (# beds _____) ☐ Internet ☐ Nuclear ☐ Other: _____	☐ Retail/Community ☐ Non-sterile Compounding ☐ Sterile Compounding ☐ Mail-Order Service ☐ Off-site Cognitive Services ☐ Long Term Care ☐ Hospital ☐ Other: _____					
Days of Operation						
☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday

Section 2: List all Nevada Registered Pharmacist(s) that will be Providing Pharmacy Services into Nevada (NRS 639.100, NRS 639.015) (Use a separate piece of paper if additional space is needed.)

Name: _____	NV Pharmacist License #: _____
Name: _____	NV Pharmacist License #: _____
Name: _____	NV Pharmacist License #: _____
Name: _____	NV Pharmacist License #: _____
Name: _____	NV Pharmacist License #: _____
Name: _____	NV Pharmacist License #: _____
Name: _____	NV Pharmacist License #: _____
Name: _____	NV Pharmacist License #: _____

Section 3: 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 from any jurisdiction?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, 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 any documents that identify the circumstance or contain an order, agreement or other disposition is required.

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(s) of the owner(s), their credentials and their percent ownership. Write NA if not applicable. NRS 639.232. (Use a separate piece of paper if additional space is needed.)

Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____
Name: _____	Credentials: _____	%: _____

1. The Board shall not issue a license to conduct a pharmacy:
 - a) To any practitioner; or
 - b) To any partnership, corporation or association in which a practitioner has a controlling interest or owns more than 10 percent of the available stock.
2. This section does not:
 - a) Apply to a hospital pharmacy or a health maintenance organization which holds a certificate of authority under chapter 695C of NRS.
 - b) Prohibit ownership by a practitioner of a building in which a pharmacy is located, if space for the pharmacy is rented at the prevailing rate.

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: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No**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: _____

Does the number of stockholders/shareholders of the corporation or members exceed four? NRS 639.231 ☐ Yes ☐ No**Section 7: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ LimitedDoes the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No**Section 8: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 9: Statement of Responsibility - MUST BE COMPLETED by an Authorized Person (NAC 639.945)**Statement of Responsibility**

1. I am the _____ (title) for _____ (name of Pharmacy) and in that capacity, I am authorized to speak on the Pharmacy's behalf.
2. I understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be responsible for any violations of pharmacy law that may occur in the Pharmacy owned by such owner(s), shareholder(s), member(s), or partner(s).
3. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against the Pharmacy.
4. I further understand and acknowledge that any owner(s), shareholder(s), member(s), or partner(s) cannot require or permit the pharmacist(s) in said Pharmacy to violate any provision of local, state, or federal laws or regulations pertaining to the practice of pharmacy.
5. I further understand and acknowledge that Nevada law requires that each pharmacist engaged in providing pharmacy services into Nevada is licensed by the Nevada State Board of Pharmacy (NRS 639.100).

Print Name of Authorized Person

Original signature of Authorized Person (copies or stamps not accepted)

Date

Section 10: Affidavit for Pharmacies- MUST BE COMPLETED by pharmacies NOT CURRENTLY PERFORMING Sterile Compounding

Affidavit for Pharmacy License

I, _____ 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 _____ (title) for _____ (name of 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 perform sterile compounding or ship sterile compounds into Nevada.
3. I understand and acknowledge that the Pharmacy and any of its staff members may be subject to discipline by the Board if the Pharmacy performs sterile compounding or ships any sterile compounds into Nevada without first obtaining written authorization from the Board to do so.
4. I certify that if the Pharmacy makes the decision to perform sterile compounding or to ship any sterile compounds into Nevada, the Pharmacy, through an authorized representative, will first notify the Board via a written request, and obtain written approval to perform sterile compounding or to ship any sterile compounds into Nevada.
5. I understand that if the Pharmacy seeks approval to perform sterile compounding or to ship any sterile compounds 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 YOUR AFFIANT SAYETH NAUGHT.

Signature

SUBSCRIBED AND SWORN TO

Before me, a notary public this _____ day of _____, 20_____

Notary Public

Section 11: Managing Pharmacist Acknowledgement, Professional/Personal History - MUST BE COMPLETED by the MANAGING PHARMACIST for NEVADA LOCATED PHARMACY APPLICANTS ONLY

Managing Pharmacist Name: _____ Pharmacist License #: _____

Pharmacy Name: _____

Initial each statement below to indicate you have read and agree with the following:

_____ 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 subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am the managing pharmacist.

_____ I understand within 48 hours after I report for duty as the managing pharmacist, I shall complete an inventory of all controlled substances of the pharmacy pursuant to 21 CFR Part 1304 and maintain a copy of the inventory in the file at the pharmacy.

_____ 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.

_____ I understand that as the managing pharmacist I must ensure that all loss or theft of controlled substances are reported on forms provided by the Nevada State Board of Pharmacy and Department of Public Safety within 10 days after the date of discovery of theft or loss. NRS 453.568. Federal regulations require that registrants notify the Field Division Office of the Administration in his area, in writing, of the theft or significant loss of any controlled substance, disposal receptacles or listed chemicals within one business day of discovery of such loss or theft. The registrant shall also complete and submit to the Field Division Office in his area, DEA Form 106 regarding the loss or theft (21 C.F.R. §1301.76(b) and 21 U.S.C. §830(b)(1)(C)).

_____ I understand that as the managing pharmacist I must notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. NAC 639.540

Personal and Professional History				Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?					
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?					
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?					
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>					
Board Administrative Action:		State:		Date:	
Criminal Action:		State:	Date:	Case #:	Court:

I certify under penalty of perjury that the information I have provided on 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.

 Original signature of Managing Pharmacist (copies or stamps not accepted)

 Date

Section 12: 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 <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List <u>all</u> stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): o All General Partners; o All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office 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/ . NAC 639.5005. The requirement does not apply to: a. An applicant or a licensee that is a publicly traded corporation; b. An applicant or licensee whose pharmacy is determined by the Board to be located within a large retail store, including, without limitation, a grocery store, variety store or department store under common ownership; or c. An applicant or licenses in which a majority interest of the applicant or licensee is owned by a pharmacist who is: 1) License by the Board; and 2) A resident of this state.				
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your most recent pharmacy inspection from the regulatory or licensing authority of the state, territory or Federal agency in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(f)	✓	✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your pharmacy from the regulatory board or licensing authority of the state or territory in which the pharmacy is located. (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2328(2)(a)	✓	✓	✓	✓
• License Verification by the regulatory board or licensing authority of the state or territory in which the pharmacy is located. You may use the form here: https://bop.nv.gov/uploadedFiles/bopnvgov/content/Services/newapps/2020%20ALL_LicenseVerificationForm(1).pdf (REQUIRED FOR NON-NEVADA PHARMACIES ONLY) NRS 639.2238(2)(g)	✓	✓	✓	✓
• Copy of DEA Registration if handling controlled substances (REQUIRED FOR NON-NEVADA PHARMACIES ONLY)	✓	✓	✓	✓
• Internet Pharmacy Services Certification (REQUIRED FOR PHARMACIES PROVIDING INTERNET PHARMACY SERVICES)	✓	✓	✓	✓
• Transmit Controlled Substance Prescription Data- Pharmacies dispensing scheduled II-V controlled substance for human consumption shall, not later than the end of the next business day after dispensing a controlled substance, upload to the Nevada Prescription Monitoring Program (PMP) the information described in paragraph (d) of subsection 1 of NRS 453.162. Registration information found at: https://bop.nv.gov/links/PMP/	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only	Date Received: _____	Amount: _____
-----------------------	----------------------	---------------



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name:

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type:

☐ Visa ☐ MasterCard ☐ Discover
☐ American Express

Credit Card #:

Expiration Date:

__ / __ / __ (MM/YY)

CVV (3 digits on back of card):

License Amount:

\$ _____

Name on Card:

Billing Address:

25

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Rev (06/24/2021)

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Approval of this application is required to conduct an Ambulatory Surgical Center or a Recovery Center in Nevada. Any change of name, ownership, or location will require a new application and \$500.00 fee. A license to conduct an Ambulatory Surgical Center or a Recovery Center is a revocable privilege, and no holder of such a license acquires any vested right therein or thereunder.

Print and mail the completed application with a **non-refundable fee of \$500.00** paid for by credit or debit card or a check made payable to the **Nevada State Board of Pharmacy**. Credit and debit card payments are charged a **5% processing fee**. Send the completed application to the address indicated on top of this application.

Please ensure all requirements of the application are completed before submission. The deadline date for an application to be considered during a board meeting is posted on our website. If a completed application is not received by our office by the deadline, the application will not be considered until the next scheduled board meeting. **Please note that an application received just prior to the deadline date does not guarantee placement on the board agenda.** For application deadlines and meeting schedule visit www.bop.nv.gov.

Please note:

- An appearance at a board meeting may be required. If an appearance is required, you will be informed by letter two (2) weeks prior to the meeting.
- Upon approval of the application a pre-opening inspection will be required. Information regarding the pre-opening inspection will be provided to you after the approval of your application.
- Once an application is approved, the facility receives a satisfactory pre-opening inspection and all other requirements of the board have been completed, a license will be issued.
- The license must be renewed in **October of even numbered years** despite when the original license was issued. Fees ARE NOT prorated.
- Nevada statutes and regulations can be accessed at www.bop.nv.gov.

If you have any questions, please contact the Nevada State Board of Pharmacy at 775-850-1440 or by email at pharmacy@pharmacy.nv.gov.

NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Parkway, Suite 206 - Reno, NV 89521 - (775) 850-1440

Ambulatory Surgical Center (ASC) and Recovery Center (RC) Application

Non-Refundable \$500.00 Fee

Rev (06/24/2021)

Type of Facility		
☐ Ambulatory Surgical Center (ASC) ☐ Recovery Center (RC)		
Type of Application (check applicable box)	Ownership Type (check applicable box)	
☐ New ASC/RC ☐ Ownership Change* ☐ Location Change * ☐ Name Change*	* If making a change, provide current license number: _____ ☐ Publicly Traded (complete sections 1, 2, 3, 7, 8) ☐ Non-Publicly Traded (complete sections 1, 2, 4, 7,8) ☐ Partnership (complete sections 1, 2, 5, 7, 8) ☐ Sole Owner (complete sections 1, 2, 6, 7, 8)	

Section 1: General Information						
ASC/RC Name: _____						
Physical Address: _____						
City: _____		State: _____		Zip: _____		
Mailing Address (if different from physical address): _____						
City: _____		State: _____		Zip: _____		
Telephone: _____		Fax: _____				
Contact Email: _____		Website _____				
Nevada Business License # _____						
Employed/Contracted Pharmacist Name: _____				NV Pharmacist License #: _____		
Medical Director Name: _____						
Days of Operation						
☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday

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 from any jurisdiction?		
3. Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been subject of an administrative action, board citation, cite fine, 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 any documents that identify the circumstance or contain an order, agreement or other disposition is required.		

Section 3: 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: _____

Does the number of stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No**Section 4: 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: _____

Does the number of members or stockholders/shareholders of the corporation exceed four? NRS 639.231 ☐ Yes ☐ No**Section 5: Partnership**

Partnership Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Contact Person Name: _____

Please check type of partnership (NAC 639.214) ☐ General ☐ LimitedDoes the number of partners or members of the partnership exceed four? NRS 639.231 ☐ Yes ☐ No**Section 6: Sole Owner**

Owner's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Section 7: Employed/Contracted Pharmacist (MUST BE COMPLETED BY the Employed/Contracted Pharmacist)

Pharmacist Name: _____ Pharmacist License #: _____

As the employed/contracted pharmacist, for (ASC/RC Name): _____ :

I understand that I am responsible for establishing policies and procedures which (NAC 639.4996):

- a) Are consistent with the policies and procedures developed pursuant to NAC 639.447;
- b) Require to maintain records in accordance with the provisions of NAC 639.485 and 639.485;
- c) Address the purchase, storage, maintenance of records and dispensing of drugs and investigational drugs;
- d) Require maintenance of a perpetual inventory of all controlled substances;
- e) Prescribe the procedure for quarantining and destroying drugs and investigational drugs that are expired, adulterated, mislabeled or otherwise unsafe for human use;
- f) Require the storage of drugs and investigational drugs in accordance with the specifications of the manufacturer;
- g) Ensure that the ASC and RC dispenses drugs and investigational drugs pursuant to chart orders and in accordance with applicable state and federal laws; and
- h) Ensure that all compounding is
 - a. Performed by a registered pharmacist in accordance with the provisions of NRS and NAC 639; or
 - b. If performed by an employee of the ASC or RC, other than a registered pharmacist, performed:
 - i. In accordance with the provisions of NRS and NAC 639;
 - ii. In a location designated for compounding that is clean and disinfected before each act of compounding; and
 - iii. By a person who has completed training for the type of compounding that will be performed.

I understand that I shall (NAC 639.4998):

- a) Visit the ASC or RC at least once each month to:
 - a. Evaluate the effectiveness of the policies and procedures established pursuant to NAC 639.4996; and
 - b. Confirm that the ASC or RC is complying with those policies and procedures, the below provisions.
- b) Maintain documentation of each visit that the pharmacist makes;
- c) Conduct an audit at least once each month using a sufficient number of records of the ASC or RC, including, without limitation, records of patients and records relating to the purchasing, storing and dispensing of drugs and investigational drugs, which must be randomly selected, to determine whether:
 - a. The records indicate that the drugs and investigational drugs are dispensed in a safe and effective manner in accordance with accepted standards of practice and the specifications of the manufacturer;
 - b. Drugs and investigational drugs are diluted in accordance with accepted standards of practice or pursuant to the specifications of the manufacturer;
 - c. The records demonstrate:
 - i. That a discrepancy does not exist in the number of drugs and investigational drugs that are in vials designated by the manufacturer for a single use which are dispensed and the number of patients who receive such drugs and investigational drugs; and
 - ii. That drugs, not including investigational drugs, which are in vials designated by the manufacturer for a single use and any remaining medication in those vials are discarded after use;
 - d. The records demonstrate that drugs, not including investigational drugs, which are in vials designated by the manufacturer for more than one use are discarded when the medication in the vials has expired or not more than 28 days after the initial breach of the vial;
 - e. The employees of the ASC or RC properly maintain accurate records relating to drugs and investigational drugs; and
 - f. The employees of the ASC or RC properly monitor and maintain the perpetual inventory required pursuant to paragraph (d) of subsection 1 of NAC 639.4996; and
- d) Submit a written report, including, without limitation, a written explanation, to the Board not later than 5 business days after the pharmacist determines that:
 - a. The ASC or RC is violating a state or federal law which affects the care and safety of a patient;
 - b. There is a discrepancy of 5 percent or more between the actual quantity of a controlled substance in the possession of the ASC or RC and the amount of the controlled substance that should be in the possession of the ASC or RC according to the records of the ASC or RC, including, without limitation:
 - i. Purchase orders and invoices for the controlled substance;
 - ii. Records which indicate the removal of the controlled substance from the storage area;
 - iii. Patient records;
 - iv. Records which indicate the return of the controlled substance to the manufacturer;
 - v. Records which indicate that the controlled substance was destroyed; and
 - vi. Any other record for the controlled substance;
 - c. The recovery center or surgical center has intentionally or recklessly failed to create or maintain a record required by the policies and procedures established pursuant to NAC 639.4996;
 - d. The recovery center or surgical center is administering a drug or an investigational drug in violation of accepted standards of practice or the specifications of the manufacturer; or
 - e. The recovery center or surgical center is engaged in a practice which endangers the health, safety or welfare of a patient or employee of the recovery center or surgical center.

Personal and Professional History of the Employed/Contracted Pharmacist				Yes	No
1. Have you been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?					
2. Have you been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?					
3. Have you been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state?					
4. Has your license been subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?					
If you marked YES to any questions above, include the following information and provide a <u>signed statement of explanation</u>. <u>Copies of any documents that identify the circumstance or contain an order, agreement or other disposition is required.</u>					
Board Administrative Action:	State:		Date:		Case #:
Criminal Action:	State:	Date:	Case #:	County:	Court:

I certify under penalty of perjury that the information I have provided on 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.

Original signature of Employed/Contracted Pharmacist (copies or stamps not accepted)

Date

Section 8: 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 <u>all</u> Officers and Directors. NRS 639.231(2)(b), NAC 639.214(5)(a)	✓	✓		
• List the <u>top four</u> stockholders and their percent ownership. NRS 639.231(3)	✓	✓		
• List <u>all</u> stockholders who hold 10% or more of the shares. NAC 639.214(4)(b)		✓		
• For General Partnerships, list the name of each partner. NAC 639.214(2) • For Limited Partnerships, list the names of (NAC 639.214(3)): ○ All General Partners; ○ All Limited Partners who hold 10% or more of the interest.			✓	
• Certificate of Corporate Status or Certificate of Good Standing from the Secretary of State's Office where the business is domiciled, dated within the last 6 months .	✓	✓	✓	✓
• Personal History Record Application must be completed by each shareholder/stockholder/partner/member/owner. Form found at http://bop.nv.gov/Services/newapps/Business/		✓	✓	✓
• Submit a copy of your license, certification, permit or registration issued to your ASC or RC by the Nevada Division of Public and Behavioral Health of the Department of Health and Human Services.	✓	✓	✓	✓

I certify under penalty of perjury that the information contained in this application is accurate, true and complete in all material respects. I understand that making any false representation in this application is a crime under NRS 639.281. I understand that, pursuant to NRS 239.010, this entire application and any portion thereof is a public record unless otherwise declared confidential by law, and will be considered by the Nevada State Board of Pharmacy at a public meeting pursuant to NRS 241.020. In the event this application is approved I agree to comply with all applicable federal and state statutes and regulations governing this license or registration and understand that any violation may result in discipline.

Print Name of Authorized Person Submitting Application (If the applicant is a partnership or corporation, the application must be signed by a partner or by an officer of the corporation). NAC 639.215

Original signature of Authorized Person (copies or stamps not accepted)

Date

Board Use Only

Date Received: _____

Amount: _____



NEVADA STATE BOARD OF PHARMACY

985 Damonte Ranch Pkwy Suite 206, Reno, Nevada 89521

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

• Web Page: bop.nv.gov

Applicant Name:

Payment: Pay application fee by providing your credit or debit card information below, or by submitting a check made payable to **Nevada State Board of Pharmacy**.

Credit Cards are charged a 5% processing fee

Credit Type:

☐ Visa ☐ MasterCard ☐ Discover

☐ American Express

Credit Card #:

Expiration Date:

___/___/___ (MM/YY)

CVV (3 digits on back of card):

License Amount:

\$ _____

Name on Card:

Billing Address:

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Nevada State Board of Pharmacy

985 Damonte Ranch Parkway, Suite 206 • Reno, NV 89521

(775) 850-1440 • FAX (775) 850-1444

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July 22, 2021

J. David Wuest, R.Ph.

Executive Secretary

Nevada State Board of Pharmacy

985 Damonte Ranch Parkway – Suite 206

Reno, NV 89521

Re: Practice of Pharmacy into Nevada

Executive Secretary Wuest:

NRS 639.100(1)(a), as amended by Senate Bill 408, now states in pertinent part that it is “unlawful for any person to dispense¹ or compound² any prescription of a practitioner, unless the person holds the appropriate certificate, license or permit required by this chapter or chapter 453 or 454 of NRS.” NRS 639.100(1)(a) operates in conjunction with NRS 453.371(2),³ NRS 453.377(1),⁴ NRS 454.215(1),⁵ NRS 639.015,⁶ and NRS 639.284(2),⁷ to require 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.⁸

Best regards,

A handwritten signature in blue ink, appearing to read "Brett Kandt".

Brett Kandt

General Counsel

Nevada State Board of Pharmacy

¹ See NRS 453.056; NRS 639.0065 (“Dispense” defined).

² See NRS 453.039; NRS 454.0053; NRS 639.0053 (“Compound” and “compounding” defined).

³ NRS 453.371(2): “Pharmacist” means a person who holds a certificate of registration issued pursuant to NRS 639.127 and is registered with the Board.

⁴ NRS 453.377(1): A controlled substance may be dispensed by a registered pharmacist upon a legal prescription from a practitioner.

⁵ NRS 454.215(1): A dangerous drug may be dispensed by a registered pharmacist upon the legal prescription from a practitioner.

⁶ NRS 639.015: “Registered pharmacist” means a person registered in this State.

⁷ NRS 639.284(2): Any person who is not a registered pharmacist and compounds or dispenses any prescription is guilty of a felony. See also NRS 453.421.

⁸ See also 21 CFR §1306.06 and NRS 629.515.

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EXECUTIVE SECRETARY REPORT

August 20 – September 2, 2021

- **FINANCIAL REPORT**
- **TEMPORARY LICENSES**
- **CHANGE OF ADDRESS BUSINESS LIST**
- **STAFF ACTIVITIES**
 - Meetings with Other Health Care Boards
 - COVID-19
 - NABP National Distance Meeting
- **REPORT TO BOARD**
 - Legislative Update
- **BOARD RELATED NEWS**
- **ACTIVITIES REPORT**
 - Covid Vaccine update
 - MAB Update

TEMPORARY LICENSES
(Issued since last board meeting)

MountainView Hospital

Jacob Leonard
Ban Vu

CVS/pharmacy

Jessica Kelley

Renown Regional Medical Center

Zayne Lanier
James Milner

Smith's Pharmacy

Aaron Lewis

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				
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					
NAC 639.220 - Schedule of fees; medical interns and residents reduced fees	01/13/21	02/02/21	R003-21					
NAC 639. NEW Compounded Drugs (dispensing, supplying, furnishing)	01/13/21	01/20/21	R002-21	07/09/21				
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				
NAC 639: Reference Standards for Compounding	06/03/21	06/10/21	R012-21					
NAV 639: Hormonal Contraceptive Protocol	07/15/21							
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					
NAC 639: Allow pharmacists to dispense drugs approved the FDA for human immunodeficiency virus. (Senate Bill 325)	07/15/21 09/02/21							
NAC 639: Prescription information in English and another language (AB 177).	09/02/21							
NAC 639.010, 639.240, 639.242, 639.256: PT/PTT registration requirements.	09/02/21							
NAC 639.208: Requirements to obtain a registration as a pharmacist by reciprocity.	09/02/21							

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29A

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – September 2, 2021

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; AB 177

A REGULATION relating to the practice of pharmacy; implementing the requirements of Assembly Bill 177 requiring the label of a container for a prescribed drugs to be in English and another language upon the request of a prescribing practitioner, a patient or an authorized representative of a patient.

NAC Chapter 639 is hereby amended by adding thereto a new section to read as follows:

1. *Each pharmacy except for an institutional pharmacy shall, upon the request of the prescribing practitioner, a patient or an authorized representative of a patient, provide the information required by section 6 of NRS 639.2801 in English and any one of the following languages:*
 - a. *Spanish*
 - b. *Tagalog*
 - c. *Mandarin*
 - d. *Cantonese*
 - e. *Amharic*
 - f. *Somali*
 - g. *Vietnamese*
 - h. *Korean*
 - i. *Ilocano*
 - j. *Samoan*
 - k. *Hawaiian*
 - l. *Thai*
 - m. *Lao*
 - n. *Bengali*
 - o. *Japanese*
 - p. *Portuguese*
 - q. *Russian*
2. *If the information in another language other than English, pursuant to subsection 1, cannot fit on the label of the container of the prescribed drug, the information must be provided on a document which must be dispensed with the prescribed drug. In addition to the requirements set forth in NAC 639.707-.708, the pharmacist must inform the patient or an authorized representative of the patient the information provided in the document.*
3. *The Board will review Nevada demographic trends and projections every 10 years, when census data is published, and if there is a determination after the review of the information that the list of languages pursuant to section 1 is required to be updated, the Board shall adopt the changes within 120 days of the review.*

LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER		
Note: The table shown may have been modified by user selections. Some information may be missing.		
DATA NOTES		
TABLE ID:	B16001	
SURVEY/PROGRAM:	American Community Survey	
VINTAGE:	2019	
DATASET:	ACSDT1Y2019	
PRODUCT:	ACS 1-Year Estimates Detailed Tables	
UNIVERSE:	Population 5 years and over	
FTP URL:	None	
API URL:	https://api.census.gov/data/2019/acs/acs1	
USER SELECTIONS		
GEOS	Nevada	
EXCLUDED COLUMNS	None	
APPLIED FILTERS	None	
APPLIED SORTS	None	
WEB ADDRESS	https://data.census.gov/cedsci/table?q=language&g=0400000US32&tid=ACSDT1Y2019.B16001&hidePreview=true	
TABLE NOTES	Although the American Community Survey (ACS) produces population, demographic and housing unit estimates, it is the Census Bureau's Population Estimates Program that produces and disseminates the official estimates of the population for the nation, states, counties, cities, and towns and estimates of housing units for states and counties.	

	Supporting documentation on code lists, subject definitions, data accuracy, and statistical testing can be found on the American Community Survey website in the Technical Documentation section. Sample size and data quality measures (including coverage rates, allocation rates, and response rates) can be found on the American Community Survey website in the Methodology section.
	Source: U.S. Census Bureau, 2019 American Community Survey 1-Year Estimates
	Data are based on a sample and are subject to sampling variability. The degree of uncertainty for an estimate arising from sampling variability is represented through the use of a margin of error. The value shown here is the 90 percent margin of error. The margin of error can be interpreted roughly as providing a 90 percent probability that the interval defined by the estimate minus the margin of error and the estimate plus the margin of error (the lower and upper confidence bounds) contains the true value. In addition to sampling variability, the ACS estimates are subject to nonsampling error (for a discussion of nonsampling variability, see ACS Technical Documentation). The effect of nonsampling error is not represented in these tables.
	In 2016, changes were made to the languages and language categories presented in tables B16001, C16001, and B16002. For more information, see: 2016 Language Data User note.
	The 2019 American Community Survey (ACS) data generally reflect the September 2018 Office of Management and Budget (OMB) delineations of metropolitan and micropolitan statistical areas. In certain instances the names, codes, and boundaries of the principal cities shown in ACS tables may differ from the OMB delineations due to differences in the effective dates of the geographic entities.
	Estimates of urban and rural populations, housing units, and characteristics reflect boundaries of urban areas defined based on Census 2010 data. As a result, data for urban and rural areas from the ACS do not necessarily reflect the results of ongoing urbanization.

	Explanation of Symbols: * An "***" entry in the margin of error column indicates that either no sample observations or too few sample observations were available to compute a standard error and thus the margin of error. A statistical test is not appropriate. * An "-" entry in the estimate column indicates that either no sample observations or too few sample observations were available to compute an estimate, or a ratio of medians cannot be calculated because one or both of the median estimates falls in the lowest interval or upper interval of an open-ended distribution, or the margin of error associated with a median was larger than the median itself. * An "-" following a median estimate means the median falls in the lowest interval of an open-ended distribution. * An "+" following a median estimate means the median falls in the upper interval of an open-ended distribution. * An "****" entry in the margin of error column indicates that the median falls in the lowest interval or upper interval of an open-ended distribution. A statistical test is not appropriate. * An "*****" entry in the margin of error column indicates that the estimate is controlled. A statistical test for sampling variability is not appropriate. * An "N" entry in the estimate and margin of error columns indicates that data for this geographic area cannot be displayed because the number of sample cases is too small. * An "(X)" means that the estimate is not applicable or not available.
--	---

	Nevada	
Label	Estimate	Margin of Error
Total:	2,895,988	±1,339
Speak only English	1,991,718	±16,570
Spanish:	625,174	±12,451
Speak English "very well"	375,373	±11,829
Speak English less than "very well"	249,801	±10,674
French (incl. Cajun):	8,713	±2,368
Speak English "very well"	6,969	±1,922
Speak English less than "very well"	1,744	±785
Haitian:	824	±723
Speak English "very well"	824	±723
Speak English less than "very well"	0	±216
Italian:	3,690	±1,224
Speak English "very well"	3,058	±1,135
Speak English less than "very well"	632	±373

Portuguese:	6,860	±2,402
Speak English "very well"	4,472	±1,332
Speak English less than "very well"	2,388	±1,818
German:	6,830	±1,157
Speak English "very well"	6,296	±1,055
Speak English less than "very well"	534	±305
Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	±868
Speak English "very well"	1,970	±774
Speak English less than "very well"	232	±273
Greek:	1,643	±790
Speak English "very well"	1,463	±727
Speak English less than "very well"	180	±172
Russian:	5,902	±1,815
Speak English "very well"	3,591	±1,058
Speak English less than "very well"	2,311	±1,488
Polish:	2,143	±961
Speak English "very well"	1,658	±727
Speak English less than "very well"	485	±483
Serbo-Croatian:	3,108	±1,549
Speak English "very well"	1,964	±1,060
Speak English less than "very well"	1,144	±728
Ukrainian or other Slavic languages:	2,880	±1,085
Speak English "very well"	2,137	±906
Speak English less than "very well"	743	±480
Armenian:	3,572	±1,833
Speak English "very well"	2,423	±1,618
Speak English less than "very well"	1,149	±893
Persian (incl. Farsi, Dari):	4,976	±1,690
Speak English "very well"	3,478	±1,469
Speak English less than "very well"	1,498	±646
Gujarati:	1,312	±824
Speak English "very well"	865	±556
Speak English less than "very well"	447	±361
Hindi:	3,277	±1,774
Speak English "very well"	2,980	±1,723
Speak English less than "very well"	297	±291
Urdu:	1,744	±1,777
Speak English "very well"	1,526	±1,758
Speak English less than "very well"	218	±169

Punjabi:	2,395	±1,494
Speak English "very well"	1,239	±1,082
Speak English less than "very well"	1,156	±745
Bengali:	3,473	±3,384
Speak English "very well"	787	±705
Speak English less than "very well"	2,686	±2,874
Nepali, Marathi, or other Indic languages:	2,006	±1,396
Speak English "very well"	1,694	±1,192
Speak English less than "very well"	312	±294
Other Indo-European languages:	5,521	±2,314
Speak English "very well"	4,447	±1,736
Speak English less than "very well"	1,074	±771
Telugu:	150	±245
Speak English "very well"	150	±245
Speak English less than "very well"	0	±216
Tamil:	540	±695
Speak English "very well"	465	±690
Speak English less than "very well"	75	±124
Malayalam, Kannada, or other Dravidian languages:	1,085	±843
Speak English "very well"	979	±755
Speak English less than "very well"	106	±129
Chinese (incl. Mandarin, Cantonese):	34,421	±5,373
Speak English "very well"	14,559	±2,728
Speak English less than "very well"	19,862	±3,982
Japanese:	7,794	±2,000
Speak English "very well"	5,163	±1,532
Speak English less than "very well"	2,631	±939
Korean:	9,885	±1,971
Speak English "very well"	5,588	±1,498
Speak English less than "very well"	4,297	±1,068
Hmong:	790	±732
Speak English "very well"	455	±380
Speak English less than "very well"	335	±395
Vietnamese:	11,514	±3,278
Speak English "very well"	5,851	±1,877
Speak English less than "very well"	5,663	±2,274
Khmer:	923	±663
Speak English "very well"	292	±263
Speak English less than "very well"	631	±534
Thai, Lao, or other Tai-Kadai languages:	6,743	±2,000

Speak English "very well"	3,097	±960
Speak English less than "very well"	3,646	±1,408
Other languages of Asia:	2,224	±1,489
Speak English "very well"	1,447	±1,262
Speak English less than "very well"	777	±665
Tagalog (incl. Filipino):	84,584	±6,130
Speak English "very well"	60,528	±5,586
Speak English less than "very well"	24,056	±2,573
Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	±2,946
Speak English "very well"	8,872	±2,282
Speak English less than "very well"	3,926	±1,611
Arabic:	4,182	±1,944
Speak English "very well"	2,665	±1,273
Speak English less than "very well"	1,517	±879
Hebrew:	3,379	±1,360
Speak English "very well"	2,969	±1,330
Speak English less than "very well"	410	±299
Amharic, Somali, or other Afro-Asiatic languages:	15,942	±4,627
Speak English "very well"	9,921	±3,291
Speak English less than "very well"	6,021	±2,143
Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	±1,943
Speak English "very well"	2,071	±1,921
Speak English less than "very well"	359	±207
Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	±1,363
Speak English "very well"	1,286	±1,012
Speak English less than "very well"	435	±437
Navajo:	108	±176
Speak English "very well"	108	±176
Speak English less than "very well"	0	±216
Other Native languages of North America:	2,456	±836
Speak English "very well"	2,345	±823
Speak English less than "very well"	111	±82
Other and unspecified languages:	2,356	±780
Speak English "very well"	1,996	±715
Speak English less than "very well"	360	±301

	Nevada	
Label	Estimate	Margin of Error
Total:	2,895,988	±1,339
Speak only English	1,991,718	±16,570
Spanish:	625,174	±12,451
Speak English "very well"	375,373	±11,829
Speak English less than "very well"	249,801	±10,674
French (incl. Cajun):	8,713	±2,368
Speak English "very well"	6,969	±1,922
Speak English less than "very well"	1,744	±785
Haitian:	824	±723
Speak English "very well"	824	±723
Speak English less than "very well"	0	±216
Italian:	3,690	±1,224
Speak English "very well"	3,058	±1,135
Speak English less than "very well"	632	±373
Portuguese:	6,860	±2,402
Speak English "very well"	4,472	±1,332
Speak English less than "very well"	2,388	±1,818
German:	6,830	±1,157
Speak English "very well"	6,296	±1,055
Speak English less than "very well"	534	±305
Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	±868
Speak English "very well"	1,970	±774
Speak English less than "very well"	232	±273
Greek:	1,643	±790
Speak English "very well"	1,463	±727
Speak English less than "very well"	180	±172
Russian:	5,902	±1,815
Speak English "very well"	3,591	±1,058
Speak English less than "very well"	2,311	±1,488
Polish:	2,143	±961
Speak English "very well"	1,658	±727
Speak English less than "very well"	485	±483
Serbo-Croatian:	3,108	±1,549
Speak English "very well"	1,964	±1,060
Speak English less than "very well"	1,144	±728

Ukrainian or other Slavic languages:	2,880	±1,085
Speak English "very well"	2,137	±906
Speak English less than "very well"	743	±480
Armenian:	3,572	±1,833
Speak English "very well"	2,423	±1,618
Speak English less than "very well"	1,149	±893
Persian (incl. Farsi, Dari):	4,976	±1,690
Speak English "very well"	3,478	±1,469
Speak English less than "very well"	1,498	±646
Gujarati:	1,312	±824
Speak English "very well"	865	±556
Speak English less than "very well"	447	±361
Hindi:	3,277	±1,774
Speak English "very well"	2,980	±1,723
Speak English less than "very well"	297	±291
Urdu:	1,744	±1,777
Speak English "very well"	1,526	±1,758
Speak English less than "very well"	218	±169
Punjabi:	2,395	±1,494
Speak English "very well"	1,239	±1,082
Speak English less than "very well"	1,156	±745
Bengali:	3,473	±3,384
Speak English "very well"	787	±705
Speak English less than "very well"	2,686	±2,874
Nepali, Marathi, or other Indic languages:	2,006	±1,396
Speak English "very well"	1,694	±1,192
Speak English less than "very well"	312	±294
Other Indo-European languages:	5,521	±2,314
Speak English "very well"	4,447	±1,736
Speak English less than "very well"	1,074	±771
Telugu:	150	±245
Speak English "very well"	150	±245
Speak English less than "very well"	0	±216
Tamil:	540	±695
Speak English "very well"	465	±690
Speak English less than "very well"	75	±124
Malayalam, Kannada, or other Dravidian languages:	1,085	±843
Speak English "very well"	979	±755
Speak English less than "very well"	106	±129
Chinese (incl. Mandarin, Cantonese):	34,421	±5,373

Speak English "very well"	14,559	±2,728
Speak English less than "very well"	19,862	±3,982
Japanese:	7,794	±2,000
Speak English "very well"	5,163	±1,532
Speak English less than "very well"	2,631	±939
Korean:	9,885	±1,971
Speak English "very well"	5,588	±1,498
Speak English less than "very well"	4,297	±1,068
Hmong:	790	±732
Speak English "very well"	455	±380
Speak English less than "very well"	335	±395
Vietnamese:	11,514	±3,278
Speak English "very well"	5,851	±1,877
Speak English less than "very well"	5,663	±2,274
Khmer:	923	±663
Speak English "very well"	292	±263
Speak English less than "very well"	631	±534
Thai, Lao, or other Tai-Kadai languages:	6,743	±2,000
Speak English "very well"	3,097	±960
Speak English less than "very well"	3,646	±1,408
Other languages of Asia:	2,224	±1,489
Speak English "very well"	1,447	±1,262
Speak English less than "very well"	777	±665
Tagalog (incl. Filipino):	84,584	±6,130
Speak English "very well"	60,528	±5,586
Speak English less than "very well"	24,056	±2,573
Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	±2,946
Speak English "very well"	8,872	±2,282
Speak English less than "very well"	3,926	±1,611
Arabic:	4,182	±1,944
Speak English "very well"	2,665	±1,273
Speak English less than "very well"	1,517	±879
Hebrew:	3,379	±1,360
Speak English "very well"	2,969	±1,330
Speak English less than "very well"	410	±299
Amharic, Somali, or other Afro-Asiatic languages:	15,942	±4,627
Speak English "very well"	9,921	±3,291
Speak English less than "very well"	6,021	±2,143

Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	±1,943
Speak English "very well"	2,071	±1,921
Speak English less than "very well"	359	±207
Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	±1,363
Speak English "very well"	1,286	±1,012
Speak English less than "very well"	435	±437
Navajo:	108	±176
Speak English "very well"	108	±176
Speak English less than "very well"	0	±216
Other Native languages of North America:	2,456	±836
Speak English "very well"	2,345	±823
Speak English less than "very well"	111	±82
Other and unspecified languages:	2,356	±780
Speak English "very well"	1,996	±715
Speak English less than "very well"	360	±301

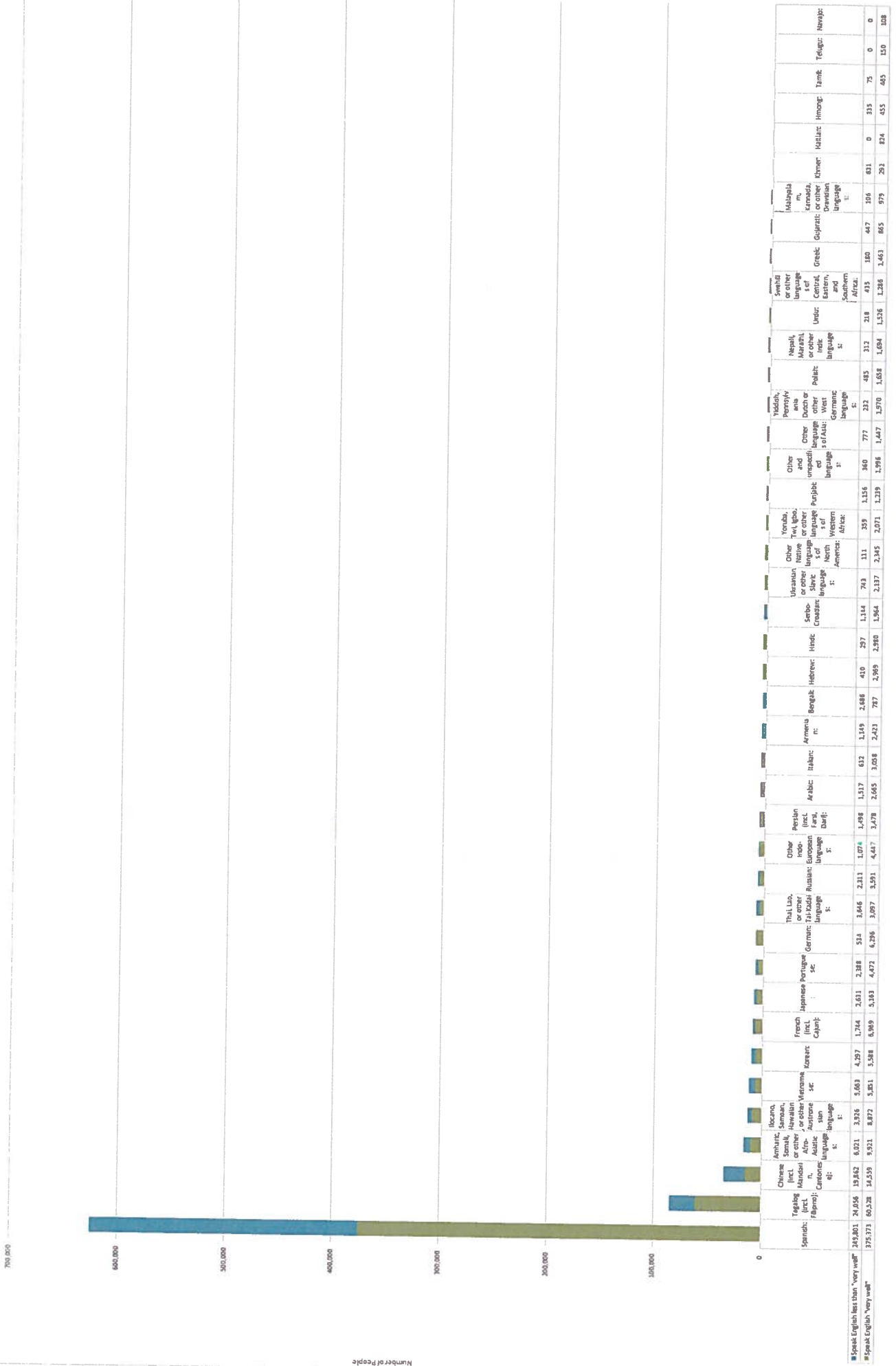
Data Organized by Language Most Spoken

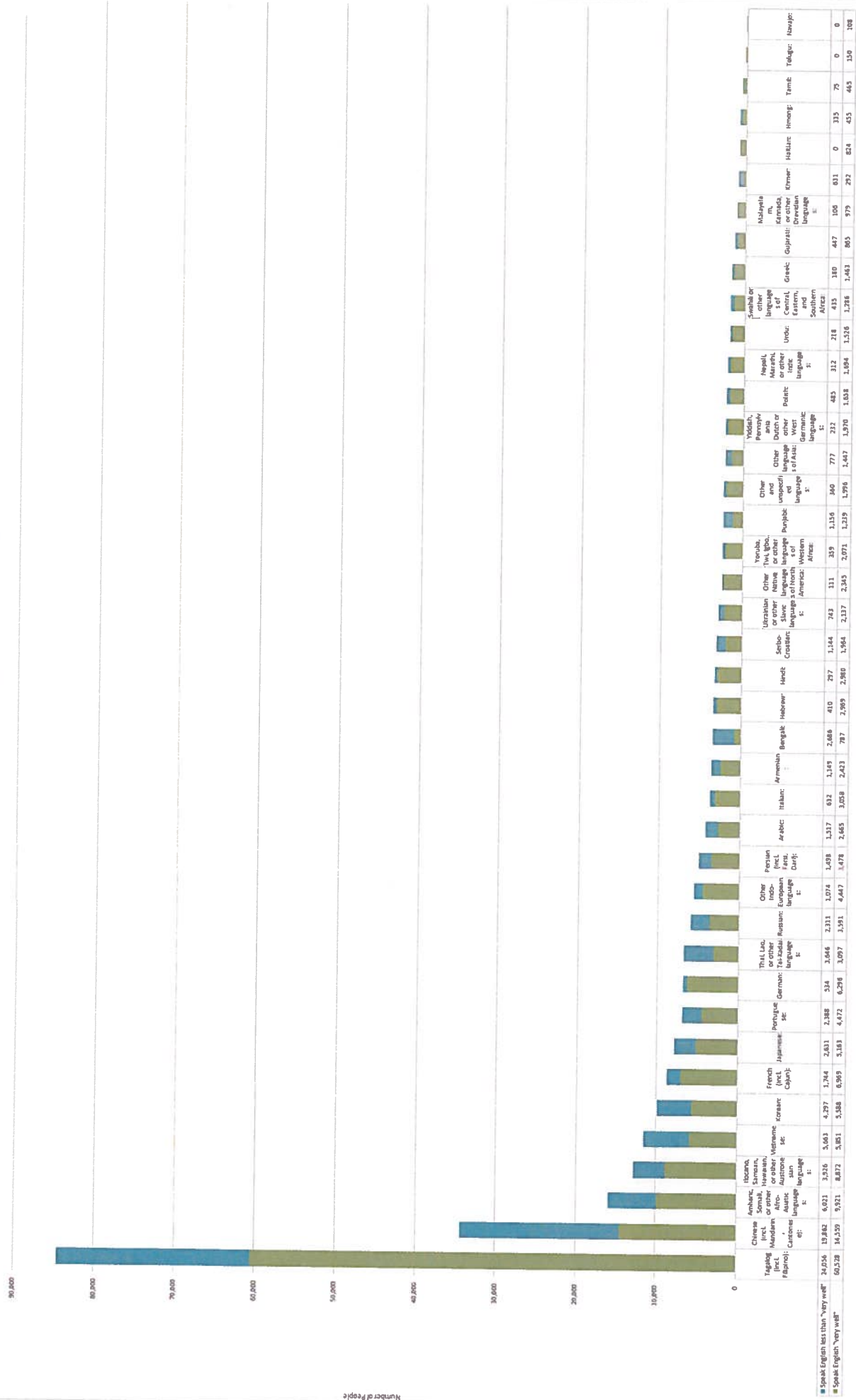
	A	B	C	D
1				
2				
3	Languages	Total	Speak English "very well"	Speak English less than "very well"
4	Spanish:	625,174	375,373	249,801
5	Tagalog (incl. Filipino):	84,584	60,528	24,056
6	Chinese (incl. Mandarin, Cantonese):	34,421	14,559	19,862
7	Amharic, Somali, or other Afro-Asiatic languages:	15,942	9,921	6,021
8	Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	8,872	3,926
9	Vietnamese:	11,514	5,851	5,663
10	Korean:	9,885	5,588	4,297
11	French (incl. Cajun):	8,713	6,969	1,744
12	Japanese:	7,794	5,163	2,631
13	Portuguese:	6,860	4,472	2,388
14	German:	6,830	6,296	534
15	Thai, Lao, or other Tai-Kadai languages:	6,743	3,097	3,646
16	Russian:	5,902	3,591	2,311
17	Other Indo-European languages:	5,521	4,447	1,074
18	Persian (incl. Farsi, Dari):	4,976	3,478	1,498
19	Arabic:	4,182	2,665	1,517
20	Italian:	3,690	3,058	632
21	Armenian:	3,572	2,423	1,149
22	Bengali:	3,473	787	2,686
23	Hebrew:	3,379	2,969	410
24	Hindi:	3,277	2,980	297
25	Serbo-Croatian:	3,108	1,964	1,144
26	Ukrainian or other Slavic languages:	2,880	2,137	743
27	Other Native languages of North America:	2,456	2,345	111
28	Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	2,071	359
29	Punjabi:	2,395	1,239	1,156
30	Other and unspecified languages:	2,356	1,996	360
31	Other languages of Asia:	2,224	1,447	777
32	Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	1,970	232
33	Polish:	2,143	1,658	485
34	Nepali, Marathi, or other Indic languages:	2,006	1,694	312
35	Urdu:	1,744	1,526	218
36	Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	1,286	435
37	Greek:	1,643	1,463	180
38	Gujarati:	1,312	865	447
39	Malayalam, Kannada, or other Dravidian languages:	1,085	979	106
40	Khmer:	923	292	631
41	Haitian:	824	824	0
42	Hmong:	790	455	335
43	Tamil:	540	465	75
44	Telugu:	150	150	0
45	Navajo:	108	108	0

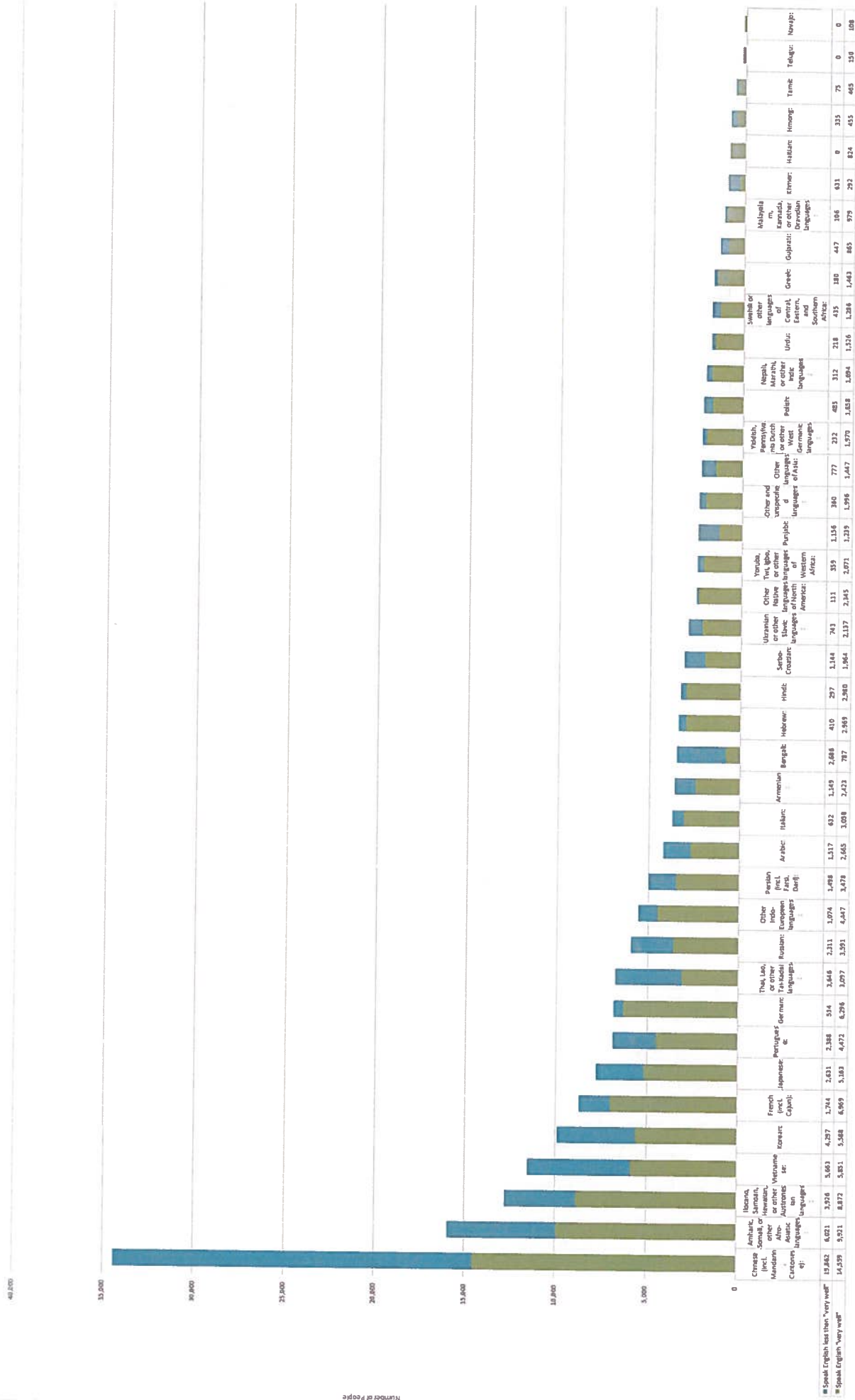
Data Organized by Speak English less than "Very Well.

	A	B	C	D
1				
2				
3	Languages	Total	Speak English "very well"	Speak English less than "very well"
4	Spanish:	625,174	375,373	249,801
5	Tagalog (incl. Filipino):	84,584	60,528	24,056
6	Chinese (incl. Mandarin, Cantonese):	34,421	14,559	19,862
7	Amharic, Somali, or other Afro-Asiatic languages:	15,942	9,921	6,021
8	Vietnamese:	11,514	5,851	5,663
9	Korean:	9,885	5,588	4,297
10	Ilocano, Samoan, Hawaiian, or other Austronesian languages:	12,798	8,872	3,926
11	Thai, Lao, or other Tai-Kadai languages:	6,743	3,097	3,646
12	Bengali:	3,473	787	2,686
13	Japanese:	7,794	5,163	2,631
14	Portuguese:	6,860	4,472	2,388
15	Russian:	5,902	3,591	2,311
16	French (incl. Cajun):	8,713	6,969	1,744
17	Arabic:	4,182	2,665	1,517
18	Persian (incl. Farsi, Dari):	4,976	3,478	1,498
19	Punjabi:	2,395	1,239	1,156
20	Armenian:	3,572	2,423	1,149
21	Serbo-Croatian:	3,108	1,964	1,144
22	Other Indo-European languages:	5,521	4,447	1,074
23	Other languages of Asia:	2,224	1,447	777
24	Ukrainian or other Slavic languages:	2,880	2,137	743
25	Italian:	3,690	3,058	632
26	Khmer:	923	292	631
27	German:	6,830	6,296	534
28	Polish:	2,143	1,658	485
29	Gujarati:	1,312	865	447
30	Swahili or other languages of Central, Eastern, and Southern Africa:	1,721	1,286	435
31	Hebrew:	3,379	2,969	410
32	Other and unspecified languages:	2,356	1,996	360
33	Yoruba, Twi, Igbo, or other languages of Western Africa:	2,430	2,071	359
34	Hmong:	790	455	335
35	Nepali, Marathi, or other Indic languages:	2,006	1,694	312
36	Hindi:	3,277	2,980	297
37	Yiddish, Pennsylvania Dutch or other West Germanic languages:	2,202	1,970	232
38	Urdu:	1,744	1,526	218
39	Greek:	1,643	1,463	180
40	Other Native languages of North America:	2,456	2,345	111
41	Malayalam, Kannada, or other Dravidian languages:	1,085	979	106
42	Tamil:	540	465	75
43	Haitian:	824	824	0
44	Telugu:	150	150	0
45	Navajo:	108	108	0

LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER

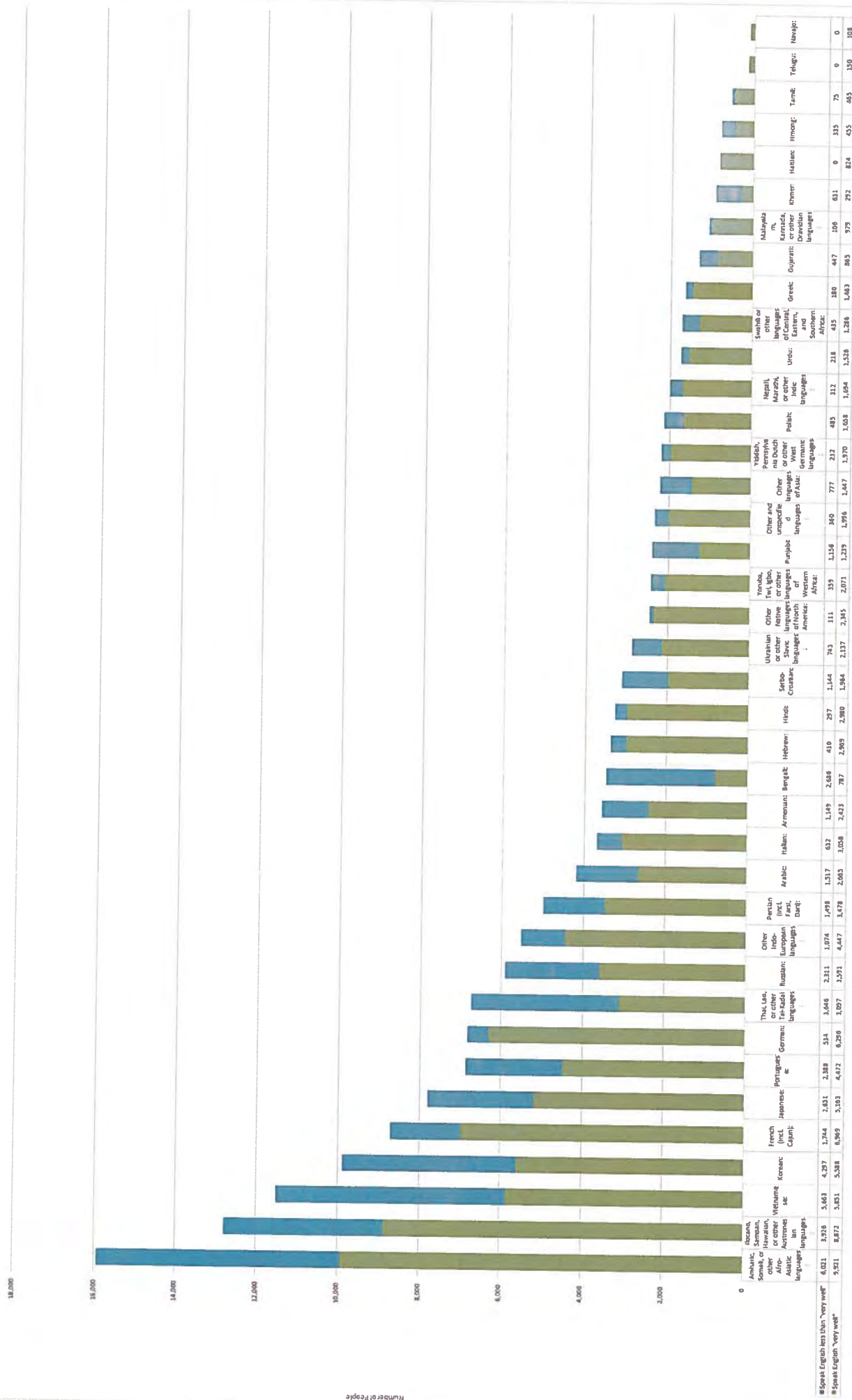






This Chart does not include information regarding Spanish, Tagalog or Chinese Languages Spoken at Home by Ability to Speak English

LANGUAGE SPOKEN AT HOME BY ABILITY TO SPEAK ENGLISH FOR THE POPULATION 5 YEARS AND OVER



29B

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – September 2, 2021

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.1371

A REGULATION relating to the practice of pharmacy; revising provisions governing the requirements for, application for and registration as a pharmaceutical technicians, and pharmaceutical technicians in training; and providing other matters properly relating thereto.

Section 1. NAC 639.010 is hereby amended to read as follows:

As used in this chapter, unless the context otherwise requires:

1. “Board” means the State Board of Pharmacy.
2. “Controlled substances” has the meaning ascribed to it in NRS 0.031.
3. “Dangerous drug” has the meaning ascribed to it in NRS 454.201.
4. “Direct supervision” means the direction given by a supervising pharmacist who is:
 - (a) On the premises of the pharmacy or telepharmacy at all times when the person he or she is supervising is working at the pharmacy or telepharmacy or at a remote site or satellite consultation site; and
 - (b) Aware of the activities of that person related to the preparation and dispensing of medications, including the maintenance of appropriate records.
5. “Executive Secretary” means the Executive Secretary employed by the Board pursuant to NRS 639.040.
6. “Pharmaceutical technician” means a person who performs technical services in a pharmacy under the direct supervision of a pharmacist and is registered with the Board

pursuant to NAC 639.240.

7. “Pharmaceutical technician in training” means a person who is registered with the Board pursuant to NAC 639.242 in order to obtain the training and experience required to be a pharmaceutical technician pursuant to subparagraph (3) of paragraph ~~[(e)]~~(c) of subsection 2 of NAC 639.240, or who is enrolled in a program of training for pharmaceutical technicians that is approved by the Board.

8. “Practitioner” has the meaning ascribed to it in NRS 639.0125.

9. “Prescription drug” means a drug or medicine as defined in NRS 639.007 which:

- (a) May be dispensed only upon a prescription order that is issued by a practitioner; and
- (b) Is labeled with the symbol “Rx only” pursuant to federal law or regulation.

10. “Public or nonprofit agency” means a health center as defined in 42 U.S.C. § 254b(a) which:

- (a) Provides health care primarily to medically underserved persons in a community;
- (b) Is receiving a grant issued pursuant to 42 U.S.C. § 254b or, although qualified to receive such a grant directly from the Federal Government, is receiving money from such a grant under a contract with the recipient of that grant; and
- (c) Is not a medical facility as defined in NRS 449.0151.

11. “Surgical center for ambulatory patients” has the meaning ascribed to it in NRS 449.019.

Sec. 2. NAC 639.240 is hereby amended to read as follows:

- 1. No person may perform the duties of a pharmaceutical technician until the person has been issued a certificate of registration.
- 2. An applicant for registration as a pharmaceutical technician must:

- (a) Be 18 years of age or older;
- (b) Be a high school graduate or the equivalent; *and*
- (c) ~~[Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;~~
- ~~—(d) Have no history of drug abuse; and~~
- ~~—(e)] Have complied with one of the following requirements:~~

(1) The successful completion of a program of training for pharmaceutical technicians, including, but not limited to, a program of training offered by a postsecondary school, that is approved by the Board pursuant to NAC 639.256.

(I) Provide a copy of certification of completion of a program of training for pharmaceutical technician with the application for registration as a pharmaceutical technician.

(2) Registration in another state as a pharmaceutical technician, *which is active and in good standing; and* ~~if the requirements for registration in that state are equivalent to the requirements of this State, and the successful completion of at least 240 hours of employment as a pharmaceutical technician in a pharmacy in that state, which must be verified by the managing pharmacist of the pharmacy.~~

(I) A copy of registration issued in that state is provided with the application for registration as a pharmaceutical technician.

~~(3) If the state in which the applicant has been employed does not offer registration, licensure or certification as a pharmaceutical technician:~~

~~(I) The successful completion of at least 1,500 hours of experience in a pharmacy in that state performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 during the 3 years immediately preceding the date on which his or her application was~~

submitted;

~~(II) The successful completion of at least 350 hours of employment in a pharmacy in this State; and~~

~~(III) The acquisition of a written statement to the Board from the managing pharmacist of the pharmacy referred to in sub-subparagraph (II) stating that the applicant, during his or her employment, demonstrated competence to perform the tasks assigned to him or her.~~

~~□ Such an applicant must register as a pharmaceutical technician in training before he or she completes the requirements of sub-subparagraph (II).~~

~~(4)~~ (3) The successful completion of at least ~~1,500~~ **1,000** hours of training and experience as a **registered** pharmaceutical technician in training *performing the duties set forth in paragraph (c) of subsection 3 of NRS 639.1371 in a pharmacy in this State, which must be verified by the managing pharmacist of the pharmacy on a form provided by the Board.* A pharmaceutical technician in training may accumulate certified hours of training from each place of employment.

~~(5)~~ (4) The successful completion of a program of training for pharmaceutical technicians conducted by a branch of the Armed Forces of the United States, the Indian Health Service of the United States Department of Health and Human Services or the United States Department of Veterans Affairs; **and**

(I) A copy of certification of completion is provided with the application for registration as a pharmaceutical technician.

~~(6) Certification by the Pharmacy Technician Certification Board or the National Healthcareer Association as a pharmacy technician if:~~

~~(II) The applicant successfully completes a program of training for~~

~~pharmaceutical technicians conducted by a postsecondary school in another state;~~

~~(II) The program is accredited or otherwise approved by the appropriate regulatory authority in that state; and~~

~~(III) The applicant successfully completes at least 240 hours of employment as a pharmaceutical technician in training in a pharmacy in another state, which must be verified by the managing pharmacist of the pharmacy.~~

~~3.—An applicant who attended a school outside the United States must submit to an organization which evaluates educational credentials a copy of the transcript of his or her academic record from that school for a determination of whether the grades the applicant received are substantially equivalent to the grades required for an applicant who attended a school, or a program of training for pharmaceutical technicians that is accredited by the American Society of Health System Pharmacists, in the United States. The applicant must ensure that a copy of the organization's evaluation of the transcript is submitted to the Board.~~

4.3. The Board may deny an application for registration as a pharmaceutical technician if the applicant has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of drug abuse.

~~5. 4. Once the applicant meets the requirements for licensure, the board shall issue a registration certificate to the applicant as a pharmaceutical technician. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a certificate of registration to the pharmaceutical technician.~~

Sec. 3. NAC 639.242 is hereby amended to read as follows:

1. An applicant for registration as a pharmaceutical technician in training must:

(a) Be 18 years of age or older;

(b) Be a high school graduate or the equivalent; *and*

(c) ~~[Not have been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs;~~

~~—(d) Have no history of drug abuse; and~~

~~—(e)]~~ Participate in training while on the job and acquire experience that is commensurate with the duties of his or her employment.

2. The Board may deny an application for registration as a pharmaceutical technician in training if the applicant has:

(a) Been convicted of any felony or a misdemeanor involving moral turpitude, dishonesty or the unlawful possession, sale or use of drugs; or

(b) A history of drug abuse.

3. A person may perform the duties of a pharmaceutical technician while the person is receiving the training and experience required by paragraph ~~[(e)]~~(c) of subsection 1 if he or she is registered with the Board.

~~[3.]4. Once the applicant meets the requirements for licensure, the board shall issue a registration certificate to the applicant as a pharmaceutical technician in training. Upon receipt of an application and the required fee, the Executive Secretary shall, unless he or she has good cause to deny the registration, issue a registration certificate for a pharmaceutical technician in training to the managing pharmacist of the pharmacy where the trainee will be employed.~~

~~[4.]5. Registration as a pharmaceutical technician in training~~ *expires on October 31 of each*

even-numbered year unless renewed before that date. ~~is effective for 24 months after the date of issuance unless an extension is granted by the Board.~~

~~{5.}6.~~ The registration certificate of a pharmaceutical technician in training who is receiving the training and experience required by paragraph ~~{(e)}~~(c) of subsection 1 will specify the pharmacy where he or she will be employed. Termination of that employment voids the registration, and the trainee must reapply for registration before his or her services may be used by another pharmacy. This subsection does not prohibit a trainee from accumulating certified hours of training from each place of employment.

~~{6.}7.~~ The managing pharmacist of the pharmacy where a pharmaceutical technician in training is employed to receive the training and experience required by paragraph ~~{(e)}~~(c) of subsection 1 shall file with the Board ~~a signed affidavit certifying~~ *on a form provided by the board certifying:*

- (a) The number of hours of training and experience the trainee has successfully completed;
- (b) The specific training and experience the trainee has completed; and
- (c) That the trainee is competent to perform the duties of a pharmaceutical technician.

29C

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – September 2, 2021

Explanation – Language in *blue italics* is new; language in *red text* ~~[omitted material]~~ is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.120; NRS 639.127

A REGULATION relating to the practice of pharmacy; revising provisions governing the requirements for, application for and registration as a registered pharmacist.

NAC 639.208 is hereby amended to read as follows:

~~For the purposes of paragraph (d) of subsection 1 of NRS 639.120, a~~An applicant for a certificate as a registered pharmacist in this State *by reciprocity pursuant to NRS 639.134, may provide evidence that they have met the requirements of paragraph (b) and (d) of subsection 1 of NRS 639.120 by completing the requirements of reciprocity by the National Association of Boards of Pharmacy (NABP), Electronic Licensure Transfer Program (e-LTP).* ~~of must complete 1,740 hours of practical pharmaceutical experience as an intern pharmacist under the direct and immediate supervision of a registered pharmacist.~~

29D

Proposed Regulation of the Nevada State Board of Pharmacy

Workshop – September 2nd, 2021

Explanation – Language in *blue italics* is new; language in *red text* [~~omitted material~~] is language to be omitted, and language in *green text* indicates prior Board-approved amendments that are in the process of being codified.

AUTHORITY: NRS 639.070; NRS 639.XXX

A REGULATION relating to human immunodeficiency virus; establishing a protocol authorizing a pharmacist to prescribe, dispense and administer drugs to prevent the acquisition of human immunodeficiency virus and perform certain laboratory tests; and providing other matters properly relating thereto.

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 and latex or polyurethane prophylactic device approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus.

NAC 639.5XX is hereby added to read as follows:

Prevention of the Acquisition of Human Immunodeficiency Virus

1. *A pharmacist may prescribe and dispense drugs and latex or polyurethane prophylactic devices approved by the United States Food and Drug Administration for preventing the acquisition of human immunodeficiency virus.*
2. *A pharmacist prescribing and dispensing medications for treatment for pre-exposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) for HIV-negative persons must:*
 - a) *Complete a two (2) hour education course approved by ACPE or a course offered by an ACPE-accredited pharmacy school regarding the treatment with PrEP and PEP medications to prevent the acquisition of Human Immunodeficiency Virus. A record of the certification must be maintained and readily retrievable during the time of dispensing, and for two (2) years after dispensing treatment has terminated.*
3. *A pharmacist treating with PrEP or PEP must follow current Centers for Disease Control (CDC) guidelines:*
 - a) *For prescribing PrEP, A Clinical Practice Guideline- Preexposure Prophylaxis for the Prevention of HIV Infection in the United States;*
 - b) *For prescribing PEP, Guidelines for Antiretroviral Postexposure After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV.*

4. *Prior to prescribing and dispensing PrEP the pharmacist must complete the following assessment on the patient;*
 - a) *The patient must complete a HIV test;*
 - b) *The patient must complete a renal function test;*
 - c) *The patient must complete a hepatitis B test; and*
 - d) *An assessment of signs and symptoms of acute HIV infection.*
5. *Treatment for PEP should be expedited. Treatment may be initiated prior to a baseline assessment. Prior to continuation of treatment the pharmacist must complete the following assessment on the patient;*
 - a) *The patient must complete a HIV test;*
 - b) *The patient must complete a pregnancy test if the patient is of child bearing age;*
 - c) *The patient must complete a liver function test;*
 - d) *The patient must complete a renal function test;*
 - e) *The patient must complete sexually transmitted infection screening and test;*
 - f) *The patient must complete a hepatitis B test; and*
 - g) *The patient must complete a hepatitis C test.*
6. *A pharmacist prescribing and dispensing PrEP or PEP medications must counsel the patient and provide information on the product dispensed, including, but not limited to:*
 - 1) *Proper administration and storage of the medication;*
 - 2) *Dosage;*
 - 3) *Effectiveness;*
 - 4) *Potential side effects;*
 - 5) *The need to be tested for HIV;*
 - 6) *The need to adhere to the treatment; and*
 - 7) *Information regarding the medications only help prevent and they do not prevent other sexual transmitted diseases.*
7. *A pharmacist dispensing PrEP or PEP must comply with all labeling and record keeping requirements in conformance with all applicable federal and state laws.*
8. *A pharmacist may prescribe and dispense up to a 30 days supply of medication to a patient to continue the treatment in the absence of CDC required laboratory testing if;*
 - 1) *He or she makes a good faith effort to obtain and review the patient's laboratory history;*
 - 2) *Completes an assessment of the patient;*
 - 3) *Reviews potential adverse side effects with the patient; and*
 - 4) *Determines that the benefit of continuing the treatment outweighs the risk of not continuing the treatment.*
9. *Once the pharmacist dispenses the PrEP or PEP treatment, they must have a plan of care which includes support and ongoing assessment as required by the CDC.*

10. Pharmacists must report communicable diseases as required by NAC 441A.225-441A.255

11. In order to prescribe, a pharmacist prescribing and dispensing PrEP or PEP medications must maintain liability insurance coverage of one million dollar.

Supporting information

NRS 639.007 “Drug” and “medicine” defined. “Drug” and “medicine” mean:

1. Articles recognized in the official United States Pharmacopoeia, the official Homeopathic Pharmacopoeia of the United States, or official National Formulary, or any supplement to any of them;
2. Articles and devices intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals;
3. Articles, other than food, aspirin and effervescent saline analgesics, intended to affect the structure or any function of the body of humans or other animals;
4. Articles intended for use as a component of any article specified in subsection 1, 2 or 3; and
5. Any controlled substance.

NAC 441A.255 Duty of person to report certain other persons he or she knows or suspects of having communicable disease; content of report. ([NRS 441A.120](#))

1. Any person who reasonably suspects or knows that another person has a communicable disease and knows that the other person is not receiving health care services from a health care provider shall report that person to the health authority having jurisdiction where the person making the report resides. The report must be made in the manner provided in [NAC 441A.225](#).

2. The report must include:

- (a) The communicable disease or suspected communicable disease.
- (b) The name, address and, if available, telephone number of the person known or suspected to have a communicable disease.
- (c) The name, address and telephone number of the person making the report.
- (d) Any other information requested by the health authority, if available.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R087-08, 1-13-2011)

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